

Matriz de Evidencia Empírica – Documento de Marco Sectorial de Seguridad Ciudadana y Justicia

Intervención/Estudio	Autores	Método	Año	País	Comentarios, resultados e implicaciones
Prevención Social					
A home-visit intervention programme for adolescents throughout their pregnancy and during the early stages of motherhood	Aracena et al.	Experimental study: a randomised controlled trial of pregnant women treated in 2 health centres in a poor neighbourhood (intervention N = 45; control N = 45) to assess change over 15 months. Relevant outcomes: self-reported measures of parent attitudes and knowledge, and official reports of child abuse	2009	Chile	There was a non-significant effect on parent attitudes and knowledge compared to control group, and no cases of child abuse or negligence in either group were detected by the health centres.
The Incredible Years teacher training intervention: a low-cost, school-based intervention to prevent child behavioural problems	Baker-Henningham et al.	A cluster randomized controlled trial of community pre-schools (intervention N = 12, control N = 12); 3 children from each class with the highest levels of teacher reported conduct problems were selected for evaluation, giving 225 children aged 3-6 years. Outcomes: observed and reported child behaviour	2012	Jamaica	Children in intervention schools showed reduced conduct problems and increased friendship (observation); reductions in teacher-reported and parent-reported behaviour difficulties and increases in teacher reported social skills.
Aulas en Paz: a school based programme for the promotion of peaceful relationships and citizenship skills in children	Chaux	Experimental study: a randomised control trial, pre-post-test: 27 schools in 4 geographical zones were randomly allocated into intervention or control groups. Levels of aggressive and prosocial behaviour were measured at baseline and follow-up after 6 months.	2012	Colombia	Experimental group showed less aggressive behaviours than the control group, along with more pro-social behaviour, as reported by both teachers and students. No differences were found in empathy, assertiveness and interpretation of intentions.
Kingston YMCA Youth Development Programme: this programme is designed to provide at-risk, low income males with intensive remedial education, social skills training, and personal development training over 3-4 years in order to reduce aggression-related cognitions and aggressive behaviour.	Guerra et al.	Quasi-experimental design with control; post hoc analysis. 2 samples of youth were included: (a) enrolled: 180 males, 125 of whom were currently enrolled in the programme for at least 6 months and 55 of whom were in a wait-list control group; (b) graduated: 117 males, including 56 programme graduates and a matched sample of 60 community controls	2012	Jamaica	For the currently enrolled sample, significant reductions in aggressive behaviour were found after controlling for aggressive propensity. For the graduate sample, significant reductions in aggressive propensity and aggressive behavior were found.
2 school-based interventions: the first intervention delivered by teachers to reduce aggressive and anti-social behavior and increase pro-social behaviour in students (classroom management); the second	Klevens et al.	Experimental study: a 3-arm cluster randomized controlled trial (N = 2,491) with pre-post assessments of outcomes among first and second grade students in public schools. Arm 1 was the teacher/parent combined intervention,	2009	Colombia	The findings show that both interventions prevented increases in aggressive and antisocial behaviour. The difference was due to aggressive behavior remaining constant over time in both intervention groups while increasing in the control group. The teacher-only intervention also had a positive impact on increasing pro-

intervention combined the above with a parent-led intervention of similar design.		arm 2 was the intervention delivered only to teachers, and arm 3 was a no intervention control group. Relevant outcomes: aggressive/antisocial and pro-social behaviour			social behaviour.
A school policy: the national change in policy to lengthen the school day (from half to full day) was evaluated. The hypothesis was that by increasing the number of hours spent in school, the reform curtails opportunities to engage in risky behaviours that may lead to early motherhood and crime.	Kruger & Berthelon	Quasi-experimental, pretest with control. The staggered implementation of reform provided the conditions for a quasi-experimental design. Key outcome: annual municipal crime rates	2011	Chile	An increase in full-day schooling coverage of 20 percentage points reduced average total crime rate in the municipality by 21.7 crimes per 100,000 population, or 17.5%. Property crime dropped the most, by 22%.
A school and health-sector based intervention: educational workshops held for young men (via the public health sector and in public schools) on the prevention of violence against women, alternatives to violence and gender equity	Obach, Sadler & Aguayo	Quasi-experimental design, pre-post-test with control. Sample sizes: intervention (pretest N = 260, post-test N = 153) and control (pre-test N = 250, posttest N = 150). Outcomes: reported attitudes on violence and gender equality	2011	Chile	Significant improvements in experimental group relative to control regarding attitudes on violence and gender equality
Program H uses educational activities and community campaigns to help young men question traditional gender norms and behaviour, including violence against women.	Pulerwitz et al.	Quasi-experimental survey design in 3 low income communities (N = 780): the first group received the group education intervention only, the second received both group education and the community lifestyle campaign, and the third received a delayed intervention after a control period. The GEM (gender-equitable men) scale was used to gather data.	2006	Brasil	At 6 months, significant positive changes in 10 of 17 gender attitude items were observed, with no changes in the control group. The effect was equally great in both intervention groups, suggesting group education was most important. More equitable attitudes were associated with less reported partner violence. The changes observed at 6 months and at the end of activities, and were maintained at 12 months and 6 months after the end of activities.
Somos Diferentes, Somos Iguales was a communication for social change strategy (2002-05) that aimed to prevent future HIV infections in Nicaragua by means of mass communication actions, including entertainment- education programmes (e.g. the Sexto Sentido soap opera).	Solórzano et al.	Longitudinal panel study; no control. This included a major quantitative evaluation as well as a smaller qualitative assessment. 3 surveys were administered in October 2003, 2004, and 2005 to the same group of young people, whose ages ranged from 13 to 24 years in 2003. Multivariate regression analysis was used to account for confounding.	2008	Nicaragua	In terms of violence, those who were “greatly exposed” to the programme were 33% more likely than those “less exposed” to know of a domestic violence support centre, and 48% more likely to have been to one in the last 6 months.
A school-based programme: Abrindo Espaços (part of the Open Schools programme). The programme seeks to construct citizenship, give a sense of voice to youth and publicise positive youth activities.	Waiselfisz & Maciel	Quasi-experimental, post-test with control. Sample size: N = 102 schools in Rio de Janeiro, N = 120 in Pernambuco. The control groups were composed of an equal number of schools in both states, outside the programme,	2003	Brasil	Rates of violence in participating schools were 16% (Rio de Janeiro) and 14% (Pernambuco) lower than for control groups. The rates were lower for schools entering the programme earlier, suggesting increased impact over time: in each year of operation the level of violence declined by 30% on average.

		but with similar characteristics. Rapid assessment techniques were used to gather data, including asking school directors whether there had been an improvement in 18 aspects of school life, such as robberies, vandalism and parental participation.			
Early childhood development intervention: 129 growth-retarded children aged 9-24 months took part in a trial to receive stimulation and/or nutritional supplementation for 2 years. The children were followed up at 22 years of age (including those that had emigrated).	Walker et al.	Longitudinal panel study; no control. Multivariate regression was used, weighted to account for loss to follow-up. Key violence outcomes: involvement in physical fights, violent crime, use of weapons, arrests and convictions	2011	Jamaica	The stimulated group reported less involvement in fights and in serious violent behavior than the control group, although there were no differences in the number of arrests or convictions.
Policia					
Kansas City Preventive Patrol Experiment	Kelling	Quasi-Experiment	1974	EEUU	Found that undirected, random preventive patrol had no discernible impact on crime, fear of crime, or citizen attitudes of the police.
Wilmington Split Force Experiment	Tien and Larson	Quasi-Experiment	1978	EEUU	Tested and validated a variety of efficiency methods to the task of responding to calls for service. First tested spacial and temporal deployment strategies, introduced differential response strategies and compared one vs. two-police patrol cars.
Criminal Investigations Process (aka Rand Study of Detectives)	Chaiken, Greenwood and Petersilia	Case Studies	1977	EEUU	Determined that police clearance rates are unreliable for comparisons of agencies. As for the factors that led to successful police work they discovered that citizens' willingness to call police to report crimes and provide police with witness information and information on possible suspects were the most important factors in effectiveness. Provided much of the intellectual foundation for community policing.
Managing Criminal Investigations	Block and Wideman	Program Guideline	1975	EEUU	Improved the investigative process, including the steps to case processing, crime scene management, the location and management of witnesses, and the management of workloads.
Police Staffing in San Diego Replications in Kansas City and Australia	Boydston	Quasi-Experiments	1977 1985 1997	EEUU Australia	Results showed that one police vehicles could answer more calls for service more quickly with no loss in quality of response or increase in danger to responding police. Similar results were found in a project replication in Kansas City while results from replication in Australia further found one police vehicles had fewer incidents of resisting arrest or police/citizen conflict.

Calling the Police: Citizen Reporting of Serious Crime	Spelman and Brown	Analysis of Data	1984	EEUU	Found that on average citizens wait 45 minutes after discovering a crime before reporting it to police. Concluded that strategies to respond rapidly, therefore, had little effect on case outcomes. Exceptions were noted for emergency responses where citizens were motivated to report on-going crimes or emergencies.
Taking Stock: Community Policing in Chicago	Skogan, Steiner, BuBois, Gudell and Fagan. See the multiple related publications on the CAPS program at the Institute for Policy Research	Case Study Analysis of Data	1998	EEUU	A virtual blueprint for the implementation approaches and issues encountered with the implementation of community policing in one major city.
ROP: Catching Career Criminals	Martin and Sherman	Quasi-Experiment	1988	EEUU	Demonstrated success at the apprehension and conviction of more culpable criminals. Failed to find an overall impact on crime rates and suggested pressures on police that could lead to rights violations of offenders. Nonetheless, the program was widely adopted in the US and other countries
Hot Spots of Predatory Crime: Routine Activities and the Criminology of Place	Sherman, Gartin and Buerger	Data Analysis that led to a Quasi-Experiments	1989	EEUU	Concept of Hot Spots has been widely adopted and has led a variety of quasi-experiments to test the ability of police to reduce police problems by focusing on high rate locations. See RECAP as the earliest test of the concept.
Crime in the Schools	Kenney and Watson	Quasi-Experiment	1992	EEUU	Demonstrated significant success at the reduction of juvenile and school crime and order issues. Serves as a guideline for implementation. Program was widely adopted in the US.
Comprehensive Gang Initiative	Police Executive Research Forum	Case Studies	1993	EEUU	Serves as an operation manual for gang initiatives.
Countering Crime and Corruption: A School-Based Program on the U.S.-Mexico Border	Godson and Kenney	Quasi-Experiment	2000	Mexico and EEUU	Assessment of the impact on student attitudes and actions of an in-school program to promote the concepts of rule of law and a culture of lawfulness. Results led to wide-spread adoption of the program in Mexico schools.
Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire	Kennedy, Braga, Piehl and Waring	Program Evaluation	2001	EEUU	Results demonstrated significant and lasting impacts on juvenile gang violence. The Ceasefire concept has been replicated in several settings with positive results in each.
CompStat	Various	Program Evaluations	2002	EEUU	CompStat has been introduced and tested in a variety of settings world wide. Results have been positive in all published examples.
Enhancing the Rule of Law and Culture of Lawfulness in Pereira, Colombia	Kenney	Program Evaluation	2011	Colombia	Program demonstrated considerable success when citizens are invited to participate in a multi-focused effort to enhance lawfulness.
The Force Factor: Measuring Police Use of Force Relative to Suspect Resistance	Alpert, Kenney and Dunham	Analysis of Data	2001	EEUU	The result of this study found ethnic differences in the force used by police that could be attributed to suspect ethnicity. Result was a successful test of an evaluation model to monitor police force.

Public Perceptions of Police	Kenney	Surveys	2004 2008	Albania Yemen	Provided background information for the Ministries of Interior in each country on the strategic development of police models for the future. Also, served as a model for UNDP on information building for police planning and development.
Annual Report and Accounts of the Police Complaints Authority	Home Office	Surveys	2004	United Kingdom	Provides background information on the nature of complaints against police as well as summary data on the outcomes of those complaints and the actions taken.
Effective Policing for 21st Century Isreal	Saunders, et. al.	Analysis of Projects and Analysis of Data	2013	Israel	Serves as a model for analysis for the development of police strategic modeling
Early Warning Systems for Police	Walker, Alpert and Kenney	Case Studies	2004	EEUU	Analysis of different types of early warning for police as well as recommendations for future program development.
The Effectiveness of Citizen Review	Walker and Bumpus	Case Studies	1992	EEUU	Analysis of different types of citizen review as well as recommendations for future program development.
Evaluating the Effects of Fatigue on Police Patrol Officers	Vila, Morrison and Kenney	Quasi-Experiment	1998	EEUU	Developed an understanding of the extent of fatigue among police and the impact of different shift schedules on fatigue. Identified various negative impacts fatigue might be expected to produce.
The Crime Lab	Peterson	Experiment	1983	EEUU	Discovered widespread unreliability in Crime Lab results and analysis
Investigative First Responder Project: An Investigations/Patrol Experiment	Kenney and White	Program Evaluation	2008	EEUU	Results demonstrated effect of the concept. Led to a reconsideration of investigative expectations. Program was expanded within the Houston (TX) police department.
	John Liederbach, Eric J. Fritsch & Charissa L. Womack	A single city, Richardson, TX (EEUU) investigation division. Two coding instruments extracted the data: 1) The first instrument was the case-related activity time log intended to document the amount of time detectives spent on activities that were related to clearing a specific assigned case; 2) the second instrument was the non-case-related activity time log intended to document the amount of time detectives spent performing other general investigative activities that were not associated with a particular case.		EEUU	A relatively large portion of case-related time was consumed by activities that could be described as more clerical in nature. Detectives spent comparatively little case-related time sharing information and/or communicating with other police agencies and very little time was devoted to crime analysis and identifying crime trends. In general, the findings show that detectives spend a considerable amount of time on “core investigative activities” and they continue to be bogged down with “administrative tasks and paperwork.”
	Jerry H. Ratcliffe & Ray Guidetti	Both semi-structured and less formal interviews were conducted with 20 detectives, intelligence analysts and managers. Extensive quotes are employed to demonstrate key points. Content analysis of documents related to organizational change in the NJSP and to a large drug-gang		EEUU	Identifies the key tenets of intelligence-led policing, and describes progress made both organizationally and culturally to move the Investigations Branch of the NJSP to an intelligence-led policing mindset. Organizational successes were reported, but more limited success was achieved in relation to changing police culture.

		intelligence operation was conducted.			
	Charles Wellford & James Cronin	The study examined 798 homicides in four large American cities (198 to 200 cases in each city) during 1994 and 1995. The researchers chose large cities because of their substantial number of homicides in relation to the United States as a whole		EEUU	Factors Within Police Control That Lead to Closure Initial response Action of detectives Other police responses Factors Outside Police Control That are Related to Closure Race Eyewitnesses Weapons found at the scene Conflict over drugs or money Retaliation
	Timothy Keel, John Jarvis, & Yvonne E. Muirhead	A survey of 81 U.S. law enforcement agencies that experienced an average of 25 or more homicides between 2000 & 2004. The survey included management practices, investigative procedures, analytical methods, demographics of the population served, and the extent of political influences that might affect agency effectiveness in clearing homicides. The results showed some factors that enable effective agency investigations and other factors that hinder such processes.		EEUU	Important statistically significant findings are: 1) as managerial oversight decreases, homicide clearance rates decrease. This implies that improving oversight and financial resources may help clear crimes; 2) as political cooperation increases clearance rates decrease; 3) as formal training increases clearance rates increase; 4) as analytic methods increased, clearance rates increased.
	Deborah A. Richardson & Rachel Kosa	Qualitative analysis of problems affecting homicide clearance rates		EEUU	A homicide clearance rate model can be developed by studying examples of management practices, program strategies, and recommendations of law enforcement agencies nationwide with either high clearance rates or innovative homicide investigation approaches that have significantly increased their closure rates. Low solvability issues: Administrative issues Type of homicide Improving clearance rates Case management systems Manpower Education and training Management External relations Technology
	Michelle Wright	A card sorting procedure was used to explore how detectives categorize and conceptualize homicide crime scenes (n=70).		UK	Detectives were able to articulate their inferential processes, which shows that intuition is not a mystical phenomenon. Higher ranking detectives made significantly more

					inferences than the lower-ranking detectives, which suggests that the ability to derive inferences from crime scene information develops with investigative experience. Detectives require training to increase their awareness of the factors that influence their decision-making behavior.
	Geoff Dean, Ivar Andre Fahsing & Petter Gottschalk	Survey of Norwegian police officers using a Likert-type instrument (n=64).		Norway	The research proposition suggested that more creative detectives apply higher investigative thinking styles. This research proposition finds support in this study, as the lower investigative thinking styles are not related to creativity, while the higher investigative thinking styles are related to creativity.
	Dennis Jay Kenney, Michael D. White & Marc A. Ruffinengo	The analysis investigated whether workload and response times fluctuated following the implementation of the IFR program and surveys of officers about the IFR project.		EEUU	Findings suggested that the program increased the HPD's investigative capacity and effectiveness without negatively affecting workload among the remaining patrol staff, though inconsistent survey responses raised questions about patrol officers' acceptance of the project
	Anthony Braga	A qualitative review of experiences of several large police departments in the United States, United Kingdom and Australia in implementing strategic changes to the operations of their criminal investigations bureaus		EEUU, Australia & UK	Criminal investigators are not being fully utilized by most police departments in managing recurring crime problems and they are more valuable to police crime-control operations than most police executives realize. Relative to other police department staff criminal investigators have special expertise. With their special knowledge and skill set, investigators can advise uniformed patrol officers on the nature of local crime problems and supplement their crime-control efforts with their expertise in conducting surveillance, under-cover work, and interviewing victims and offenders. Investigators can also collaborate with analysts to develop in-depth descriptions of recurring crime problems.
	Charissa L. Womack	Descriptive analysis of case files and log sheets in a single U.S. city (Richardson TX)		EEUU	Patrol officers assigned to the investigations division substantially impacted case solvability or completed the case in a total of 69.1% of the cases analyzed
	Lucia & Mary Fran T. Malone	Multivariate OLS regressions in each country for each measure of the dependent variable (fear of crime) in three countries (Argentina, Brazil and Chile)		Argentina, Brazil, Chile	Significant variables related to fear and policing strategy include: Trust in press Community participation Trust in police
	Liquan Cao & Jihong S. Zhao	Data collection was the product of a collaboration of investigators from more than sixty nations and regions (n=15,857). The content of the survey was designed to facilitate		Argentina, Brazil, Chile, Columbia, Dominican Republic, Mexico, Peru, Uruguay,	Confidence in the police varied a great deal among these nations. The police in the U.S. enjoyed the highest support from the public (71%). Among Latin American countries, the police in Uruguay gained the highest

		cross-national comparisons of basic values in a wide range of concerns. The surveys were carried out through face-to-face interviews. Multivariate regression analysis was performed		Venezuela & EEUU	confidence from the public (51.5%), followed by Chile (51%), Colombia (49%). At the bottom of the list was the Dominican Republic, where only 12% of the respondents said that they had confidence in the police
Sistema de Justicia Penal					
Validación de herramienta de evaluación de riesgo a nivel federal	VanNostrand & Keebler	Análisis variados y multivariados (regresión logística). Validación de los factores identificados como relevantes para predecir resultados. Acusados ingresados al sistema federal en 94 distritos en 2001-07 y dejados en libertad en el período anterior al juicio (n=565178). Resultados medidos: no comparecencia, nuevos arrestos, revocación de libertad por violaciones técnicas.	2009	EEUU	9 factores estad. signif. para predecir resultados en SPJ: cargos pendientes, arrestos previos por delitos menores, arrestos previos por delitos delitos graves, no comparecencia previa, situación de empleo, situación de vivienda, tipo de adicción, categoría del cargo principal, tipo de cargo principal. Predictores de riesgo usados para desarrollar esquema de clasificación en 5 niveles de riesgo (no comparecencia y peligro para la comunidad). Según análisis adicionales, también buen predictor de riesgo de violaciones técnicas.
Experimento de notificación preventiva en Filadelfia	Goldkamp & White	Acusados liberados a supervisión de Tipo I (riesgo intermedio) y Tipo II (riesgo alto) tras audiencia preliminar asignados aleatoriamente a condición experimental (llamadas recordatorias 2-3 días después de audiencia preliminar y 24 horas antes de la orientación/admisión a SPJ) o a control (no intervención).	1998	EEUU	Ninguna diferencia significativa. Defectos de implementación: pocos individuos en el grupo experimental exitosamente contactados en persona. Entre aquellos contactados en persona, tasas de comparecencia y cumplimiento de las condiciones de la libertad signif. más elevadas.
Programa de notificación de fechas de audiencias en el condado de Jefferson, Colorado	Jefferson County CJPU	Individuos con citas judiciales por faltas de tránsito y delitos menores entre cuyos cargos figuraba la ausencia de prueba de seguro contactados telefónicamente entre abril y septiembre de 2006 (n=3500) vs. línea de base (individuos no contactados)	2006	EEUU	Reducción de tasa de no comparecencia: 11% vs. 23%. En orden de impacto: contacto telefónico directo con el acusado; mensaje en contestador automático; mensaje dejado a tercera persona.
Programa piloto con el Sistema de Notificación de Comparecencia Judicial (CANS) en el condado de Multnomah, Oregon	Nice	Tres grupos seleccionados aleatoriamente durante los primeros 6 meses de implementación: llamadas automatizadas exitosas (llamadas respondidas o mensaje dejado en contestador automático, n=204), llamadas perdidas (sin respuesta ni contestador automático, n=158), grupo de control que no recibió llamadas (n=184)	2006	EEUU	Reducción de tasa de no comparecencia: 16% para el grupo que recibió llamadas exitosas; 23% para el que recibió llamadas perdidas; 28% para el grupo de control. Precaución: los acusados con número de contacto pueden tener mayor estabilidad que aquellos sin teléfono – posible influencia sobre los resultados.
Programa piloto en el condado de Coconino,	White	Individuos con citas judiciales por delitos	2006	EEUU	Reducción de tasa de no comparecencia: 12,9% vs. 25,4%.

Arizona		menores entre enero y abril de 2006 distribuidos entre grupo experimental (recordatorio telefónico, n=245) y grupo de control (n=244).			Mejores tasas obtenidas para grupo experimental con cualquier forma de contacto. Reducción más elevada: mensaje entregado al destinatario (5,9%) vs. 15% promedio para mensaje dejado a tercera persona y 21% para mensaje en contestador automático.
Programa piloto de recordatorios judiciales en 14 cárceles de condados de Nebraska	Herian & Bornstein	Envío de postales de notificación a 7865 acusados de delitos menores entre marzo de 2009 y mayo de 2010. Comparación entre tres grupos: Recordatorio (envío de día y horario de la audiencia); Recordatorio + Sanciones (ídem anterior más descripción de penas aplicables por no comparecencia); Recordatorio + Procedimiento (ídem anterior más descripción de procedimientos a seguir); Control (línea de base)	2010	EEUU	Reducción de tasa de no comparecencia (12,6% para grupo de control, vs. 9,7% para los tres grupos experimentales combinados) Estrategia más efectiva: Recordatorio + Sanciones (8,3%). Estrategia más efectiva para las tres principales categorías raciales –esp. para blancos e hispanos. vs. 9,8% para Recordatorio + Procedimiento y 10,9% para Recordatorio (este último, estad. no significativo)
Programa de notificación de fechas de audiencias en el condado de Jefferson, Colorado	Schnacke, Jones & Wilderman	Individuos con citas judiciales por faltas de tránsito y delitos menores seleccionados aleatoriamente para recibir un llamado recordatorio (n=2100). Comparación de grupo exitosamente contactado con grupo no llamado.	2012	EEUU	Aumento de comparecencia de 79% a 88%. (en casos de mensajes dejados en contestadores automáticos o a terceros: 87%; en casos de mensajes entregados directamente al acusado: 92%).
Programa de testeo periódico de drogas en Washington DC	Toborg, Bellasai, Yezer & Trost	2000 acusados liberados antes del juicio entre junio de 1984 y enero de 1985 asignados aleatoriamente a tres grupos: testeo periódico, derivación a tratamiento, grupo de control.	1989	EEUU	Ninguna variación significativa en tasas de nuevos arrestos en el período anterior al juicio. Dos subgrupos claramente diferenciados dentro del grupo asignado a testeo periódico (participantes exitosos/no participantes) con tasas divergentes de nuevos arrestos.
Programas piloto de testeo periódico de drogas en Wisconsin y Maryland	Goldkamp, Jones, Weiland & Gottfredson	Acusados liberados antes de juicio asignados aleatoriamente a grupo experimental (testeo periódico, n=389 en Wisconsin y 298 en Maryland) y grupo de control (ningún monitoreo de uso de drogas, n=348 y 298, respectivamente). Seguimiento de 90 días.	1990	EEUU	Ninguna diferencia estadísticamente significativa en tasas de nuevos arrestos. Menos arrestos para grupo experimental en Wisconsin, dif. estad. no significativa. Dificultades de implementación.
Programa de Detección y Monitoreo de Arrestados con Adicción a las Drogas (DMDA) en el condado de Multnomah, Oregon	Kapsch	Asignación aleatoria a grupos experimental (supervisión con testeo periódico de drogas, n=396) y de control (supervisión sin testeo periódico, n=154). Grupos comparables en un amplio rango de variables.	1990	EEUU	Ninguna diferencia significativa en tasas de no comparecencia y nuevos arrestos. Ambos grupos derivados a tratamiento en tasas similares. Altos niveles de incumplimiento con las condiciones del programa (ausencias para las pruebas)
Programas de monitoreo	Gottfredson, Britt &	Acusados liberados	1990-	EEUU	Ningún efecto sustantivo o

periódico en los condados de Pima y Maricopa, Arizona	Goldkamp; Britt, Gottfredson & Goldkamp	asignados aleatoriamente a grupos experimental (monitoreo periódico con sanciones graduadas) y de control (no monitoreo) (n=500 aprox. en cada grupo)	1992		estadísticamente significativo sobre tasas de comparecencia y nuevos arrestos. Una sola diferencia estad. significativa, pero contraintuitiva: mayores tasas de no comparecencia y nuevos arrestos en grupo experimental de Maricopa.
Examen del vínculo entre etiqueta clasificatoria y conducta del preso (Utah)	Bench & Allen	Muestra aleatoria de 200 reclusos admitidos en la prisión estadual de Utah en 1992-96 y clasificados como de alta seguridad asignada aleatoriamente a seguridad intermedia (grupo experimental) o a máxima seguridad (grupo de control). Monitoreo de conducta durante un año.	2003	EEUU	Ninguna diferencia estadísticamente significativa en actividad disciplinaria. Conclusión: la clasificación puede ser un determinante de la conducta más que un reflejo de las características del delincuente.
Efecto de la cárcel sobre las tasas de reincidencia (efecto criminogénico)	Chen & Shapiro	Muestra representativa (n=1205) de presos liberados de cárceles federales en primer semestre de 1987. Efecto causal medido gracias a discontinuidad en la asignación de los presos a niveles de seguridad.	2004	EEUU	Condiciones más duras de encarcelamiento asociadas con niveles significativamente superiores de reincidencia.
Efectos de nuevo sistema de clasificación de presos sobre la conducta en prisión (California)	Camp & Gaes	561 presos varones con el mismo nivel de riesgo asignados aleatoriamente a cárceles de Nivel I (n=297) o de Nivel III (n=264). 2 años de seguimiento.	2004	EEUU	Ninguna diferencia significativa: las cárceles de Nivel III no aumentaron la mala conducta; las de Nivel I no lo disminuyeron.
Efectos criminogénicos de la prisión	Vieraitis, Kovandzic & Marvell	Análisis de datos de panel para 46 estados entre 1974 y 2002. Control por cambios en niveles de población carcelaria.	2007	EEUU	Aumento del número de presos liberados de prisión asociado significativamente con aumentos en las tasas de delito.
Efectos de las condiciones de encarcelamiento sobre la reincidencia en Italia	Drago, Galbiati & Vertova	Muestra (n=25716) de todos los individuos liberados de cárceles italianas tras una reducción colectiva de sentencias de 3 años. Reincidencia medida como nuevos arrestos.	2008	Italia	El tratamiento más duro no redujo la reincidencia. Evidencia de que el grado de aislamiento de la cárcel incrementó la reincidencia.
Efectos de los niveles de seguridad carcelarios sobre la reincidencia (reencarcelamiento)	Gaes & Camp	Mismos datos que en Camp & Gaes (2004). Diferencias significativas en tiempo de sentencia y edad al momento de la liberación pese a la asignación aleatoria. Seguimiento promedio de 5,9 años.	2009	EEUU	Presos de Nivel III reencarcelados a tasas más altas. Probabilidad de reincidencia 31,1% más elevada.
Comparación de efectos de sanciones comunitarias vs. sanciones de cárcel en Oregon	ODC	Observación de todos los delincuentes sentenciados por primera vez en 1999-2001 (n=13,219). Comparación de resultados para delincuentes con el mismo tipo de delito y el mismo nivel de riesgo tras recibir distintas clases de sanciones. Seguimiento de	2002	EEUU	Tasa de nuevas sentencias más elevada tras condena a prisión. Mejores resultados de grupos de trabajo/servicio comunitario para grupo de riesgo medio/alto; centros de trabajo para grupo de riesgo limitado/bajo. Estadías más largas en prisión asociadas con mayor reincidencia. Resultados estad. signif. para todos los grupos excepto aquellos de riesgo

		12 meses.			intermedio con delitos contra la persona o con delitos sexuales. Diferencias estad. no significativas en cumplimiento de condiciones de supervisión y tasas de nuevos arrestos.
Comparación de efectos disuasivos de la prisión y la libertad a prueba en el condado de Jackson, Kansas	Spohn & Holleran	Condenados por delitos vinculados con drogas sentenciados a libertad a prueba (n=735) vs. condenados similares sentenciados a prisión (n=301). Probabilidad de recibir sentencia de prisión incluida entre los controles. Modelo de regresión estadística.	2002	EEUU	Mayor tasa de reincidencia para condenados a sentencia de prisión; menor tiempo hasta comisión de nuevo delito.
Comparación de efectos disuasivos de la prisión y la suspensión de la sentencia en New South Wales	Lulham, Weatherburn & Bartels	Condenados con sentencia de prisión suspendida (n=6825) vs. condenados con sentencia de prisión efectiva (n=7018) en 2002-2004. Pareamiento por puntaje de propensión. Seguimiento mínimo de 3 años.	2009	Australia	Para los delincuentes sin sentencias a prisión previas, ninguna diferencia estad. signif. en tasas de reincidencia. Para los delincuentes con estadías previas en prisión, menor tiempo de supervivencia (reincidencia más rápida) entre los condenados a prisión de cumplimiento efectivo.
Penas de prisión vs. penas alternativas para delincuentes juveniles	Weatherburn, Vignaendra & McGrath	Comparación entre muestra de delincuentes juveniles sentenciados a prisión (n=152) y muestra de juveniles que recibieron sanciones alternativas (n=243). Diferencias controladas estadísticamente.	2009	Austria	Controlando por cargos previos, los juveniles que recibieron sentencias de prisión tuvieron mayor probabilidad de recibir nuevas condenas (diferencia estad. no significativa).
Penas de prisión vs. penas alternativas para delincuentes adultos	Weatherburn	Comparación entre 96 pares de delincuentes condenados por robo y 406 pares de delincuentes condenados por agresiones no agravadas. Un miembro de cada par recibió sentencia de prisión; el otro, una sanción alternativa. Controles estadísticos para variables relevantes (esp. niveles de riesgo, consistentemente más alto para los condenados a prisión)	2010	Australia	Controlando estadísticamente por diferencias, ningún efecto significativo de la prisión sobre la reincidencia para los condenados por robo. Para los condenados por agresiones no agravadas, aumento de la probabilidad de reincidencia.
Efectos comparados de sentencias de prisión y de libertad a prueba (y longitudes de sentencia) sobre la reincidencia en Washington, DC	Green & Winik	1003 acusados de delitos vinculados con drogas asignados aleatoriamente a nueve calendarios judiciales entre junio de 2002 y mayo de 2003. Experimento natural: diferencias entre jueces de esos calendarios en tendencias a asignar penas de prisión o libertad a prueba. Reincidencia medida como nuevos arrestos. Seguimiento de 4 años.	2010	EEUU	Ninguna diferencia significativa en tasa de nuevos arrestos.
Efecto del etiquetamiento de menores en la adultez temprana (Rochester, New York)	Bernburg & Krohn; Bernburg, Krohn & Rivera	Análisis de datos de panel para adolescentes en escuelas medias públicas de Rochester en 1987-88	2003-2006	EEUU	La intervención de la justicia de menores reduce la probabilidad de graduación e incrementa la probabilidad de pertenencia a una

		(muestra inicial, n=1000). Datos de sucesivas rondas de entrevistas más datos institucionales (escuela, policía, tribunales, servicios sociales). Regresiones logísticas.			pandilla y de involucramiento con pares delincuentes. La menor probabilidad de graduación afecta las chances de empleo y media el efecto de largo plazo sobre la reincidencia adulta.
Efectos del etiquetamiento en adultos (Florida)	Chiricos, Barrick, Bales & Bontrager	Datos de nuevas condenas para 71548 hombres y 24371 mujeres hallados culpables de un delito grave, sentenciados a libertad a prueba, y a los que fue asignado ya sea un veredicto firme o uno suspendido por decisión del juez entre 2000 y 2002. Reincidencia definida como nueva condena por delito serio. Seguimiento de 2 años.	2007	EEUU	Mayores probabilidades de reincidencia para individuos oficialmente etiquetados como procesados y sentenciados por el sistema de justicia penal. Efecto de etiquetamiento más fuerte para mujeres, blancos y quienes tuvieron su primera condena después de los 30 años.
Efecto del contacto de menores con el sistema de justicia penal (Montreal)	Gatti, Tremblay & Vitaro	Muestra de 1037 niños varones que asistieron a preescolar en 1984 en áreas desfavorecidas de Montreal. Análisis de los 779 casos para los que se cuenta con datos entre los 10 y 17 años; regresiones estadísticas.	2009	Canadá	Probabilidad de nuevos encuentros con el sistema judicial en la adultez incrementada por un factor de 6.98 para los niños procesados por el sistema de justicia de menores (descontando efecto de variables de control). Efecto criminogénico más fuerte de las intervenciones judiciales más intensas y restrictivas (en primer lugar, internación en instituto de menores).
Cortes juveniles en Alaska, Arizona, Maryland y Missouri	Butts, Buck & Coggeshall	Juveniles derivados a la corte juvenil de Anchorage (Alaska) entre septiembre de 2000 y julio de 2001 (n=120) vs. juveniles del área de Anchorage derivados a la División de Justicia Juvenil en 1995 (pre-corte) que hubieran calificado (n=120)	2002	EEUU	6% de participantes derivados nuevamente a la División de Justicia Juvenil dentro de los 6 meses, vs. 23% de los no participantes (diferencia estadísticamente significativa)
		Juveniles derivados a las cortes juveniles de Tempe o Chandler (Arizona) entre noviembre de 2000 y septiembre de 2001 (n=115) vs. juveniles elegibles referidos a la justicia de menores en el condado entre octubre de 2001 y agosto de 2001 (n=115)			9% de participantes derivados nuevamente a la justicia juvenil dentro de los 6 meses, vs. 15% de los no participantes (diferencia no significativa)
		Juveniles derivados a la corte juvenil del condado de Montgomery (Maryland) entre agosto de 2000 y octubre de 2001 (n=154) vs. juveniles derivados al programa diversionario policial del condado de Howard por un delito similar en el mismo período (n=118)			8% de participantes arrestados nuevamente dentro de los 6 meses, vs. 4% de los no participantes (diferencia no significativa)
		Juveniles derivados a la Corte Juvenil			9% de reincidencia para los participantes dentro de los 6 meses,

		Independencia (Missouri) entre julio de 2000 y septiembre de 20001 (n=142) vs. juveniles derivados al juzgado de familia del condado de Jackson por un delito que hubiera calificado para la corte juvenil (n=142)			vs. 28% de los no participantes (diferencia estadísticamente significativa)
Programas diversionarios en Phoenix y Tucson, Arizona	Shafer, Arthur & Franczak	248 individuos ingresados en la cárcel del condado por faltas y delitos no graves asignados al programa diversionario (n=154) o a la cárcel (n=94). Entrevista inicial y seguimientos a los 3 y 12 meses.	2004	EEUU	Mejorías en todas las medidas de salud mental y abuso de sustancias. Reducción estad. no signif. de la criminalidad y la violencia. Ninguna diferencia en arrestos y conducta delictiva.
Programa diversionario para delincuentes juveniles con necesidades especiales en Texas	Evans Cuellar, McReynolds & Wasserman	Participantes (n=148) vs. juveniles elegibles en lista de espera (n=151) Técnica estadística de puntajes por propensión. Seguimiento de 1 año.	2006	EEUU	Reducción del número total de arrestos por entre 0.72 y 0.77, según el método empleado. Menores probabilidades de nuevos arrestos. 72% de probabilidades respecto de los no participantes (43% para delitos graves).
Programa piloto de restricción de la libertad bajo fianza (RoB) en tres sitios	Hucklesby, Eastwood, Seddon & Spriggs	Delincuentes liberados con RoB (n=2566) vs. delincuentes elegibles liberados sin RoB (n=984). Ninguna diferencia estad. signif. en historiales delictivos. Reincidencia definida como cualquier nuevo delito cometido en libertad bajo fianza.	2007	Reino Unido	Muy pequeño impacto en decisión sobre prisión preventiva. Menores tasas de retención en tratamiento. Tasas más elevadas de nuevas condenas (31% vs. 25%) Similares tasas de reincidencia en dos de los tres sitios. Evidencia sugiere mayor riesgo inicial en los liberados con RoB.
Programa de tratamiento cuasi-compulsivo en 9 locaciones de 5 países	Uchtenhagen, Stevens et al.	Grupo experimental (n=429) de individuos en libertad a prueba asignados a tratamiento cuasi-compulsivo vs. grupo de control (n=416) de individuos en tratamiento voluntario en las mismas instituciones. Datos recogidos con instrumentos estandarizados. Seguimiento a los 6, 12, 18 meses. Análisis bivariados y multivariados.	2008	Gran Bretaña, Italia, Austria, Suiza y Alemania	Reducciones significativas en uso de drogas y conducta delictiva; mejoras en medidas de salud e integración social en ambos grupos.
Cuatro cortes juveniles en Maryland	Stickle, Connell, Wilson & Gottfredson	Jóvenes elegibles (delito menor cometido entre los 11 y los 17 años, admisión de responsabilidad por su comisión) (n=168) asignados aleatoriamente a corte juvenil o a procesamiento regular por el Departamento de Servicios Juveniles. Resultados medidos: uso de drogas, conducta delictiva, actitudes prosociales. Datos de registros oficiales y entrevistas. Seguimiento	2008	EEUU	Tasa de delitos autodeclarados más elevada para los participantes de cortes juveniles. Puntajes significativamente más bajos en escala de creencia en las reglas convencionales para los participantes de cortes juveniles.

		de 18 meses.			
Programa de libertad bajo supervisión en el período anterior al juicio en Filadelfia	Goldkamp & White	845 acEEUUDos asignados a supervisión de Tipo I (riesgo intermedio) y Tipo II (riesgo alto) asignados aleatoriamente a distintos niveles de supervisión (Tipo I A, Tipo I B; Tipo II A, Tipo II B). Seguimiento durante 4 meses.	1998	EEUU	Ninguna diferencia significativa en tasas de no comparecencia y nuevos arrestos entre acusados de Tipo I A y B y entre acusados de Tipo II A y B (en todos los casos, sin embargo, tasas inferiores a línea de base) Conclusión: indiferencia a las gradaciones de supervisión; no obstante, algo de supervisión produce mejores resultados que la no supervisión.
Gestión de casos de libertad a prueba en el San Francisco Network Project	Chan, Guydish, Prem et al.	Libertad a prueba con gestión de casos (n=65) vs. libertad a prueba estándar (n=44). Participantes ubicados en gestión de casos hasta llenar todas las vacantes; el resto ubicado en libertad a prueba estándar. Algunas diferencias en medidas de base. Resultados medidos: abuso de drogas, síntomas psiquiátricos, apoyo social. Seguimiento a los 6 y 12 meses post-ingreso. Datos de entrevistas.	2005	EEUU	Ninguna diferencia significativa en acceso a servicios o tratamiento, abuso de sustancias o síntomas psiquiátricos.
Estrategia de Supervisión Comunitaria Proactiva en Maryland	Taxman, Yancey & Bilanin	Muestra aleatoria de delincuentes de alto riesgo supervisados en las áreas del programa (n=274) vs. delincuentes emparejados individualmente seleccionados en áreas que emplean supervisión tradicional (n=274). Ninguna diferencia estadísticamente significativa en las variables de emparejamiento; regresión logística para control de otras variables.	2006	EEUU	Ninguna diferencia significativa en incomparecencias para pruebas de drogas, pruebas positivas, o tiempo transcurrido hasta la primera prueba positiva o incomparecencia. Menores probabilidades de arrestos y arrestos por nuevos delitos para el grupo experimental. Tasas más elevadas de supervivencia.
Mayor carga de casos de bajo riesgo en el Departamento de Libertad Condicional y Libertad a Prueba para Adultos de Filadelfia	Ahlman & Kurtz	Individuos de bajo riesgo en libertad a prueba asignados aleatoriamente a gestión de casos de bajo riesgo (n=1,559) o a supervisión estándar (n=758) [Randomización inicial; más casos agregados luego]. Seguimiento a los 12 meses.	2008	EEUU	Ninguna diferencia estadísticamente significativa en nuevos arrestos y nuevos arrestos por delitos graves. Reducción significativa en tasa de fugas (7,6% vs. 11,7%). Menor uso de recursos.
HOPE (Hawaii Opportunity Probation with Enforcement)	Hawken & Kleiman	Hombres y mujeres mayores de 18 años bajo supervisión comunitaria en Honolulu (n=493) asignados aleatoriamente a HOPE (n=330) o a libertad a prueba estándar (n=163). Diseño de intención de tratamiento. Ninguna diferencia estadísticamente significativa. Resultados medidos: uso de drogas, citas incumplidas, nuevos	2009	EEUU	13% promedio de pruebas de orina positivas (vs. 46%). 9% de pruebas positivas divididas por el número total de pruebas (vs. 41%). 9% promedio de citas incumplidas (vs. 23%). 5% de citas incumplidas divididas por cantidad total de citas (vs. 18%). Tasa de nuevos arrestos: 21% (vs. 47%); de revocaciones: 7% (vs. 15%). 138 días promedio de reencarcelamiento (vs. 267) [todos los resultados p<0.01]

		arrestos, revocaciones, reencarcelamiento. Seguimiento del año.			
Intervención de Gestión Colaborativa de la Conducta en seis sitios en los EEUU	Friedmann, Rhodes & Taxman	486 adultos en libertad condicional con problemas de drogas y riesgo de reincidencia moderado a alto asignados aleatoriamente al programa o a libertad condicional tradicional. Ninguna diferencia estad. significativa entre grupos. Reincidencia medida como violaciones de las condiciones de la libertad bajo palabra. Seguimientos a los 3 y 9 meses.	2009	EEUU	22% de los individuos en el programa (vs. 29% del grupo de control) no recibieron tratamiento para sus adicciones. Mayor utilización de recursos de tratamiento; sesiones de libertad condicional más numerosas. Reducción estad. no significativa del número medio de violaciones de condiciones (0,85 vs. 1,5 por cada 100 días en la comunidad)
Supervisión de baja intensidad en la comunidad (Filadelfia)	Barnes, Ahlman, Gill et al.	1,559 delincuentes de bajo riesgo asignados a frecuencia reducida (n=800) o estándar (n=759) de visitas obligatorias a oficinas de libertad a prueba (4,5 vs. 2,4 por año). Seguimiento de 1 año.	2010	EEUU	Ninguna diferencia estad. significativa en ninguna variable de reincidencia (prevalencia y frecuencia de nuevos cargos, nuevos delitos, nuevos delitos violentos, nuevos delitos sexuales, nuevos delitos contra la propiedad, nuevos delitos cometidos con armas de fuego, nuevos delitos vinculados con drogas, nuevos encarcelamientos).
Proyecto piloto de la Red de Agencias Coordinadas de Anchorage (Alaska)	Giblin	Delincuentes juveniles en libertad a prueba (n=155) asignados aleatoriamente al programa (n=91) o a supervisión estándar (n=64). Resultados medidos: violaciones de las condiciones y nuevos cargos. Período piloto: junio-diciembre de 1999.	2000	EEUU	Aumento de probabilidad de nuevas violaciones técnicas. Menor tasa de nuevos delitos (20% vs. 23%, dif. estad. no significativa) Defectos de implementación. Controlando por covariantes, probabilidad de nuevos cargos reducida 37% con cada contacto.
Programa de Prevención de la Reincidencia (Condado de San Diego, California)	Howard, Misch, Burke & Pennell	Delincuentes juveniles elegibles asignados aleatoriamente al programa (n=196) o a libertad a prueba estándar (n=171). Resultados medidos en intervalos de 6 meses desde el ingreso al programa y hasta 2 años.	2002	EEUU	Aumento de probabilidad de retorno a los tribunales por violación de condiciones de la libertad a prueba (37% del total de cargos presentados por tales violaciones, vs. 19%). Para controles, mayor probabilidad de cargos por delitos graves (48% vs. 33%; p=.01). Menos cargos para graduados que para no graduados. Menos resultados positivos de pruebas de drogas; tasas más altas de cumplimiento de restituciones, pago de multas y servicio comunitario; mejor desempeño escolar.
Programa de Intervención Temprana (Estado de Washington)	WSIPP	Juveniles asignados aleatoriamente al programa o a libertad a prueba estándar. Ajustes estadísticos multivariados. Reincidencia medida como condena por un nuevo delito. Seguimiento de 3 años.	2003	EEUU	Ninguna diferencia estad. significativa. En cada tribunal, la diferencia entre grupos experimental y de control se halló lejos de la significación estad. (tamaño de las muestras generalmente muy pequeño)
Pruebas de consumo de drogas y sanciones graduadas para delincuentes juveniles en libertad condicional (California,)	Kilmer	1,958 individuos en condiciones de recibir pruebas de consumo de drogas asignados aleatoriamente a cinco niveles de testeo,	2008	EEUU	Menos probabilidades de desempleo y de deserción escolar (entre 6 y 8 puntos porcentuales) durante el mes posterior al inicio de la libertad a prueba para el grupo asignado al testeo.

		eventualmente colapsados en dos: testeo/no testeo. Medición de resultados de empleo y educación.			Mayor efecto entre los hispanos; coeficiente para los negros cercano a cero. Efecto de tratamiento doblemente intenso que efecto de intención de tratamiento.
Programa de ME en Suecia	Marklund & Holmberg	Presos liberados anticipadamente con ME (n=260) vs. ex convictos emparejados individualmente que pasaron los últimos meses de sus condenas en una institución “abierta” (n=260). Seguimiento de 3 años post-liberación.	2009	Suecia	Menores tasas de reincidencia (26% condenados por nuevos delitos, vs. 38%; 14% con nuevas condenas a prisión y libertad condicional, vs. 26%). Precaución: Resultados no necesariamente atribuibles al ME.
ME como alternativa pre-juicio en la provincia de Buenos Aires	Di Tella & Schargrodsky	Grupo ME (n=386) vs. sujetos emparejados liberados de prisión (n=1,152). Delincuentes asignados aleatoriamente a jueces; la probabilidad de ser asignado a ME difiere de un juez a otro.	2009	Argentina	Correlación fuerte, negativa y significativa entre ME y tasas de nuevos arrestos (40,5% inferior para el grupo ME)
Programa piloto de ME para condenados a períodos breves de prisión en Vaud	Killias, Gilliéron, Kissling & Villettaz	Asignación aleatoria a ME (n=120) o servicio comunitario (n=120). Seguimiento durante 3 años post-randomización.	2010	Suiza	Menores tasas de nuevas condenas y menores cifras promedio de nuevos delitos. Ninguna diferencia en delitos declarados por los participantes; algunas diferencias en niveles declarados de conducción en estado de ebriedad, nuevos contactos con la policía y nuevas condenas.
Comparación de efectos de prisión y servicio comunitario en Suiza	Killias, Aebi & Ribeaud	Condenados elegibles para optar entre servicio comunitario y sentencia breve a prisión (14 días) asignados aleatoriamente a prisión (n=39) o a servicio comunitario (n=84). Grupo de control adicional (n=36) asignado a servicio comunitario por funcionarios correccionales antes del inicio del experimento. Controles estadísticos. Seguimiento de 2 años.	2000	Suiza	Ninguna diferencia en términos de empleo y variables relacionadas con la vida privada y social. Tasa de nuevos arrestos más elevada y actitudes más desfavorables hacia el sistema judicial y hacia sus propias sentencias en el grupo asignado a prisión.
Servicio comunitario en Finlandia	Muuluvuori	Individuos sentenciados a penas de servicio comunitario en 1991-92 (etapa piloto) (n=342) vs. individuos sentenciados a prisión por un máximo de 8 meses en 1992 en 12 tribunales diferentes (fuera del área experimental). Ninguna diferencia estad. signif. Seguimiento de 5 años.	2001	Finlandia	85% de servicio completado con éxito. Ninguna dif. signif. en reincidencia. Tasas más bajas de reincidencia para quienes completaron el programa vs. condenados a prisión. Ninguna diferencia estad. Signif. Tras controlar por condenas a prisión incondicional previas.
Comparación de efectos de prisión y servicio comunitario en Suiza	Killias, Gilliéron, Villard & Poggia	141 acusados sentenciados a breves sentencias privativas de la libertad (máx.14 días) asignados aleatoriamente (probabilidad 5:2) in 1993-95 a servicio comunitario (n=100) o a prisión inmediata (n=41).	2010	Suiza	1997: ninguna diferencia significativa en tasas de nuevas condenas y nuevos delitos. 2000: mayor reducción (casi estad. signif.) de tasas individuales de delitos. Tasas muy similares a lo largo de 11 años. Ex presos en mejor situación en el año 11

		Seguimiento de 11 años para 80 y 38 sujetos, respectivamente.			
Sentencias alternativas a servicio comunitario en los Países Bajos	Wermink, Blokland, Nieuwbeerta et al.	Delincuentes adultos (18 a 50 años de edad) sentenciados a servicio comunitario (n=7806) vs. delincuentes similares sentenciados a prisión (n=3502). Control por numerosas variables potencialmente intervinientes. Datos longitudinales de registros oficiales. Seguimiento de 5 años.	2010	Países Bajos	Promedio anual de 0,242 condenas menos (reducción de la reincidencia de 46,8%, $p < .01$) Al año, reincidencia 68% menor para delitos contra la propiedad y 60% menor para delitos violentos. Efectos de tratamiento estables en el tiempo; lento descenso de su magnitud a lo largo del seguimiento.
Dos centros (Baraboo, en una zona rural, y La Crosse, en una zona urbana) en el estado de Wisconsin	Craddock	Grupo de todos los participantes de ambos centros en 1991-94 (n=137 y 94) vs. grupo de individuos elegibles en libertad a prueba (n=175 y 137) y subgrupos de alto riesgo/alta necesidad. Reincidencia medida como nuevos arrestos. Seguimiento de 12 meses.	2000	EEUU	Ninguna diferencia significativa en La Crosse, pero este centro fue usado como alternativa a la revocación. Diferencia significativa entre graduados del programa e individuos comparables de alta necesidad/alto riesgo en Baraboo.
Programa de Reinserción del Southside Day Reporting Center en Chicago	Anderson; BI Inc.	Participantes en 1998-2001 (n=1503) vs. individuos emparejados en libertad a prueba liberados en el West Side de Chicago con supervisión regular, sin participación en centros de día (n=871). Reincidencia definida como nuevo encarcelamiento. Seguimiento de hasta 3 años.	2002	EEUU	Reincidencia más baja para los participantes de los centros de día en cada una de las tres cohortes. Reducción global de 41% en nuevas condenas penales. Mejoría pre/post en uso de drogas y empleo.
Cook County Sheriffs Day Reporting Center en Chicago	Martin, Lurigio & Olson	Muestra de n=1391. Grupo de todos los participantes de 1995 que permanecieron en el programa por al menos 70 días vs. grupo de participantes que permanecieron menos de 10 días. Seguimiento de 12 meses.	2003	EEUU	Tasas más bajas de nuevos arrestos y nuevas estancias de prisión en la cárcel del condado de Cook; tiempos más prolongados hasta reincidencia.
Programas de libertad para trabajar de las prisiones de Kansas	Kansas DOC	Individuos presos en las cárceles de Kansas, encarcelados desde 1991 y liberados en o antes de 2000 (n=17546). Análisis estadístico de la experiencia del programa entre 1996 y 2000. Comparación de grupos de individuos que completaron, no completaron y no participaron del programa.	2000	EEUU	68% de graduados no reencarcelados en prisiones de Kansas, vs. 51% de no participantes y 54% de participantes no graduados. Tasa de 6% de reencarcelamiento por nuevos delitos (vs. 16% y 6%, respect.) 26% tasa de reencarcelamiento por violación de condiciones (vs. 34% y 40%, respect.)
Programa de libertad para trabajar en el estado de Washington	Drake	Todos los participantes liberados en 1998-03 (n=11413) vs. individuos elegibles que no participaron liberados en	2007	EEUU	Menor tasa de nuevas condenas en el año 3; diferencias significativas para reincidencia total en cada seguimiento. Mayores reducciones en algunos

		el mismo período (n=3913). Reincidencia definida como nuevos delitos y nuevas condenas en el estado de Washington. Controles estadísticos. Seguimiento de 3 años.			establecimientos que en otros; ulteriores análisis requeridos para conocer causas. \$3,82 de beneficios por cada dólar invertido.
Douglas County Drug Court en Omaha, Nebraska	Spohn, Piper, Martin & Frenzel	Participantes de la DC (n=285) vs. delincuentes emparejados con delitos de drogas asignados a programa diversionario antes del inicio de la DC (n=232) e individuos emparejados arrestados por delitos de drogas y adjudicados al modo tradicional en 1997-98 (n=194). Reincidencia medida como nuevo arresto y condena. Seguimiento de 12 meses desde el arresto.	2001	EEUU	42% de nuevos arrestos (vs. 61% para adjudicación tradicional y 29% de programa diversionario alternativo). 19% de nuevos arrestos por delitos serios (vs. 34% y 9%, respect.). Menos arrestos totales que delincuentes adjudicados tradicionalmente; más del doble que los participantes del programa diversionario. Diferencias entre participantes de DC y programa diversionario desaparecen con controles por nivel de riesgo; diferencias entre DC y adjudicación tradicional permanecen.
Drug Treatment Court en la ciudad de Baltimore, Maryland [evaluación preliminar]	Gottfredson & Exum	235 clientes elegibles asignados aleatoriamente a DC (n=139) o a "tratamiento usual" (n=96). Ninguna diferencia significativa. Reincidencia medida como nuevos arrestos. Seguimiento de 1 año.	2002	EEUU	Mayor participación en testeo de drogas y tratamiento, mayor presencia en audiencias de estado. Menor tasa de nuevos arrestos por nuevos delitos (48% vs. 64%, p<.05). Diferencia global debida primariamente a casos de delitos serios.
Programa Piloto de la New South Wales Drug Court	Lind, Weatherburn, Chen et al.	Todos los individuos que participaron de la detoxificación en 1999-20 y fueron asignados al programa (n=309) vs. delincuentes elegibles y dipuestos sin vacantes en detox, que fueron por ello sancionados al modo usual (típicamente con encarcelamiento) (n=191). Dif. estad. signif. en género; sin control estad. Seguimiento de hasta 369 days para participantes; 292 para controles.	2002	Australia	Diferencia en funciones de supervivencia casi estad. signif. (p=.055): tiempo hasta primer delito generalmente mayor para el grupo tratado. Efecto estad. signif. tanto para grupo como para permanencia. Tiempos promedio hasta nuevo delito mayores para graduados de DC, seguidos de controles y participantes no graduados. DC más costo-efectiva que sanciones convencionales.
Drug Court en el condado de Escambia, Florida	Truitt, Rhodes, Hoffman et al.	Participantes de la DC en 1999-00 (n=74) vs. dos grupos de comparación de delincuentes con historiales delictivos similares: uno con arrestados antes del inicio de la DC; otro con arrestados en 1993-97. Seguimiento de 2 años.	2003	EEUU	Menor tasa de arrestos por nuevos delitos graves (40% vs. 12%, estad. signif.); no de arrestos globales (delitos serios más infracciones menores). Ninguna diferencia estad. signif. en tiempo hasta reincidir.
Drug Court en el condado de Jackson, Missouri	Truitt, Rhodes, Hoffman et al.	Participantes de la DC en 1999-00 (n=182) vs. dos grupos de comparación de delincuentes con historiales delictivos similares: uno con arrestados antes del inicio de la DC; otro con arrestados en 1993-97.	2003	EEUU	Menor tasa de arrestos por nuevos delitos graves (50% vs. 35%, estad. signif.); mayor tiempo hasta nuevo arresto. Efecto similar para nuevos arrestos globales (delitos serios más infracciones menores) (65% vs. 45%).

		Seguimiento de 2 años.			
Drug Treatment Court de la ciudad de Baltimore, Maryland	Crumpton, Brekhus, Weller & Finigan	Muestra de 2000 participantes de DC (n=50) vs. muestra de individuos identificados por el Depto. Correccional de Maryland que no ingresaron al programa (n=63). Ninguna diferencia estad.signif. Reincidencia definida como nuevo arresto. Seguimiento de 3 años.	2003	EEUU	Menos arrestos globales (1.20 vs. 1.75) y arrestos por delitos de drogas (.75 vs. 1.16). Menores costos de procesamiento judicial; menores costos de victimización; mayor retorno impositivo; otros ahorros en servicios públicos locales. Retorno sobre la inversión de 136% en 3 años.
Drug Court de Multnomah County Oregon	Carey & Finigan	Participantes de la DC (n=594) vs. no participantes elegibles emparejados (n=573). Reincidencia medida como nuevo arresto, nuevo fichado y tiempo de cárcel. Seguimiento de 30 meses post-arresto elegible para DC.	2003	EEUU	Menor tasa de nuevos arrestos (2.7 vs. 3.3, p<.05), fichados (3.2 vs. 3.7, p<.01) y tiempo de cárcel (51 vs. 67 días, p<.01). Menores costos procesales (debidos a menores tiempos de cárcel y de libertad a prueba); menores costos de victimización. Elevada relación costo-efectividad.
Drug Treatment Court de la ciudad de Baltimore, Maryland	Gottfredson, Najaka & Kearley	Delincuentes elegibles en 1997-98 asignados aleatoriamente a DC (n=139) o al tratamiento usual (n=96). Ninguna diferencia estad.signif. Reincidencia medida como nuevo arresto y nueva condena. Seguimiento de 2 y 3 años post-randomización.	2003	EEUU	Sólo 52% (vs. 22%) recibieron un tratamiento certificado para adicciones; 6% recibió mantenimiento con metadona (vs. 9%). Menor tasa de nuevos arrestos (66% vs. 81%, p<.05) y nuevos arrestos por delitos de drogas (41% vs. 54%, p<.05). Menos nuevos arrestos (1.6 vs. 2.3, p<.01) y nuevos cargos (3.1 vs. 4.6, p<.05). Una vez arrestados, similares tasas de condenas. Menos probabilidades de nuevos arrestos para sujetos tratados en DC.
DUI/Drug Court del condado de Coconino, Arizona	Solop & Wonders	Delincuentes elegibles asignados aleatoriamente a DUI/DC (n=82) o al sistema judicial tradicional (n=42). 30% de los individuos randomizados a DUI/DC decidió no participar; algunas diferencias estad.signif. Resultados medidos: uso de drogas y alcohol, reincidencia delictiva. Seguimiento de 18 meses.	2003	EEUU	6 veces más pruebas de drogas; tasa más alta de resultados negativos (95% vs. 79%). Menor promedio de nuevos delitos (.03 vs. .01) Menores costos de programa; mayores contribuciones a la sociedad. Programa considerado costo-efectivo [Tests de signif. estadística no reportados].
Drug Court del Bronx, Nueva York	Rempel, Fox-Kralstein, Cissner et al.	Clientes de DC (n=375) vs. delincuentes adultos elegibles sentenciados por cargo máximo de venta de sustancia controlada en tercer grado en los cuatro meses antes del inicio de la DC, emparejados (n=372). Ninguna diferencia estad.signif. Reincidencia definida como nueva condena. Seguimiento de 3 años post-arresto/1 año post-programa.	2003	EEUU	Reducción de 30% en nuevas condenas en el año 3. Promedio de nuevas condenas: 0.68 (vs. 1.20). Ninguna diferencia estad.signif. en tiempo hasta primer nuevo arresto conducente a condena. Reducción estad.signif. en reincidencia en delitos graves. Reincidencia más común durante el programa que en período post-programa. Reincidencia de 16% (4% para graduados; 29% para no graduados) en el año post-programa (vs. 29%).
Drug Court para adultos en St. Louis, Missouri	Loman	Primeros graduados de DC, con el programa completado antes de 2001	2004	EEUU	Diferencia estad.signif. en arrestos por delitos graves durante el programa (.175, vs. .373 para controles), y

		(n=219) vs. delincuentes no violentos acusados de delitos de drogas con admisión de culpa, ingresados a libertad a prueba durante el mismo período pero sin el ofrecimiento de DC, con problemas de alcohol o drogas, que completaron con éxito la libertad a prueba, emparejados individualmente (n=219). Diferencias estad. controladas. Seguimiento de 2 años.			arrestos por delitos menores (062 vs. 184). Menor costo mensual promedio de los arrestos; controles sentenciados más a menudo por delitos contra la persona. Cantidad de arrestos post-programa ligeramente menor (diferencia no significativa). Ahorro neto: mayores costos, mayores beneficios. \$2.8 de ganancia por cada dólar adicional gastado.
Programa de Drug Court para adultos en New South Wales [también reportado en Lind, Weatherburn, Chen et al. (2002)].	Shanahan, Lancsar, Haas et al.	Grupo de tratamiento (n=308) vs. grupo de control (n=160). Individuos elegibles admitidos automáticamente en desintoxicación cuando hay vacantes disponibles; asignados aleatoriamente a desintoxicación o devueltos al proceso judicial usual cuando el número de aspirantes es mayor que el de vacantes. Participación en DC voluntaria tras desintoxicación. Seguimiento de 23 meses.	2004	Australia	Mayor tiempo hasta primer delito de hurto o drogas. Tasas más bajas para todos los delitos excepto fraude, hurto y hurto en tiendas, y robo de vehículos (diferencias estad.signif. solo para delitos de drogas) Menores costos diario promedio; estadías más largas. Igualmente costo-efectivo en retraso de tiempo hasta primer delito; más costo-efectivo en reducción de frecuencia de nuevos delitos.
Drug Court para adultos del condado de Marion, Oregon	Carey & Marchand	Todos los ingresantes hasta 6 meses antes de la recolección de datos (n=62) vs. delincuentes elegibles emparejados uno a uno que recibieron procesamiento judicial usual en el período previo al inicio de la DC (n=62). Ninguna dif. estad.signif. Reincidencia definida como nuevo arresto. Seguimiento de 2 años.	2005	EEUU	Muestra pequeña; mayoría de resultados sin signif. estad. A los 6, 12, 18 y 24 meses, tendencias a menor reincidencia para los participantes; aún más bajas para los graduados (no signif.). Tasa de nuevos arrestos de 13% a los dos años (vs. 27%); menor promedio de arrestos vinculados con drogas (no signif.), mucho más bajo para graduados.
Nueve cortes de estupefacientes en California	Carey, Finigan, Crumpton & Waller	Grupo de tratamiento incluye a todos los participantes ingresados en 1998-99 que permanecieron por al menos dos semanas. Grupos de comparación constituidos por pareamiento por puntaje de propensión en cada sitio; ninguna dif. estad.signif. [tamaños de muestras no informados]. Cálculo de costos, reincidencia medida como nuevo arresto. Seguimiento de 4 años.	2006	EEUU	Tasa de graduación promedio de 52% (superior a 65% en 4 sitios) Tasa de nuevos arrestos de 17% para graduados; 29% para todos los participantes; 41% para grupos de comparación. Retorno de \$3,5 promedio por dólar invertido. Identificación de prácticas promisorias.
Cortes de drogas juveniles de Ohio, 3 sitios (sobre 15 a nivel estatal)	Latessa, Koetzle-Shaffer & Lowenkamp	Participantes de DC (n=310) vs. juveniles elegibles de los mismos sitios que por diversas	2002	EEUU	Menor tasa de nuevos arrestos (56% vs. 75%, p=.024). Menor probabilidad de arrestos múltiples (55% vs. 69%, no signif.)

		razones no recibieron servicios de DC (n=134). Diferencias significativas. Reincidencia medida como nuevo arresto.			Género, arresto previo, y pertenencia a DC/grupo de control correlacionados signif. con nuevos arrestos.
Corte de Drogas Juvenil de Dakota del Norte	Thompson	Participantes de DC en 2000-02 (n=56) vs. juveniles elegibles derivados a los distritos judiciales Sur-Central y Este-Central y sometidos a tratamiento y libertad a prueba estándares (n=44). Reincidencia definida como nuevo arresto por delito cometido en Dakota del Norte clasificado como delito menor de Clase B o más alto. Seguimiento de 18 meses.	2002	EEUU	Menor tasa de reincidencia (36%, vs. 68%, $p<.05$). Menor tasa de nuevos arrestos como adultos entre los individuos con 18 años cumplidos (7 vs. 44%, $p<.05$). Probabilidad de reincidencia 34% más baja. .85 vs. 1.5 nuevos cargos menos por juvenil; cargos menos graves. Menores costos procesales y de victimización (\$991 vs. \$2105 por juvenil).
Programa Demostración Rompiendo el Ciclo para juveniles en Lane County, Oregon	Lattimore, Krebs, Graham & Cowell	Grupo del programa (n=149) vs. jóvenes evaluados pero no derivados al programa (n=157). Controles estadísticos de sesgo de selección. Resultados medidos: reincidencia definida como nuevo arresto, uso de drogas, resultados escolares y relaciones familiares. Seguimiento de 6 meses tras medición de línea de base.	2005	EEUU	Incremento de probabilidades de recepción de tratamiento. Reducción de uso de marihuana; efecto no signif. en uso reportado de alcohol y otras drogas ilegales. Probabilidad de nuevo arresto 2,36 veces menor durante el segundo período de 6 meses ($p<.05$); reducción del número de arrestos.
Programa Rompiendo el Ciclo para juveniles en Lane County, Oregon	Krebs, Lattimore, Cowell & Graham	Misma muestra que en Lattimore, Krebs, Graham & Cowell (2005). Reincidencia medida como nuevo arresto. Seguimiento de 12 meses tras medición de línea de base.	2010	EEUU	Probabilidad de nuevo arresto 58% menor; 61% menos nuevos arrestos entre los 6 y los 12 meses post-línea de base ($p<.05$). Participación en componente de DC reduce probabilidad de nuevo arresto en 53%; reducción de número de nuevos arrestos.
Corte de tratamiento de salud mental del condado de Santa Barbara, California	Cosden, Ellens, Schnell et al.	235 adultos voluntarios ingresados en la cárcel del condado asignados aleatoriamente a la corte de tratamiento (n=137) o al tratamiento usual (n=98). Seguimiento a los 6 y 12 meses.	2003	EEUU	Mejorías similares en satisfacción vital, reducción de angustia, vida independiente y problemas de drogas. Mejoría ligeramente mayor en puntajes de funcionamiento global (GAF). Tasas similares de fichado y encarcelamiento; menor tasa de sentencias por nuevos delitos (47% vs. 60%).
Corte de salud mental del condado de Broward en Ft. Lauderdale, Florida	Boothroyd, Poythress, McGaha & Petrila	Clientes masculinos y femeninos de 1999-01 (n=116) vs. individuos elegibles de otro condado de Florida sin corte de salud mental, emparejados (n=97). Resultado medido: acceso a tratamiento.	2003	EEUU	Incremento en el uso de servicios de salud mental conductuales. Menores niveles de uso de servicios de crisis y emergencia o de servicios más intensivos de tratamiento residencial.
Corte de salud mental del condado de Broward en Ft. Lauderdale, Florida	Boothroyd, Mercado, Poythress et al.	Participantes (n=116) vs. grupo de comparación emparejado tomado de los tribunales de Tampa (n=101); reclutamiento escalonado en el sitio de comparación. Resultados	2005	EEUU	Ninguna diferencia significativa en cambio sintomático.

		clínicos medidos en los meses 1, 4 y 8.			
Corte de salud mental del condado de Broward en Ft. Lauderdale, Florida	Christy, Poythress, Boothroyd et al.	Participantes (n=116) vs. grupo de comparación emparejado tomado de los tribunales de Tampa (n=101); reclutamiento escalonado en el sitio de comparación. Reincidencia medida como nuevo arresto; seguimiento de 1 año.	2005	EEUU	Menos tiempo pasado en la cárcel (3 vs. 12 días). Diferencia no signif. en arrestos y tiempos de supervivencia. Ninguna diferencia en actos agresivos autorreportados; menos actos de violencia autorreportados.
Corte de reinserción de libertad bajo palabra en Harlem, Nueva York	Farole	Participantes (n=45) comparados con individuos emparejados liberados bajo palabra en el norte de Manhattan durante el mismo período (n=90). Reincidencia medida como nueva condena y retorno a prisión. Seguimiento de 1 año.	2003	EEUU	Menor tasa de nuevas condenas (no signif.) Reducción significativa de nuevas sentencias por delitos no vinculados con drogas (4% vs. 20%; p<.05). Mayor tasa de reencarcelamiento (22% vs. 14%, no signif.). En ambos grupos, más retornos a prisión por violaciones técnicas.
Proyecto de corte de reinserción en Fort Wayne, Indiana	Lombard, Krouse & Pflueger	Participantes (n=209; 175M+34F) vs. 5 grupos de comparación: Transición con libertad a prueba (n=142), Transición con libertad bajo palabra (n=112), Inelegibles con supervisión (n=864), Inelegibles sin supervisión (n=168), y Rechazados (n=190, 160M+30F). Seguimiento a los 6 y 12 meses.	2004	EEUU	Tasas de nuevos arrestos y número total de nuevos cargos significativamente más bajas que todos los demás grupos excepto el de Transición con libertad a prueba. Participantes con mayor probabilidad de recibir un solo cargo al ser arrestados; individuos de grupos de comparación con mayor probabilidad de recibir cargos múltiples.
Corte de reinserción de libertad bajo palabra en Harlem, Nueva York	Hamilton	Participantes (n=317) comparados con individuos liberados bajo palabra en Manhattan en 2002-08 emparejados 2:1 por puntaje de propensión (n=637). Reincidencia medida como nuevo arresto, sentencia y revocación. Seguimiento de 3 años.	2010	EEUU	Similares tasas globales de nuevos arrestos. Menores tasas de nuevas sentencias en cada seguimiento (43% vs. 52% a los 3 años); mayores revocaciones por cualquier razón y por violaciones técnicas. Menor probabilidad de nuevo arresto y revocación.
RISE (Reintegrative Shaming Experiment) sobre violencia juvenil (Canberra)	Sherman, Strang & Woods	Casos aleatoriamente asignados a conferencia (n=58) o a tribunales regulares (n=52). Análisis basado en diferencias entre 1 año pre/1 año post distribución aleatoria.	2000	Australia	Caída de la tasa de reincidencia de 49% para el grupo-conferencia vs. 11% -para el grupo-tribunales – reducción neta de 38% en el primer grupo en relación con el segundo.
RISE sobre delito juvenil contra la propiedad (robo en comercios) (Canberra)	Sherman, Strang & Woods	Casos aleatoriamente asignados a conferencia (n=73) o a tribunales regulares (n=62). Análisis basado en diferencias entre 1 año pre/1 año post distribución aleatoria.	2000	Australia	Ninguna diferencia estadísticamente significativa en tasas de reincidencia para robo en comercios.
RISE sobre delito juvenil contra la propiedad (víctimas personales) (Canberra)	Sherman, Strang & Woods	Casos aleatoriamente asignados a conferencia (n=124) o a tribunales regulares (n=114). Análisis basado en diferencias entre 1 año	2000	Australia	Ninguna diferencia estadísticamente significativa en tasas de reincidencia para delito contra la propiedad con víctimas personales.

		pre/1 año post distribución aleatoria.			
Juvenile Restorative Justice Experiment (RJE) de Indianápolis	McGarrell, Olivares, Crawford & Kroovand	Jóvenes elegibles en 1997-99 asignados aleatoriamente en bloques mensuales al RJE (n=232) o a un programa de control (n=226). Resultados medidos: reincidencia medida como nuevo arresto (medición a los 12 meses); cumplimiento de acuerdos; satisfacción de los participantes (datos de entrevistas)	2000	EEUU	Baja tasa de nuevos arrestos a los 6 meses (20% vs. 34%, $p<.01$); para graduados, 12% vs. 23% ($p<.05$). Tasa de nuevos arrestos más baja a los 12 meses (31% vs. 41%, $p=.05$) Mayor cumplimiento de acuerdos (83% vs. 58%) y satisfacción de las víctimas (90% vs. 60%). Mayor involucramiento declarado de los delincuentes (y sus padres) y de satisfacción con el proceso.
South Oxnard Challenge Project (SOCP) (Ventura, California)	Turner, Schroeder, Fain et al.	Jóvenes elegibles en 1998-99 asignados aleatoriamente al SOCP (n=264) o en supervisión de rutina para libertad condicional (n=275). Seguimiento a los 6, 12 y 18 meses post-intervención.	2002	EEUU	Mayor acceso a servicios familiares (78% vs. 6%). Progresos similares en relación con el uso de drogas y alcohol, pagos de restitución, servicio comunitario y desempeño escolar. Ninguna diferencia en tasas de reincidencia.
Dos experimentos randomizados conducidos por la policía en Canberra	Sherman, Strang, Angel et al.	Canberra-Violencia (n=100 casos); Canberra-Propiedad (n=173 casos). Grupo de control procesado por los canales usuales del sistema de justicia penal.	2005	Australia	Conferencias producen con mayor probabilidad un ritual de interacción exitoso que promueve la solidaridad entre delincuentes y víctimas y reafirma su común pertenencia a la sociedad.
RISE (Reintegrative Shaming Experiment) para casos de conducción en estado de ebriedad	Sherman, Strang & Woods	Casos asignados aleatoriamente a conferencias (n=450) o a tribunales (n=450) en diferencias entre 1 año pre/1 año post distribución aleatoria. Resultado medido: nuevas infracciones de conducción en estado de ebriedad.	2000	Reino Unido	Aumento de las infracciones en ambos grupos; 53% más elevadas para los casos procesados mediante conferencias [Análisis basado en tasas muy bajas] Tasas de conducción en estado de ebriedad estables antes y después de asignación a tribunales, pero duplicada tras asignación a conferencias [tasas base muy bajas]
Dos experimentos randomizados conducidos por la policía en Londres	Sherman, Strang, Angel et al.	Londres-Asaltos (n=125 casos); Londres-Robos a viviendas (n=216 casos): Grupo de control no realizó encuentros. Datos de encuestas.	2005	Reino Unido	Conferencias producen con mayor probabilidad un ritual de interacción exitoso que promueve la solidaridad entre delincuentes y víctimas y reafirma su común pertenencia a la sociedad.
Tres esquemas de justicia restaurativa (CONNECT, JRC y REMEDI) en	Shapland, Atkinson, Atkinson et al.	Participantes de CONNECT (n=47) vs. controles equiparados individualmente antes del inicio del programa (n=47). Pares de delincuentes/víctimas que aceptaron participar aleatoriamente asignados a JRC (n=342) o a grupo de control (n=386) en tres sitios. Participantes de REMEDI (n=52 adultos y 68 juveniles) equiparados individualmente a controles (n=52 y 68). Seguimiento durante dos años.	2008	Reino Unido	Menor cantidad de ofensas (estadísticamente significativo.) Menor tasa de nuevas condenas (no significativo); ninguna diferencia en severidad. Ningún resultado estadísticamente significativo sugiere efectos criminogénicos de la justicia restaurativa. Para adultos: relación significativa entre varias medidas de nuevos delitos y opiniones del delincuente acerca de la conferencia. JRC: beneficio financiero neto por reducción en nuevas condenas; para CONNECT y REMEDI, costo neto.

Sistema Penitenciario					
Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review.	Strang, H., Sherman, L., Mayo-Wilson, E., Woods, D. & Ariel, B.	To identify studies eligible for inclusion in the review, 15 electronic databases were searched, including: Criminal Justice Abstracts, Dissertation Abstracts, NCJRS, PsychInfo, and Sociological Abstracts. Reviews of the effects of restorative justice on repeat offending and victims' satisfaction with the handling of their cases were examined for references. Experts in the field were contacted. The review includes only studies that employed a randomized design to test the effects of conferencing between at least one personal victim and one or more of their offenders on repeat offending or on victim impact, with the random assignment following both offenders' and victims' consent to participate in an RJC if selected to do so. Ten eligible studies on three continents were identified, with a total of 1,879 offenders and 734 interviewed victims. The training for the RJC facilitators was provided by the same trainer in all ten trials, but that was not a criterion for selection.	2013	Australia, Reino Unido	The evidence of a relationship between conferencing and subsequent convictions or arrests over two years post-random assignment is clear and compelling, with nine out of 10 results in the predicted direction and a standardized mean difference for the ten experiments combined (Cohen's $d = -.155$; $p = .001$). The impact of RJC on 2-year convictions was reported to be cost-effective in the 7 UK experiments, with up to 14 times as much benefit in costs of the crimes prevented (in London), and 8 times overall, as the cost of delivering RJC. The effect of conferencing on victims' satisfaction with the handling of their cases is uniformly positive ($d = .327$; $p < .05$), as are several other measures of victim impact. Our synthesis of these experiments shows that, on average, RJC cause a modest but highly cost-effective reduction in repeat offending, with substantial benefits for victims. A cost-effectiveness estimate for the seven United Kingdom (UK) experiments found a ratio of 8 times more benefit in costs of crimes prevented than the cost of delivering RJC.
The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review.	Mitchell, O., Wilson, D. & MacKenzie, D.	We searched bibliographic databases, hand searched select journals, and reviewed websites of several research organizations involved in drug treatment research to identify potentially eligible studies. Eligible studies needed to assess the effectiveness of incarceration-based (e.g., jail, prison) drug treatment programs, use experimental or quasi-experimental comparison group research designs, measured a post-release recidivism or drug use outcome, and be conducted between 1980 and 2011, inclusive. From each evaluation, we coded an effect size that quantified each program's effect on various measures of recidivism and/or drug	2012	Australia, Canadá, EEUU, Reino Unido	Seventy-four evaluations met our eligibility criteria. The overall average effect of these programs was approximately a 15 to 17% reduction in recidivism and drug relapse. The effectiveness of such programs, however, varied by program type. Therapeutic communities had relatively consistent but modest reductions in recidivism and drug relapse. Counseling and narcotic maintenance programs had mixed effects. Specifically, counseling programs on average reduced recidivism but not drug relapse, narcotic maintenance programs had sizeable reductions in drug relapse but not recidivism (Note that our findings regarding the effectiveness of incarceration-based narcotic maintenance programs differ from a larger review of community-based narcotic maintenance programs), and boot camps had negligible effects on both recidivism and drug relapse.

		relapse. We also coded features of the program, research methodology, and sample. We analyzed effect sizes using the random-effects inverse-variance weight method of meta-analysis.			
Effects of Nutritional Supplements on Aggression, Rule-Breaking, and Psychopathology Among Young Adult Prisoners	Zaalberg, A., Nijman, H., Bulten, E., Stroosma, L. & van der Staak, C.	Two hundred and twenty-one young adult prisoners (mean age 521.0, range 18–25 years) received nutritional supplements containing vitamins, minerals, and essential fatty acids or placebos (participants were randomly allocated), over a period of 1–3 months. A number of instruments (AQ, SDAS, GHQ-28, and SCL-90) were completed before and after the intervention period.	2010	Holanda	<p>Aggression and Hostility: The treatment group receiving nutritional supplements reduced their scores on the Aggression Questionnaire by 4.6 points, compared to the placebo group, which reduced its scores by 1.8 points. However, this difference did not reach significance, although there was a (one-tailed) trend ($p < .01$). Prison staff used the Social Dysfunction and Aggression Scale (SDAS) to rate study participants' aggression. There was also no significant difference in the development of aggressive and hostile behavior when comparing the SDAS scores of the treatment and placebo groups.</p> <p>Disciplinary Incidences: Results of the regression analysis showed that the total number of reported incidents in prison was significantly reduced for the treatment group in comparison to the placebo group. When examining proportional differences, the treatment group decreased the number of reported incidents by 34 percent, while the placebo group increased the number of incidents by 14 percent. When incidents involving alcohol- or drug-related violations of prison rules were excluded from the analysis, the results still showed a significant reduction in the number of reported incidents involving prisoners who took supplements as compared to prisoners who received placebos.</p> <p>Psychological Well-Being: Study participants' psychological well-being was measured with the General Health Questionnaire-28 (GHQ-28) and the Symptom Checklist-90 (SCL-90). The analysis found no significant differences between the treatment and control groups on the average score of the GHQ-28 and the SCL-90.</p>
The Impact of Prison-Based Treatment on Sex Offender Recidivism Evidence From Minnesota	Duwe, G. & Goldman, R.	Using a retrospective quasi-experimental design, this study evaluates the effectiveness of prison-based treatment by examining recidivism outcomes among 2,040 sex offenders released from Minnesota prisons between 1990 and 2003 (average follow-up period of 9.3 years). To reduce observed selection bias, the authors used	2009	EEUU	Sexual Recidivism: A significant but modest reduction in sex offender recidivism. The results showed that inmates who participated in the Minnesota Prison-Based Sex Offender Treatment Program (SOTP) recidivated less often and more slowly than untreated inmates. Treated offenders survived longer in the community without committing a new sex offense. Controlling for other factors, the SOTP significantly reduced the hazard ratio for a new sex offense rearrest, decreasing it by 27%.

		<p>propensity score matching to create a comparison group of 1,020 untreated sex offenders who were not significantly different from the 1,020 treated offenders. Propensity score matching was used to match treated to untreated offenders by estimating a logistic regression model in which the dependent variable was participation in prison-based treatment. The process did not yield a match for all treated offenders but resulted in 1,020 matches (68.3 percent of the total number of treated offenders). The treatment group was 35.2 percent minority, with an average age of 34.9 years. The untreated group was 35.1 percent minority, with an average age of 34.9 years. Following the propensity score matching, there were no significant differences between the two groups. The main outcome of interest was recidivism, which was measured in nine different ways. It was first operationalized as rearrest, reconviction, or reincarceration for a new offense following an offender's first release from prison. Recidivism was further categorized by type of offense, including sex offense, violent offense (including sex offenses), and any offense. Sex offense was defined as a first- to fifth-degree criminal sexual conduct offense. Violent offenses included homicide, assault, robbery, and kidnapping in addition to sex offense. Arrest, conviction, and incarceration data was collected on offenders through Dec. 31, 2006. The minimum follow-up period was 3 years, and the maximum was 17 years. The statistical technique used in the study was the Cox regression model, which used both "status" and "time" variables in estimating the impact of</p>			<p>Violent Recidivism: The SOTP made a statistically significant impact on violent offense recidivism. Compared with the untreated offenders, the hazard ratio for a violent rearrest was 18% lower for treated sex offenders. General Recidivism: Participating in treatment also had a statistically significant effect on general recidivism. The hazard ratio for rearrest for any offense was reduced by 12% for treated offenders, compared with untreated offenders. Type of Sex Offenders: Treatment was not found to be significantly more, or less, effective for certain types of sex offenders. This suggests that treatment may work equally well not only for adult rapists and child molesters but also for incest offenders and those who victimize acquaintances or strangers.</p>
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		the independent variables on recidivism. The “status” variable was one of the recidivism variables (for example, sex crime rearrest and violent crime rearrest).			
Prison-Based Chemical Dependency Treatment in Minnesota: An Outcome Evaluation	Duwe, G.	Retrospective quasi-experimental design, this study evaluated the effectiveness of prison-based chemical dependency (CD) treatment by examining recidivism outcomes among 1,852 offenders released from Minnesota correctional facilities during 2005. Because recidivism data were collected on the 1,852 offenders through the end of 2008, the average follow-up period was 42 months. To minimize the threat of selection bias, propensity score matching was used to create a comparison group of 926 untreated offenders who were not, for the most part, significantly different from the 926 treated offenders. The study also looked at the effects of treatment by comparing completers and dropouts in the treated group, and the effects of program duration by separating out treated offenders who participated in short-, medium-, and long-term programming. Survival analysis models were used to analyze the outcome results because they use time-dependent data, which was important to help determine not only whether offenders recidivated but also when they recidivated. The study also used the Cox regression model, which included both “time” and “status” variables in estimating the impact of treatment on recidivism. The “time” variable measures the amount of time from the date of release until the date of the first rearrest, reconviction, or reincarceration.	2010	EEUU	<p>Recidivism: Compared to untreated offenders, those offenders who received prison-based chemical dependency (CD) treatment provided by the Minnesota Department of Corrections (MNDOC) had significantly lower rates of reoffending across all three recidivism measures (rearrest, reconviction, and reincarceration). Among offenders that received CD treatment, program completers had lower recidivism rates compared to program dropouts across all three measures. In addition, offenders who participated in medium-term programs had the lowest recidivism rates, followed by long-term program participants. The Cox regression analysis showed the same result: participation in prison-based CD treatment significantly reduced the hazard ratio for all three recidivism measures. Treated offenders recidivated less often and more slowly compared to nontreated offenders. CD treatment decreased the hazard by 17 percent for rearrest, 21 percent for reconvictions, and 25 percent for reincarceration of a new crime. Treatment Outcome: Dropping out of treatment (either quitting or being terminated from the program) did not have a statistically significant effect on any measure of the recidivism measures. Completing treatment did have a significant impact, however. Completing treatment reduced the hazard for rearrest by 22 percent, for reconviction by 20 percent, and for incarceration by 27 percent. Program Duration: Both short- and medium-term programs had statistically significant effects on all three recidivism measures, while long-term programs did not have a significant effect. Compared to matched nontreated offenders, the hazard ratio for treated offenders in the short-term programs was 18 percent lower for rearrest and reconviction, and 24 percent lower for reincarceration. The hazard ratio for treated offenders in the medium-term programs was 32 percent lower for rearrest, 28 percent lower for reconviction, and 30 percent lower for reincarceration compared to the untreated matched group. This finding seems to suggest that increased treatment time lowers the risk of recidivism, but only up to a</p>

					point.
Response Bias in Screening County Jail Inmates for Addiction	Proctor, S., Hoffmann, N. & Corwi, C	<p>This analysis was based on those screened by correctional officers using the UNCOPE at classification and also by clinical staff at the beginning of a clinical interview. The sample consisted of 176 male inmates with an average age of 36.6 years, median of 36, and a range of 18 to 65. A validated addiction screen was incorporated into the standard classification procedures in the Buncombe County Detention Facility (BCDF) in Asheville, North Carolina. The risk for substance dependences is based on the UNCOPE screen developed for screening recent arrestees in the Arrestee Drug Abuse Monitoring (ADAM) system (Hoffmann et al., 2003), subsequently funded by the Office of National Drug Control Policy (ONDCP). The UNCOPE screen constitutes the first six questions of the substance use disorder inquiry of the Comprehensive Addiction And Psychological Evaluation. Individual item responses on the six UNCOPE questions and total scores were compared for the findings at classification and the detailed diagnostic interview. A paired-samples t-test was conducted to evaluate the impact of the examiner's affiliation on inmates' total UNCOPE scores.</p>	2011	EEUU	<p>Inmates were significantly more likely to underreport their substance use issues on an addictions screen when administered by a correctional officer as compared to responses when screened by a person viewed as not affiliated with the jail. The results indicate that there is indeed a significant difference in inmate responding based on the affiliation of the examiner. This suggests that routine screening for the identification of substance use disorders among inmates in correctional settings may be flawed. Screening done by correctional officers is likely to result in significant underreporting of substance use disorder indications. If such statistics are used for estimating prevalence rates, the findings may significantly underestimate need. If the findings are used clinically, a substantial proportion of cases needing services are likely to be missed. Therefore, lowering screening thresholds for screenings done by correctional officers or utilizing clinical staff are two strategies that are likely to produce more accurate results. However, based on the current findings, even lowering screening thresholds is still likely to underestimate prevalence and miss a substantial number of offenders with substance dependence. The findings from this study have essential clinical implications for the program structure within local jail systems. In order to develop effective treatment procedures for substance dependent inmates, the bias in underreporting substance-related problems to officers needs to be considered. Despite the limitations, the current study provides strong evidence for underreporting of substance-related problems when inquiries are made by correctional officers. If routine screening is to be of optimal benefit for either administrative or clinical applications two options seem apparent. Either the standard screening threshold of a screen needs to be lowered to compensate for bias or individuals identified as clinical and not correctional staff members need to do the screening.</p>
The Effectiveness of Interactive Journaling in Reducing Recidivism Among Substance-Dependent Jail Inmates	Proctor, S., Hoffman, N & Allison, S.	<p>A randomized trial among jail inmates booked at the Buncombe County Detention Facility (BCDF) in Asheville, NC, from 2008 to 2009. The facility houses adult pretrial detainees and functions as the county jail for a city and county of moderate</p>	2012	EEUU	<p>The recidivism rate of inmates who participated in the Changing Course interactive journal intervention was significantly lower compared with the control group. Within 12 months of release, 51 percent of the interactive journaling group was subsequently booked at the Buncombe County Detention Facility (Asheville, NC), compared with 66 percent of the</p>

		<p>size. Only male inmates housed at BCDF participated in the study. A total of 300 male inmates were found eligible for the study based on the following criteria: 1) indications of probable substance dependence; 2) the current offense was substance related; and 3) a previous incarceration within the last 12 months. Eligible inmates were identified during the standard classification process. A brief addictions screen (known as UNCOPE) was integrated into the classification process. Inmates interested in receiving case management services were allocated to either the interactive journaling condition or the control group based on a manual randomized assignment procedure consisting of a coin flip. Of the 300 eligible inmates, Of remaining 185 inmates, 100 were randomly assigned to the interactive journaling condition, and 85 were assigned to the placebo condition. Inmates in the treatment group participated in the interactive journaling process, while inmates in the control group received a government booklet on substance use disorders and criminal behavior. The primary outcome of interest was the proportion of inmates booked at BCDF within a 12-month follow-up period. Inmates were tracked using the management information system (MIS) of BCDF. The Comprehensive Addiction and Psychological Evaluation (CAAPE) structured diagnostic assessment interview was used to assess for indications of prevalent mental health conditions and substance use disorders. The relationship between group assignment (interactive journal versus control) and recidivism was analyzed using a chi-square analysis to examine</p>			control group.
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		whether the proportion of follow-up incarcerations among the inmates was the same for the two groups.			
Controlling Violent Offenders Released to the Community: An Evaluation of the Boston Reentry Initiative.	Braga, A., Piehl, A. & Hureau, D.	<p>A quasi-experimental design to compare recidivism rates among Boston Reentry Initiative (BRI) participants to an equivalent control group that did not receive reentry services. Propensity score matching techniques were used to attempt to create equivalent treatment and control groups: relevant pretreatment characteristics of each subject were summarized into a single-index variable (the propensity score); subjects in the treatment and control group were then matched, based on values of the single-index variable. The matching technique resulted in a treatment group of 108 offenders (who participated in BRI in 2002) to a comparison group of 309 offenders (who were committed to the House of Correction in 2002, prior to the existence of BRI). Recidivism was measured as arrests for any crime and arrests for violent crime following release from jail. Data was collected from the Massachusetts Criminal Offender Record Information (CORI) records on prior offending and subsequent recidivism. CORI criminal history arrest data was examined up to 3 years (1,095 days) immediately following release from jail on the current conviction offenses. Arrest events, the types of arrest crimes, and the time in days between release and a subsequent arrest event were recorded for all subjects. To assess the effects of BRI on time to recidivism for program participants released to the community, the authors used simple Kaplan–Meier group comparisons of survival times and Cox proportional hazard models.</p>	2009	EEUU	<p>Arrests for Any Crimes: The first analysis found consistently and significantly lower failure rates for the participants of the Boston Reentry Initiative (BRI) relative to the control group, though the differences between the two groups narrowed somewhat over time. At 1 year postrelease, 36.1% of BRI participants had been arrested for a new crime, compared to 51.1% of the control group. After 2 years, 67.6% of BRI participants had been arrested for a new crime, while 78.0% of the comparison group had been arrested. After 3 years, 77.8% of BRI participants had been arrested compared to 87.7% of the control group. Arrests for Violent Crimes: Arrests for violent crimes presented a similar pattern over the study time period. After 2 years, 20.4% of BRI participants had been arrested for a violent crime compared to 34.6% of the control group. After 3 years, 27.8% of BRI participants had been arrested while 39.2% of the control group had been arrested for a violent crime. Even after 3 years, BRI participants were still 30% less likely to have been rearrested for a violent crime. Time-to-Failure: The second analysis that looked at the effects of treatment on time to failure also found statistically significant differences between the treatment and control groups. The BRI treatment was associated with a statistically significant 32.1% reduction in the subsequent overall arrest hazard rate. The BRI treatment was also associated with a significant 37.1% reduction in subsequent violent arrest hazard rate.</p>

A Study of Methadone Maintenance for Male Prisoners: 3-Month Postrelease Outcomes	Kinlock, T., Gordon, M., Schwartz, R. & O'Grady, K.	Incarcerated males with preincarceration heroin dependence (n = 197) were randomly assigned to (a) group educational counseling (counseling only); (b) counseling, with opportunity to begin methadone maintenance on release (counseling + transfer); or (c) counseling and methadone maintenance in prison, with opportunity to continue methadone maintenance on release (counseling + methadone).	2008	EEUU	At 90-day follow-up, counseling + methadone participants were significantly more likely than counseling-only and counseling + transfer participants to attend drug treatment (p = .0001) and less likely to be reincarcerated (p = .019). Counseling + methadone and counseling + transfer participants were significantly less likely (all ps < .05) to report heroin use, cocaine use, and criminal involvement than counseling-only participants. Follow-up is needed to determine whether these findings hold over a longer period.
Randomized Controlled Pilot Study of Cognitive-Behavioral Therapy in a Sample of Incarcerated Women With Substance Use Disorder and PTSD	Zlotnick, C., Johnson, J. & Najavits, L.	This randomized controlled pilot study compared a cognitive-behavioral therapy (Seeking Safety; SS) plus treatment-as-usual (TAU) to TAU-alone in 49 incarcerated women with substance use disorder (SUD) and posttraumatic stress disorder (PTSD; full or subthreshold). Seeking Safety consisted of a voluntary group treatment during incarceration and individual treatment after prison release. TAU was required in the prison and comprised 180 to 240 hours of individual and group treatment over 6 to 8 weeks. Assessments occurred at intake, 12 weeks after intake, and 3 and 6 months after release from prison. We analyzed all outcomes in two ways. First was the primary outcome analysis. We conducted two versions of this: analyses of covariance (ANCOVA) at 12 weeks, 3 months post-release, and 6 months post-release; and generalized estimating equations (GEE) analysis from intake through 6-months postrelease. In addition, to better understand the pattern of results, we also conducted paired-samples t-tests (two tailed) for continuous measures and chi-square tests for categorical ones. We focused on total scores for all measures and only report significant results or trends.	2009	EEUU	There were no significant differences between conditions on all key domains (PTSD, SUD, psychopathology, and legal problems); but both conditions showed significant improvements from intake to later time points on all of these outcomes across time. Secondary analyses at follow-up found trends for SS participants improving on clinician rated PTSD symptoms and TAU participants worsening on self-reported PTSD symptoms. Also, SS demonstrated continued improvement on psychopathology at 3 and 6 months, whereas TAU did not. However, alcohol use improved more for TAU during follow-up. Satisfaction with SS was high, and a greater number of SS sessions was associated with greater improvement on PTSD and drug use. Six months after release from prison, 53% of the women in both conditions reported a remission in PTSD.
Pedagogy of individual	Kellett, N. & Willging, C.	Qualitative research.	2011	EEUU	In describing factors that can derail

choice and female inmate reentry in the U.S. Southwest		<p>Application of semi-structured interviews. The interview guide included 46 open-ended questions that assessed the participants' general views of and personal experiences with incarceration and reentry. More specifically, the guide covered the following domains: background, previous home experiences, and personal relationships; social support after release from prison; physical and mental health and substance use; prior incarceration experience(s); preparation for reentry into rural communities; and perception of community resources. A systematic line-by-line categorization of data into codes using the qualitative software NVivo (version 8) allowed us to determine prominent issues in the data.</p>			<p>successful reentry, incarcerated women serving their first sentence and those subject to the “revolving door” of the prison discussed several barriers, including inadequate access to resources, policies limiting eligibility for public entitlement programs, insufficient education and employment opportunities, substance-using family members, and social stigma against returning felons. The women also discussed how they were given little-to-no information on community resources, were not linked to services prior to their release, and received minimal-to-zero guidance on how to navigate barriers and lead productive lives following incarceration. Nevertheless, they also argued that it was ultimately up to them to overcome these barriers by making positive choices. Women who had experienced re-incarceration described how their resolutions to make positive choices diminished quickly once they were released from prison. These findings illustrate the profound influence of a cognitive-behavioral approach focused on individual decision-making processes and the limitations of such an approach when not combined with knowledge and skill-development and broader interventions to overcome barriers related to community reentry. The type of programming women were exposed to in a southwestern prison, the discourse of corrections professionals, and the orientation of rural women leaving prison focused primarily on individual choices and personal agency. Cognitive-behavioral approaches embodied in MRT and other prison programs heavily promoted this focus (Little & Robinson, 1986). The emphasis on personal choices without adequate attention to overall capabilities set women up to fail. Women in our study suggested they were led to believe that they would succeed outside of prison if they merely made the right choices and honestly desired a change, yet the surroundings to which they returned and the structural barriers that prevented them from accessing resources were ostensibly neglected. When women found themselves back behind prison walls, they, along with much of society, pointed the finger at poor decision-making. In summary, reentry programs and policies must consider all areas of women’s capabilities to effectively promote positive reintegration into society after prison and a reduction in recidivism rates.</p>
Gender differences in the	Mears, D., Cochran, J. &	To this end, it uses data on	2012	EEUU	Results: The analyses indicated that a

effects of prison on recidivism	Bales, W.	convicted felons in Florida, drawing on measures from the Florida Department of Corrections Sentencing Guidelines database and the Offender-Based Information System, and propensity score matching. The matching analyses enable us to answer this question: What is the effect of imprisonment as compared to three counterfactual conditions—traditional probation, intensive probation, and jail—on violent, property, drug, and other recidivism, and do these effects vary by gender?			prison term, as compared to placement on intensive probation or traditional probation, is associated with a greater likelihood of property and drug recidivism. There was little evidence that recidivism was greater when compared to jail, that prison increased the likelihood of violent or other recidivism, or that the criminogenic effect of prison is appreciably greater for females or males. Conclusions: The findings do not support arguments that prison is an effective alternative to nonincarcerative punishments or that it exerts a differential effect on females or males. Further research is needed on what features of the prison experience contribute to the observed effects.
Cultural competence in correctional mental health	Kapoor, E., Dike, C. Burns, C. Carvalho, V. & Griffith, E.	Revisión de literatura. In this article, the framework of cultural competence developed in general psychiatry—acquiring knowledge, attitudes, and skills necessary to understand the interaction between culture and the individual—is applied to the prison setting. Race and ethnicity, extremes of age, gender, and religion are highlighted and examined as elements of the overall culture of prisons. The model of the cultural formulation from the DSM-IV is then adapted for use by clinicians in the correctional setting, with particular emphasis on the interaction between the inmate's culture of origin and the unique culture of the prison environment.	2013	EEUU	Cultural competence in the correctional setting has been growing in importance as prison systems seek to improve mental health assessment and treatment. Achieving cultural competence first requires a baseline level of knowledge about prison culture, which is discussed in the body of this article. An understanding of the role of age, race, gender, and religion in the prison setting is essential. However, cultural competence also requires the clinician to apply this knowledge to individual patients in a flexible and dynamic manner. We have suggested a framework for applying the cultural formulation in the prison setting.
Buprenorphine and methadone maintenance in jail and post-release: A randomized clinical trial	Maguraa, S., Lee, J. Hersherberger, J. Joseph, H., Marsch, L., Shropshire, C. & Rosenblum, A.	Heroin-dependent men were voluntarily randomly assigned either to buprenorphine or methadone maintenance, the latter being the standard of care for eligible inmates at Rikers. All subjects who were medicated with buprenorphine or who received maintenance doses of methadone were eligible for the 3-month post-release follow-up interview. Buprenorphine-assigned subjects who were not medicated were not followed-up and thus not included in the	2009	EEUU	Buprenorphine and methadone maintenance completion rates in jail were equally high, but the buprenorphine group reported for their designated post-release treatment in the community significantly more often than did the methadone group (48% vs. 14%, $p < .001$). Consistent with this result, prior to release from Rikers, buprenorphine patients stated an intention to continue treatment after release more often than did methadone patients (93% vs. 44%, $p < .001$). Buprenorphine patients were also less likely than methadone patients to withdraw voluntarily from medication while in jail (3% vs. 16%, $p < .05$). There were no post-release differences between the buprenorphine and methadone groups

		analysis. The primary outcome measures were treatment completion while in jail and reporting to the assigned treatment modality after release. Secondary outcome measures were: Intention to continue treatment after release; showing at any medication-assisted treatment provider after release; re-incarceration; illicit opioid use after release; re-arrest; and severity of re-arrest charges. Adverse events were also documented.			in self-reported relapse to illicit opioid use, self-reported re-arrests, self-reported severity of crime or re-incarceration in jail. After initiating opioid agonist treatment in jail, continuing buprenorphine maintenance in the community appears to be more acceptable to offenders than continuing methadone maintenance. The study indicates that the outcomes of buprenorphine and methadone treatment initiated in a jail setting are similar in most respects; thus decisions about which to use (including using both) may be based on clinical and administrative considerations in specific jurisdictions.
A randomized clinical trial of methadone maintenance for prisoners: results at 12 months postrelease	Kinlock, T., Gordon, M., Schwartz, R., Fitzgerald, T. & O'Grady, K.	A three-group randomized controlled trial. Males with preincarceration heroin dependence (N = 204) were randomly assigned to (a) Counseling Only: counseling in prison, with passive referral to treatment upon release; (b) Counseling + Transfer: counseling in prison with transfer to methadone maintenance treatment upon release; and (c) Counseling + Methadone: counseling and methadone maintenance in prison, continued in the community upon release.	2009	EEUU	Perhaps the most striking and promising finding involves the differences between treatment conditions with regard to the number of days participants spent in community-based drug abuse treatment: The mean number of days in community-based drug abuse treatment were, respectively, Counseling Only, 23.1; Counseling + Transfer, 91.3; and Counseling + Methadone, 166.0 (p b .01); all pairwise comparisons were statistically significant (all ps b .01). Counseling + Methadone participants were also significantly less likely than participants in each of the other two groups to be opioid-positive or cocaine-positive according to urine drug testing. These results support the effectiveness of prison-initiated methadone for males in the United States. Further study is required to confirm the findings for women.
Economic evaluation of a prerelease substance abuse treatment program for repeat criminal offenders	French, M., Fang, H. & Fretz, R.	This study uses longitudinal data from the New Jersey Department of Corrections (NJDOC), which was responsible for assembling the treatment and control groups for our analysis. The treatment group includes 176 subjects that the NJDOC randomly selected from a list of offenders who completed CEC's continuum of care treatment and were released in 2000. The control group includes 395 randomly selected subjects who were released in the same year from the same security level prisons but did not participate in any offender treatment programs. We examine four treatment outcomes of the CEC continuum of	2010	EEUU	Relative to a matched comparison group of offenders who did not receive treatment, the intervention group returned an average economic benefit of \$4,307 to \$6,209 over the 1-year postrelease period. These economic benefits are underscored by the fact that the treatment program is housed in a separate facility, with a lower average per diem from that of the general inmate population. These results provide quantitative economic evidence that prerelease substance abuse treatment programs have the potential to reduce recidivism and save taxpayer dollars without adding to existing prison resources.

		care treatment (relative to the comparison group) during the 1-year period following release. One is a continuous treatment outcome and measures the number of days without rearrest. The other three are dichotomous (i.e., binary) outcomes measuring rearrest, reconviction, and reincarceration for each subject. After calculating the total cost of criminal activity over the follow-up period for each subject in our sample, we conducted bivariate analyses, multivariate regression analyses, and PSM techniques to estimate the economic benefits associated with CEC treatment. In simple terms, the difference between the average cost of follow-up criminal activity for the control (higher cost) and treatment (lower cost) groups is the estimated economic benefit of treatment.			
A Randomized Clinical Trial of a Therapeutic Community Treatment for Female Inmates: Outcomes at 6 and 12 Months After Prison Release.	Sacks, J., McKendrick, K. & Hamilton, Z.	This random assignment study compared female offenders (n = 468) with substance use disorders in a prison therapeutic community program with those in a cognitive-behavioral intervention. Experimental Group The 72-bed Challenge to Change therapeutic community women's program was located in a separate residential building where therapeutic community program activities were provided 4 hours per day 5 days per week during a planned 6-month tenure. Control Group The intensive outpatient program consisted of a 15-module cognitive behavioral substance abuse intervention presented in 2-hour sessions 3 times per week for 16 weeks.	2012	EEUU	The study demonstrates that all women benefitted from gender-sensitive prison treatment, but the therapeutic community was more effective in reducing drug use, criminal activity, and exposure to trauma and increasing mental health functioning and time until reincarceration during the year after prison. In addition, the ability to sustain and even improve behavior change after the women leave prison highlights the importance of providing accessible community-based continuity of mental health and substance abuse services during reentry.
Screening offenders for risk of drop-out and expulsion from correctional programmes	Nunes, K., Cortoni, F. & Serin, R.	Non-Aboriginal male offenders (N = 5,247) were randomly divided into a development sample (N = 2,617) and a validation sample (N=2,630). In the	2010	Canadá	Results. The DRS consists of five items, including static and dynamic risk factors for recidivism as well as motivation for intervention. It significantly predicted dropout/expulsion in the development sample (area under the receiver

		<p>development sample, individual predictors were identified through univariate and multivariate analyses, weighted based on their relationship with drop-out/expulsion, and combined into a composite measure we called the drop-out risk screen (DRS). The measures was developed with Statistical Information on Recidivism – Revised 1 The Statistical Information on Recidivism – Revised 1 (SIR-R1) Scale an actuarial instrument designed to estimate risk for general recidivism. In addition to the SIR-R1, another measure of static risk used was the level of intervention based on static factors rating. During the intake assessment, a rating of high, medium, or low is assigned by a parole officer to an offender based on criminal history, offence severity, and, for non-Aboriginal male offenders, the SIR-R1. Dynamic risk factors are also assessed by parole officers at intake and at various points throughout an offender's sentence. Seven domains are assessed: employment, marital/family, associates/social interaction, substance abuse, community functioning, personal/emotional orientation, and attitude. Motivation for intervention is rated as low (1), medium (2), or high (3) by parole officers at intake and again at various points in an offender's sentence. This three-point rating reflects the degree to which offenders recognize that they have a problem, are willing to change, have the ability to change, and have demonstrated positive change in the past.</p>			<p>operating characteristic curve [AUC] = .72) and performed similarly in the validation sample (AUC = .70). Conclusions. The results indicate that the DRS is a valid screening instrument for risk of drop-out/expulsion. Prior to commencement of a treatment programme, offenders with high scores on the DRS could be more thoroughly assessed and, if necessary, targeted with pre-treatment efforts to increase their motivation and general readiness for treatment. The DRS demonstrated high accuracy in estimating risk of drop-out/expulsion. Even with dropout/ expulsion rates as low as those in CSC, the potential benefits of a measure like the DRS would likely outweigh the minimal costs associated with its use as a screening measure to identify offenders for whom more careful assessment of drop-out/expulsion risk is warranted.</p>
Even Highly Correlated Measures Can Add Incrementally to Predicting Recidivism Among Sex Offenders	Babchishin, K., Hanson, K. & Helmus, L.	<p>Meta-analysis of 20 samples (n = 7,491). Discrimination: describes the extent to which recidivists are different</p>	2012	Canadá, EEUU	<p>We found that the total scores of Static-99R and Static-2002R provided better discrimination than the total scores of the RRASOR for sexual, violent, and any recidivism. No</p>

		<p>from nonrecidivists. The Area Under the Receiver Operating Characteristic Curves (AUC ROC) is the most common method of assessing discrimination. In this context, the AUC can be interpreted as the probability that a randomly selected recidivist has a higher score on the risk scale than a randomly selected nonrecidivist. Incremental validity: was examined using Cox regression. The dependent variable was time-at-risk or “survival time,” and each case was identified as either a failure (e.g., recidivist) or censored. To compare different rules for combining risk scales (lowest, highest, average): the scales needed to be standardized to a common metric. Based on previous research (Hanson, Babchishin, Helmus, & Thornton, 2012), the metric used was the log of the hazard ratios associated with each score, centered on the median value of the scale in routine samples.</p>			<p>differences in discrimination were found between Static-99R and Static-2002R for sexual and violent recidivism, but Static-2002R was found to outperform Static-99R in predicting any recidivism. Remarkably, despite large correlations (rs ranging from .70 to .92) and substantial item overlap between the risk scales, the scales consistently added incremental validity to one another, with one exception: the RRASOR did not add incremental validity to the prediction of sexual recidivism after controlling for Static-2002R. The direction of the incremental effects, however, was not consistently positive. When controlling for the other measures, high scores on the RRASOR were associated with lower risk for violent and any recidivism. The study also examined three methods of combining risk tools: (a) choose the lowest, (b) choose the highest, and (c) take an average. Each of these methods was highly correlated with the others; however, the averaging approach produced better discrimination than choosing the highest risk scale. For estimating absolute recidivism rates, the averaging showed the best calibration. The other methods systematically underestimated (choose the lowest) or overestimated (choose the highest) the observed recidivism rates. The findings reinforce the importance of understanding the psychological content of criterion-referenced measures, even when the sole purpose is to predict a particular outcome and provide some direction concerning the best methods for combining risk scales.</p>
Feasibility of Gaining Access to Women in Jail for Health Interventions	Hebert, M., Clarke, J., Caviness, C., Ray, M., Friedmann, P. & Stein, M.	<p>Commitments to the Women's Facility at the Rhode Island Department of Corrections were chronicled for 40 months, from February 2004 to June 2007. Research staff, working 8 a.m. to 5 p.m., Monday through Friday, attempted to screen all detained women for a randomized clinical trial.</p>	2008	EEUU	<p>Results: During the 40-month study period, 4,131 individual women had 8,010 commitments to the facility. Staff was able to gain access to nearly 50% of women. Of the inaccessible women, 65% were released in less than 24 hours. In total, 88% of accessed women agreed to be screened for study participation. No significant differences were observed by race/ethnicity or age between women who were screened and those who were not. Conclusions: Clinical research with the female jail population is feasible. The jail setting requires researchers to plan for short-commitment lengths and high rates of recidivism to optimize screening and recruitment in this population.</p>
Social bonds and change during incarceration: testing a missing link in the reentry research.	Rocque, M., Bierie, D. & MacKenzie, D.	<p>To accomplish these goals, we exploit a randomized design in which inmates were sentenced to serve identical terms (6 months,</p>	2011	EEUU	<p>The data showed that the boot camp improved prosocial beliefs, but few differences emerged in terms of commitment and attachment. Similarly, the data showed few</p>

		<p>then release) in either a traditional prison or a correctional boot camp. Prisoners were asked to report on changes that occurred while they were serving their prison term. Groups were compared with respect to commitment, belief, attachment, and in terms of changes among their relationships during incarceration. Data were collected from two sources. First, official Department of Corrections records were searched to identify demographics and criminal history (number and type of prior offenses). Second, survey data were collected from inmates. The survey measured personal history items (education, family, and work history) and criminal history and included several scales designed to tap constructs that were theoretically or empirically related to recidivism. The survey tool was administered 1 week before the cohort began the early-release program and was repeated 1 week before the 6-month term ended.</p>			<p>differences in attachment regardless of the prosocial or antisocial orientation of the inmate's friends or family.</p>
<p>The effectiveness of interactive journaling in reducing recidivism among substance-dependent jail inmates</p>	<p>Proctor, S., Hoffmann, N. & Allison, S.</p>	<p>The sample was randomly assigned to either an interactive journaling condition or a control group. Randomized Controlled Trial</p>	<p>2012</p>	<p>EEUU</p>	<p>The recidivism rate (51%), in terms of subsequent bookings within a 12-month period, for the journaling group was significantly lower than the recidivism rate (66%) for the control group, $\chi^2(1, 183) = 4.13, p < .05$. The three most significant independent predictors of subsequent bookings were severity of posttraumatic stress disorder, group assignment (journaling vs. placebo), and employment status. Interactive journaling appears to show promise as a brief treatment intervention strategy for substance dependence in local jail settings and may have the potential for reducing recidivism.</p>
<p>Violent offender rehabilitation and the therapeutic community model of treatment: Towards integrated service provision?</p>	<p>Day, A. & Doyle, P.</p>	<p>Revisión de literatura especializada (teórico).</p>	<p>2010</p>	<p>Australia</p>	<p>This paper reviews the content and evidence supporting both violent offender treatment programs and therapeutic community models, concluding that approaches to treatment which combine features of both may prove to be most successful, and warrant further development and evaluation.</p>
<p>HIV seroprevalence and associated risk factors among male inmates at</p>	<p>Gough, E. & Edwards, P.</p>	<p>A voluntary sample of 623 participants was obtained from the male inmate</p>	<p>2009</p>	<p>Belice</p>	<p>Results: Of the 623 inmates in the sample, 25 tested positive for HIV-1/2 antibody for a seroprevalence of 4.0%</p>

the Belize Central Prison		<p>population incarcerated during the period from 15 January to 5 March 2005. HIV serostatus was determined on location using the Abbott Determine Assay for HIV-1/2 for screening, and the MedMira MiraWell Rapid HIV-1/2 Test for confirmatory testing. Remaining serum was tested by ELISA at the Central Medical Laboratory, Belize. Demographic and risk behavior data were collected using an interviewer administered pre-tested questionnaire. A multivariate logistic regression was used to adjust for potential confounders and to identify independent associations with HIV seropositivity.</p>			<p>(95% Confidence Interval 2.7, 6.0). After adjustment for confounding, HIV serostatus was positively associated with male-to-male sexual activity outside prison, age, and district of residence before current incarceration. Conclusions: The seroprevalence in the Central Prison was almost twice that estimated for the adult population of Belize in 2004 (2.4%). However, the social variables of importance to inmates appeared to reflect the epidemic in the general population, with the exception that male-to-male sex outside prison is likely more important to the male inmate population in Belize. The findings suggest that HIV is likely contracted by most inmates before their incarceration, largely due to same-sex activity.</p>
Participatory communication for tuberculosis control in prisons in Bolivia, Ecuador, and Paraguay	Waisbord, S.	<p>Challenges to two central goals of TB control—early diagnosis of positive cases and successful application of the directly observed treatment, short course (DOTS) strategy— were examined. Data were gathered (through in-depth, structured interviews) and focus groups were conducted in the prisons that housed the largest number of male inmates in each country. Interviewees and focus group participants included program directors, administrative personnel, correctional health and security staff, and incarcerated people who were or had been under treatment for TB and had participated as “peers” in health services.</p>	2010	Bolivia, Ecuador, Paraguay	<p>Results. The findings showed a range of entrenched obstacles for adequate TB control (both the individual-social level and the structural systemic level). Stigmatizing attitudes and low knowledge about TB among inmates and key prison personnel discouraged people living in prisons from seeking diagnosis and treatment. Systemic problems in prison health services, along with squalid living conditions, lack of coordination between national TB programs and prison health systems, and insufficient allocation of resources to health prevented the provision of adequate TB prevention and care. Conclusion. In addressing the barriers to effective TB control in prison systems in Bolivia, Ecuador, and Paraguay, a participatory approach to communication is necessary.</p>
Imprisonment and women’s health: concerns about gender sensitivity, human rights and public health	van den Bergh, B. Gatherer, A., Fraserb, A. & Mollera, L.	<p>Revisión de un informe desarrollado por World Health Organization Regional Office for Europe.</p>	2011	Mundial	<p>Women prisoners constitute a minority within all prison systems and their special health needs are frequently neglected. The urgent need to review current services is clear from research, expert opinion and experience from countries worldwide. Current provision of health care to imprisoned women fails to meet their needs and is, in too many cases, far short of what is required by human rights and international recommendations. The evidence includes a lack of gender sensitivity in policies and practices in prisons,</p>

					<p>violations of women's human rights and failure to accept that imprisoned women have more and different health-care needs compared with male prisoners, often related to reproductive health issues, mental health problems, drug dependencies and histories of violence and abuse. Additional needs stem from their frequent status as a mother and usually the primary carer for her children. National governments, policy-makers and prison management need to address gender insensitivity and social injustice in prisons. There are immediate steps which could be taken to deal with public health neglect, abuses of human rights and failures in gender sensitivity.</p>
Organizing Prisons through Public-Private Partnerships: a Cross-Country Investigation	Cabral, S. & Saussier, S.	<p>Work based on previous empirical literature as well as information we collected: Brazil, France, and the United States (U.S.). To be able to compare the situation in these three countries, we use an exploratory approach (Stebbins, 2001). While the U.S. case is fairly documented, this is not the case for France and Brazil, for which few papers grounded in empirical data exist. In order to compensate for these data limitations in Brazil and France we conducted 23 in-depth and semi-structured interviews where pre-formulated questions were posed at the beginning and new questions emerged during the conversation (Malhotra, 2007). Our interviewees included: executives of private companies in charge of prison services (two in France and three in Brazil); government officials from justice and penitentiary administration (three people in France and four in Brazil); politicians (one individual in France and two in Brazil); professionals engaged in human rights (one person in France and one in Brazil); wardens of publicly operated facilities (three individuals in Brazil); and wardens of privately operated facilities (three individuals</p>	2013	Brasil, EEUU, Francia	<p>Despite the fact that private participation in prison services is fairly covered in theoretical economic models, few studies compare distinct governance structures. In our analysis, we found striking differences in the outcomes. In the United States, private participation leads to cost-quality trade-off. In France, we observe an increase in both dimensions, while Brazil demonstrated cost reductions with an improvement in quality. It is natural to ask why such differences occur. We argue that the achievement of an appropriate governance structure does not rely on property rights distribution, but rather on the way incentives, contractual design, decision rights, and the nexus of institutions interact. The combination of all these factors might have a strong impact on performance indicators, in either a positive or a negative sense. The ability of public or private managers to deal with and occasionally bypass imposed institutional constraints is essential in the choice of the contractual mode. Our results suggest that public managers must also consider the role of on-site public supervisors in order to monitor the behavior of private agents and take discretionary choices about punitive issues. Private operation with public supervision might enable the viability and the legitimacy of public and private agreements in prison services, while at the same time assuring that private sector capabilities will be driven to address the interests of the society.</p>

		in Brazil). Interviews were conducted between 2005 and 2008 and took between 60 and 180 minutes.			
The Modes of Provision of Prison Services in a Comparative Perspective	Cabral, S. & Azevedo, P.	Revision of literature. Case studies. The research method used is inspired by Shirley and Ménard (2002). It combines quantitative and qualitative analysis to understand the role of the following aspects in prison performance indicators: a) incentive factors (information asymmetry, rewards and punishment and credible commitment mechanisms); b) formal and informal institutions; and, c) management routines.	2013	Brasil	We found that the privately operated facility has achieved better performance indicators (in terms of number of escapes, riots, deaths, assistance to inmates etc.) than the public facility, which in part refutes the arguments of Hart, Shleifer and Vishny (1997) against private participation in prison services. We conclude that the reasons for these differences are related to lower levels of administrative controls; to the presence of civil servants within the privately operated prison, which contributes to reducing information asymmetries; to greater incentives for the private operator: to monitor employees, to bypass local judiciary constraints and to fulfill contractual obligations.
Assessment of a penitentiary relapse prevention program	Saffi, F. & Lotufo Neto, F.	The project had the participation of 28 subjects, divided into a work group and control group (15 and 13 subjects respectively), who were evaluated before and after the intervention. A guided interview was created to outline the profile of individuals who participated in the program, as well as the research topics that conceptualize the cognitive approach. Additionally, some questionnaires or scales were applied both before and after the program	2013	Brasil	There was no significant difference in reoffending. Despite this, the program reduced the fear of negative evaluation (especially among non-reoffenders) and the Social Stress and Escape Scale score. After one year, reoffenders had lower scores in the Social Stress and Escape Scale and a tendency to have higher scores in the Dysfunctional Attitude Scale.
Tuberculosis in a South African prison – a transmission modelling analysis	Johnstone-Robertson, S., Lawn, S., Welte, A., Bekker, L. & Wood, R.	Cell dimensions, cell occupancy, lock-up time, TB incidence and treatment delays were derived from court evidence and judicial reports. Using the Wells-Riley equation and probability analyses of contact between prisoners, we estimated the current TB transmission probability within prison cells, and estimated transmission probabilities of improved levels of case finding in combination with implementation of national and international minimum standards for incarceration.	2011	Sudafrica	Results. Levels of overcrowding (230%) in communal cells and poor TB case finding result in annual TB transmission risks of 90% per annum. Implementing current national or international cell occupancy recommendations would reduce TB transmission probabilities by 30% and 50%, respectively. Improved passive case finding, modest ventilation increase or decreased lock-up time would minimally impact on transmission if introduced individually. However, active case finding together with implementation of minimum national and international standards of incarceration could reduce transmission by 50% and 94%, respectively. Conclusions. Current conditions of detention for awaiting trial prisoners are highly conducive for spread of drug-sensitive and drug-resistant TB. Combinations of simple

					well-established scientific control measures should be implemented urgently.
10 Años innovando en el tratamiento de la infección tuberculosa latente: comparación entre pautas estándar y pautas cortas en tratamiento directamente observado	López, G., Wood, M. y Ayesta, F.	Estudio longitudinal retrospectivo realizado en un centro penitenciario de tamaño medio. El periodo de inclusión abarco 10 años, de enero de 2000 a diciembre de 2009. Se utilizaron los criterios de inclusión y exclusión de los Centers for Disease Control and Prevention (CDC) y los recogidos en el Programa de Prevención y Control de la Tuberculosis en el Medio Penitenciario. Se utilizaron 4 pautas de TIT según la preferencia del paciente y posibles interacciones con otros tratamientos. La pauta incluía isoniazida (H) en dosis de 300 mg/día 9 meses (9H), la pauta II rifampicina mas pirazinamida durante 2 meses 2 veces por semana, (2R2Z2) la pauta III rifampicina mas isoniazida durante 3 meses (3RH) y la pauta IV rifampicina durante 4 meses (4R). Se administro el tratamiento de forma estricta en TDO por el personal de enfermería.	2011	España	Se observa una mayor aceptación para iniciar el tratamiento en todas las pautas TDO. Las pautas cortas 3RH, 2R2Z2 y 4R favorecen una mejor adherencia, con tasas de abandonos significativamente inferiores a la pauta 9H en el tratamiento de la infección tuberculosa latente. La tolerancia y la seguridad de las pautas cortas fue muy similar a la estándar 9H, encontrando un porcentaje significativamente superior de efectos adversos con la pauta 2R2Z2 respecto a todas las demás. Nuestros datos apoyan la seguridad y adherencia de una pauta corta 3RH en TDO para el tratamiento de la infección latente tuberculosa y su preferencia frente a isoniácida en el medio penitenciario debido a una mayor tasa de finalización de los tratamientos. La administración de TIT en TDO consigue un alto porcentaje de aceptación y finalización del tratamiento en el medio penitenciario mejorando significativamente los resultados previos obtenidos anteriormente en un estudio transversal del medio penitenciario y los obtenidos en nuestro centro en tratamiento auto administrado.
Concordancia de las pruebas de tuberculina e Interferón gamma en población reclusa	Marco Mourino, A., Orcau Palau, A., Jane Galliga, R., Escribano Ibáñez, M., Cayla Buqueras, J., Sole Zapata, N., del Bano Hollin, L., Quintero del Rio, S., Ferrer Escobar, M., Mangues Bafalluy, J., Guerrero Moreno, R. y Martin Sánchez, V.	Estudio prospectivo realizado en una prisión en mayo-junio de 2009. Se estudian los ingresos sin antecedente de tuberculosis (TB) o con PT previa negativa o no realizada. Se realizo IDR de Mantoux (positivo 3 10 mm) y extracción sanguínea para prueba de IFG (QuantiFERON-TB Gold). En los infectados, se realizo despistaje de TB. Se pasó un cuestionario y se solicitó consentimiento informado. El estudio fue aprobado por un Comité Ético ajeno a instituciones penitenciarias. La concordancia entre PT e IFG se baso en el índice Kappa.	2011	España	En los extranjeros había mas vacunados, menos UDI y menos infectados por VIH que en autóctonos (p=0,02, p=0,02, y p=0,01, respectivamente). La PT fue positiva en el 24% y la IFG en el 26%. Hubo información de ambas en 149 (82%) casos. El 15,8% fueron discordantes. El índice Kappa fue de 0,6 (0,4-0,7). La concordancia varió según subgrupos, siendo mayor en autóctonos (kappa= 0,8) y menor en vacunados (kappa=0,4) e inmigrantes (kappa=0,5). La concordancia global fue moderada-buena, pero en vacunados e inmigrantes fue menor. El nivel de discordancia aconseja ampliar el estudio.
Factores relacionados con rehusar el tratamiento antirretroviral en prisión	Sordo del Castillo, L., Ruiz Pérez, I., Olry Labry de Lima, A., Soto Blanco, J., Antón Basanta, J., Girela López, E. y Castro Recio, J.	Estudio transversal realizado a 580 reclusos seropositivos de 3 cárceles andaluzas. Como variable dependiente se estableció estar en tratamiento o	2008	España	Resultados: Al 73,1% de los reclusos seropositivos se les recomendaba el tratamiento con antirretrovirales. De éstos, el 23,1% rechazaba tomarlo, mientras el 76,9% lo tomaba. Los factores relacionados con los reclusos

		rehusarlo. Las variables independientes fueron: socio-demográficas, psicosociales, relacionadas con el medio penitenciario, clínicas, y relacionadas con el estado de salud y con las drogodependencias. Se realizó un análisis de regresión logística para determinar qué factores se relacionaban con rehusar el tratamiento antirretroviral.			que rehusaban el tratamiento antirretroviral fueron una carga viral elevada, una peor salud autopercebida, un mayor número de entradas en la cárcel y ser visitados por personas diferentes a los familiares. Conclusiones: Hay un grupo de reclusos con características propias que rechazan el tratamiento antirretroviral, sobre el que deben realizarse intervenciones específicas encaminadas a que conozcan las consecuencias de su decisión sobre la evolución de su enfermedad.
Costos directos e indirectos del diagnóstico y tratamiento de reclusos con sífilis	Valiente, Y. y Hernández, M.	Estudio de descripción de costos en el cual se compararon los resultados antes y después de efectuar una intervención educativa en la población de penados, por un grupo de promotores seleccionados y preparados en la prevención de infecciones de transmisión sexual. El impacto de la intervención se midió por medio de la disminución del número de afectados con sífilis. La información fue procesada mediante el paquete estadístico SPSS 11,5, y se totalizaron y promediaron los costos. Se utilizaron los números absolutos y los porcentajes como medidas de resumen, y las pruebas no paramétrica de los rangos de Wilcoxon para evaluar la significación estadística de los resultados, con un margen de error menor de 0,05, y de McNemar para las variables epidemiológicas.	2013	Cuba	Finalmente, después de la actividad educativa, la incidencia de la enfermedad decreció en una tasa de 1,1 por cada 100 habitantes y los costos del tratamiento antiinfeccioso de los reclusos disminuyeron en \$ 1 344,48, para obtener un beneficio económico de 1 513,04 pesos cubanos.
Una Vida entre Rejas: Aspectos Psicosociales de la Encarcelación y Diferencias de Género	Herrera, M. y Expósito, F.	Todos los participantes accedieron a contestar de manera anónima e individualizada un cuestionario, en presencia de alguno de los psicólogos que participaron en el estudio. Se midieron las características sociodemográficas, un Índice de satisfacción con las visitas y actividades (elaboración propia), un Índice de preocupación y efectos del encarcelamiento (elaboración propia), además de la Escala de Autoestima de Rosenberg	2010	España	Se encontraron diferencias marginalmente significativas en cuanto al nivel de satisfacción de unos y otras con las visitas recibidas en los locutorios. Sin embargo, no se encontraron diferencias significativas en el nivel de satisfacción con las visitas vis a vis; ni con la satisfacción por la realización de actividades; ni con la satisfacción total. Aunque la tendencia indica que las mujeres suelen estar más satisfechas que los hombres. Las mujeres creen que la relación con sus amigos y sus relaciones sociales en general se verán afectadas, en mayor medida que los hombres. Mientras que éstos creen, más que las mujeres, que su relación de pareja se verá afectada por su ingreso en prisión. Las mujeres sin

		(1965).			hijos, creen en mayor medida que la familia se verá muy afectada por su paso por prisión, presentando también una menor autoestima que las mujeres con hijos.
Validación de la Lista de Chequeo de Psicopatía-Revisada (PCL-R) en población carcelaria masculina de Colombia	García, J., Arango, J., Correa, O., Pérez, A., Agudelo, V., Mejía, C., Casals, S., López, G., Patiño, J. y Palacio, C.	La Lista de Chequeo de Psicopatía Revisada (PCL-R) es un instrumento de medición compuesto por 20 ítems y es uno de los más utilizados para investigación en psicopatía y trastorno de la personalidad antisocial. En esta investigación se hicieron dos traducciones al español y dos traducciones en sentido inverso de cada uno de los ítems. También, una traducción al español y en sentido inverso del instructivo. La validez de apariencia fue evaluada por un grupo de expertos. Se examinó la validez de contenido, consistencia interna, reproducibilidad prueba-reprueba e inter-evaluador. Prueba piloto con 20 sujetos, y prueba experimental con 200 sujetos.	2008	Colombia	En el análisis factorial para la validez de contenido se encontraron 4 dominios que explican el 61,1% de la varianza. La consistencia interna de la escala fue alta (alfa de Cronbach=0,94), al igual que la reproducibilidad prueba re-prueba (CCI=0,83, IC 95%: 0,68-0,91) e inter-evaluador (CCI=0,92, IC 95% 0,86-0,96). La versión en español de la PCL-R para la población carcelaria colombiana de sexo masculino muestra buenas propiedades psicométricas.
Riesgo suicida, desesperanza y depresión en internos de un establecimiento carcelario colombiano	Mojica, C., Sáenz, D. y Rey-Anaconda, C.	Diseño descriptivo comparativo y correlacional, en el que participaron 95 varones, entre 19 y 59 años de edad, seleccionados mediante un muestreo aleatorio simple del total de 350 internos de un establecimiento penitenciario adscrito al Departamento de Boyacá. Se utilizaron cuatro instrumentos: La Escala de Riesgo Suicida de Plutchick, la Escala de Desesperanza de Beck, el Inventario de Depresión de Beck y una ficha sociodemográfica. Se comparó a los internos con riesgo suicida y sin riesgo en cuanto a las medias que mostraron en estas variables.	2009	Colombia	Resultados: El 20% de los participantes presentaba riesgo suicida según la puntuación obtenida en el instrumento utilizado. La comparación entre los participantes con riesgo y sin riesgo suicida, por medio de la prueba ANOVA de un factor, mostró que la media de puntuaciones del primer grupo era significativamente mayor en desesperanza y en depresión. No se encontraron diferencias estadísticamente significativas en las variables sociodemográficas. Un análisis de regresión lineal con ajuste al modelo, evidenció una correlación positiva estadísticamente significativa con desesperanza y depresión y con el número de reclusiones, pero no con las variables sociodemográficas. Conclusión: Los reclusos que presentan riesgo suicida tienen mayores grados y niveles moderados y altos de desesperanza y de depresión y existe una correlación positiva entre el riesgo suicida y estas dos variables.
Validez concurrente y predictiva de la escala de cribado de estilo de vida delictivo revisada (ECEViD-R).	Castillo, J. y Folino, J.	Luego de traducir al español y adaptar al medio local la LCSF-R, se evaluó una cohorte de 100 personas candidatas consecutivas a liberación o alta del servicio penitenciario de la provincia de Buenos Aires	2009	Argentina	Resultados. Éstos permiten sostener la validez concurrente de la ECEViD. Respecto de la validez predictiva no se obtuvieron resultados positivos significativos. Conclusión. La ECEViD R resulta ser un instrumento candidato apropiado para el cribado en evaluaciones de riesgo de violencia, dado el comportamiento

		con la ECEViD R y otras tres escalas: la Psychopathic Checklist Revised (PCL R), la Assessing Risk For Violence (HCR 20) y la Violence Risk Appraisal Guide (VRAG). El reclutamiento duró quince meses y el seguimiento, en promedio, dos años y medio. Se consignaron eventos violentos y delitos no violentos; se chequearon pérdidas por fallecimiento y salida del país. Se recabó la información mediante fuentes de información múltiples. Tanto para el análisis descriptivo y correlacional como para la eficiencia predictiva (curva ROC) se utilizó el Statistical Package for Social Sciences (SPSS) (17).			similar presentado con otros instrumentos.
Pacientes que rehúsan el tratamiento antirretroviral en el medio penitenciario.	Sordo, L., Ruiz-Pérez, I., Olry, A., Soto, J., Antón, J., Girela, E. y Castro, J.	Estudio transversal con 585 reclusos VIH positivos ingresados en tres prisiones andaluzas entre mayo-julio de 2004. Como variable de agrupación se empleó rehusar el TARV, tomarlo o no hacerlo por no estar indicado. Como variables independientes se incluyeron sociodemográficas, psicosociales, clínicas y relacionadas con el medio penitenciario. La recolección de datos se llevó a cabo entre los meses de Mayo y Julio del 2004.	2008	España	El 16,8% de los reclusos rehusaban el TARV, mientras el 56,3% estaban en tratamiento y al 26,8% no le estaba indicado. Entre los reclusos que rehusaban el TARV aparece una mayor prevalencia de afección por VHC, mayor consumo intrapenitenciario de opiáceos y tratamiento con metadona, más juicios pendientes y más entradas en prisión. Estos resultados ponen de relieve la existencia de un grupo poblacional, accesible gracias al medio penitenciario, con características propias que no sigue las indicaciones terapéuticas y que representa un riesgo no sólo para su salud, sino para la de la comunidad.
Diseño participativo de una Guía para la Promoción de la Salud Mental en el medio penitenciario	Bustamante, R., Paredes, J., Aviñó, D., González, J., Pitarch, C., Martínez, L. y Arroyo, J.	Estudio de investigación-acción-participativa. Se realizó una revisión de la literatura, de las políticas de salud mental, de un programa de talleres de hábitos mentales saludables y un vídeo sobre factores de protección y riesgo. Se identificaron a los actores implicados (stakeholders) y se recabó su opinión sobre los temas de la guía. Se decidieron los contenidos de la guía y la incorporación del modelo de activos en salud y las perspectivas de género y diversidad cultural. Tras la elaboración inicial de los	2013	España	La guía consta de: prólogo, introducción, descripción, módulos, sesiones y evaluación. Contiene 6 módulos y 19 sesiones sobre: salud y motivación; autoestima; salud y emociones; más activos para ganar salud: relajación, pensar en positivo, mantener la calma, comunicación y resolver problemas; avanzar es posible: resiliencia y ser protagonista de mi cambio. Cada sesión está compuesta por: las dinámicas (objetivos, material, tiempo asignado y desarrollo), material teórico y fichas para las actividades. La guía está disponible en edición impresa y electrónica.

		módulos y sesiones, se pilotaron en los centros penitenciarios de Valencia y Zaragoza con mujeres y hombres de distintas culturas, incorporando las mejoras sugeridas, unificándose contenidos y el estilo discursivo.			
Valoración de los beneficios para la salud conseguidos mediante un programa nutricional dirigido a internos con factores de riesgo cardiovascular del Centro Penitenciario de Huelva	Gil-Delgado, Y., Dominguez-Zamorano, J., Martínez-Sánchez-Suarez, E.	Estudio de intervención, prospectivo de cohorte no aleatorizado y realizado en el centro penitenciario de Huelva, durante un año. Se recoge información sobre variables antropométricas y variables bio-químicas en sangre de forma trimestral y semestral para valorar el cambio de dieta. Se realizó análisis descriptivo de variables, así como estudio pre-post, utilizando en variables cuantitativas la T de Student y medianas con la prueba de Wilcoxon. Cualitativas con el test de χ^2 .	2011	España	Se modificó la dieta en el 86,3% de los casos. Mejoró significativamente las variables de peso, IMC, porcentaje de masa grasa, perímetro abdominal y presión arterial diastólica. Disminuyó el RCV alto y bajo vs RCV medio según las funciones de Framingham y REGICOR, permaneciendo estable en SCORE. En conclusión se puede decir que la educación para la salud y una dieta adecuada mejora los parámetros antropométricos y bioquímicos de estos pacientes. Además supone una herramienta más para el equipo sanitario que puede ser extrapolable a otros centros.
Evaluación del Programa de Intercambio de Jeringuillas en el Centro Penitenciario de Pereiro de Aguiar (Ourense): diez años de experiencia	Ferrer-Castro, V., Crespo-Leiro, M., Garcia-Marcos, L., Perez-Rivas, M., Alonso-Conde, A., Garcia-Fernandez, I., Lorenzo-Guisado, I., Sanchez-Fernandez, J., Seara-Selas, M. y Sanjose-Vallejo, R.	Estudio observacional con cortes transversales al inicio, 6 y 12 meses y 10 años de desarrollo del programa. Se realizaron entrevistas a los usuarios del programa y encuestas a muestras accidentales de funcionarios en los distintos cortes, y a una muestra aleatoria de internos a los 10 años. Se registraron diariamente los indicadores de actividad del programa, y se valoró la prevalencia de infección por VIH, hepatitis B y C al inicio y a los 10 años. Para el análisis estadístico utilizamos la Prueba ji-cuadrado con la corrección de Yates en caso necesario.	2012	España	Durante estos diez años se suministraron 15.962 jeringuillas a 429 usuarios (media de 20,2 usuarios/mes), recuperándose 11.327 (70,9%). La prevalencia de infección por VIH paso del 21% en 1999 al 8,5% en 2009, la de VHC del 40% al 26,1% ($p<0,01$). La mayoría de internos y funcionarios consideran que el programa no incrementa el consumo de drogas Intravenosas y que mejora las condiciones higiénicas de vida en la prisión. A modo de conclusión se puede decir que tras diez años de PIJ, se observa un significativo descenso en la prevalencia de infección por VIH y por VHC en la población reclusa del centro, y el programa es aceptado como beneficioso por la mayoría de los internos y funcionarios encuestados.
Educación para la salud en centros penitenciarios: evaluación de una experiencia en personas con diabetes	Minchón, A., Domínguez, J. y Gil, Y.	Estudio descriptivo y transversal realizado en el Centro Penitenciario de Huelva. Se recoge información mediante la utilización de cuestionarios diseñados para ello. Se realiza un análisis descriptivo mediante la utilización de medias para variables cuantitativas y frecuencias absolutas y relativas para las variables cualitativas. La selección de la muestra del estudio, se realizó	2009	España	27 diabéticos encuestados (24 hombres y 3 mujeres), tasa de participación de 69,2%, tasa de respuesta 84,4%, edad media 48,3 años I.C. 95% (43,7 a 52,9). El 66,7% insulinodependientes y un 33,3% en tratamiento con antidiabéticos orales. Tasa de acierto en preguntas que valoran conocimientos adquiridos superior al 80%. En conclusión, a pesar de que se han conseguido los objetivos de mejorar el grado de conocimiento que estos enfermos tienen sobre el manejo de su enfermedad y con ello disminuir los riesgos de complicaciones

		entre todos los internos del Centro Penitenciario con diabetes mellitus y que de forma voluntaria quisieron participar.			características de esta patología; existe la necesidad de aumentar los conocimientos ante las dificultades que los internos tienen de adecuar las dietas estándar a los requerimientos nutricionales de su enfermedad. Ahora bien, los resultados a tan corto plazo no posibilitan valorar el cambio de actitud.
Causas de no inicios al tratamiento de la hepatitis C en el medio penitenciario: sub-análisis del estudio EPIBAND	De Juan, J., Faraco, I., Saiz de la Hoya, P., Marco, A., Yllobre, C., Da Silva, A., y del Pozo, E.	Estudio epidemiológico, prospectivo y multi-céntrico realizado en 26 centros.	2011	España	Se analizaron un total de 195 pacientes (edad media de 39±6,6 años, 86,7% varones, y 96,9% de nacionalidad española). Las principales razones de no inicio fueron aquellas secundarias al paciente en un 41% de los casos, razones médicas en un 30,8% y razones secundarias al medio en un 3,6%. El 47,5% de los pacientes refirió falta de motivación y concienciación, y en el 18,8% influyó el temor a sufrir efectos secundarios. Entre las razones médicas, la inmunodepresión constituyó la principal causa de contraindicación en un 35% de los casos seguida de las alteraciones psiquiátricas y neurológicas en un 28,3%. La próxima excarcelación o traslado a otro centro resultaron las principales variables asociadas al ámbito penitenciario en un 64,6% de los pacientes. A modo de conclusiones se puede decir que ha falta de motivación y concienciación del paciente, y el temor a sufrir efectos secundarios constituyen las principales causas de la negativa al tratamiento. Aspectos subjetivos y modificables que van a depender de la educación y formación del paciente así como de la atención prestada por los profesionales sanitarios en el curso del tratamiento.
Correlatos psicosociales de la adhesión al tratamiento antirretroviral en el Centro Penitenciario de hombres de Barcelona	Herraiz, F., Villamarín, F. y Chamorro, A.	Estudio longitudinal, realizado en el Centro Penitenciario de hombres de Barcelona. Se utilizaron las bases de datos del centro, una entrevista semi-estructurada, que valoraba variables socio-demográficas, penales/penitenciarias, clínicas y características del tratamiento, así como cuestionarios sobre creencias y estados emocionales. También se evaluó la adhesión al inicio del estudio, a los tres y a los seis meses.	2008	España	Los internos presentaron un bajo apoyo social; un acuerdo medio respecto de los cuidados recibidos por el personal médico y sanitario; consideraron la complejidad del tratamiento como alta y concedieron una moderada relevancia a los efectos secundarios; presentaron un elevado acuerdo respecto a los beneficios que les podían reportar seguir el tratamiento, una percepción moderada sobre la severidad de la enfermedad y manifestaron una elevada autoeficacia en el seguimiento del tratamiento. Respecto a las variables emocionales mostraron una baja tensión, depresión, cólera y fatiga. La adhesión a los antirretrovirales desde el inicio al final del estudio no ha variado a lo largo del estudio. Las variables socio-cognitivas que correlacionaron con la adhesión en los diferentes momentos del estudio son la autoeficacia, los beneficios percibidos, la complejidad

					del tratamiento y los efectos secundarios. Los estados emocionales que correlacionaban con la adhesión eran la depresión y la fatiga. Finalmente, la relación entre auto-eficacia y adhesión es un resultado repetido en los estudios sobre la predicción de la adhesión al TARGA. Las relaciones de la fatiga y de la tristeza/depresión con la adhesión son del tipo esperado.
¿Es necesario disponer de tratamientos con Buprenorfina/Naloxona para los presos dependientes de opiáceos?	Marco, A., Lopez-Burgos, A., Garcia-Marcos, L., Gallego, C., Anton, J. y Errasti, A.	Revisión de literatura	2013	España	Metadona y buprenorfina/naloxona son dos buenas sustancias para su uso en tratamientos con agonistas opiáceos. Buprenorfina/naloxona es una opción de similar eficacia que Metadona, algo más cara, pero más segura, con mejor perfil de interacciones, menor estigmatización y con posibilidad de ser dispensada en unidades de farmacia una vez el paciente es puesto en libertad, lo que puede ayudar a su integración social.
Eficacia de las comunidades terapéuticas en el tratamiento de problemas por uso de sustancias psicoactivas: una revisión sistemática.	Fiestas, F. y Ponce, J.	Se consultaron las bases de MEDLINE, EMBASE, Web of Science, Scielo, LILACS, y otras, buscando estudios experimentales controlados aleatorizados con grupos paralelos, publicados entre marzo de 2004 a mayo de 2011.	2012	Perú	Se ubicaron cinco publicaciones de cuatro ensayos controlados. Todos los estudios tuvieron serias limitaciones metodológicas de acuerdo al CONSORT. La heterogeneidad de los estudios no permitió agrupamientos en el análisis. En los análisis primarios, modelos específicos de CT en prisión mostraron superioridad marginal frente a otros tipos de tratamiento respecto a niveles de consumo de alcohol, días de encarcelamiento y tasa de reincarceramiento. Respecto al modelo de CT ambulatorio basado en la comunidad, no hubo evidencia de superioridad de este frente a otro tratamiento ambulatorio, tanto en reducir el nivel de consumo de sustancias, como en la ocurrencia de crimen y desempleo a los doce meses de seguimiento. Conclusiones. No hay suficiente evidencia científica que apoye una superioridad de la metodología de CT respecto a otras formas de tratamiento menos costosos. Sin embargo, en el contexto carcelario, las comunidades terapéuticas podrían ser más beneficiosas que otros modelos.
Factores Predictivos de Cumplimiento del Tratamiento de la Hepatitis C Crónica en Personas Drogodependientes de Cuatro prisiones de Barcelona	Marco, A., da Silva, A., Ortiz, J., Solé, C., Roget, C., Sarriera, C., Teixidó, N., Robres, P. y Guerrero, R.	Estudio multi-céntrico con presos drogodependientes tratados de HCC entre 01/01/2003-31/12/2007 y que permanecían encarcelados en 2008 (n=162). Se comprueba mediante la historia clínica informatizada cuántos finalizaron el tratamiento. Se emplea un cuestionario diseñado "ad hoc" para conocer posibles variables asociadas a la no finalización y se realiza un	2010	España	El 82,7% era usuario de drogas intravenosas, el 21,7% estaba coinfectado por el VIH y el 20,5% realizaba tratamiento con metadona. El 91,4% completó el tratamiento (sólo el 9,6% de los casos discontinuó el tratamiento), aunque el 33,1% consumió heroína y/o cocaína en alguna ocasión y el 7,9% reconoció haber compartido jeringas. El único factor predictivo de discontinuación fue la recaída en el consumo endovenoso, dentro o fuera de prisión (OR: 10,39. IC: 1,93-55,88. p= 0,006). Conclusión: Se recomienda,

		análisis multivariado mediante regresión logística para identificar factores predictivos.			valorar y tratar la drogadicción con el fin de detectar y evitar interrupciones de tratamiento.
Validez del Cuestionario International Personality Disorder Examination (IPDE) en una muestra de población penitenciaria	Álvaro, E. y Vegue, M.	Estudio transversal realizado con una muestra de 100 penados de dos centros penitenciarios de Madrid seleccionados de forma correlativa. Se utilizaron diversos instrumentos de evaluación, cuestionario de datos demográficos, penitenciarios y toxicológicos; y entrevista completa y cuestionario de evaluación IPDE versión DSM-IV. Adicionalmente, se efectuó un estudio de sensibilidad y especificidad del cuestionario IPDE con distintos puntos de corte utilizando como “patrón oro” la entrevista IPDE.	2008	España	Utilizando el punto de corte 3 o más respuestas no coincidentes con la esperada, se encuentra baja especificidad (2,5%) para la presencia de uno o más trastornos de la personalidad, y baja sensibilidad para los trastornos antisocial (56,7%) y límite (58,8%) de la personalidad. Conclusión: El cuestionario IPDE tiene escasa utilidad en la población penitenciaria estudiada cuando se aplica con los estándares de referencia habituales, pues el número de falsos positivos que produce es muy elevado. Los mejores índices de validez para identificar uno o más trastornos de la personalidad se obtienen con el punto de corte probable igual a 4 o más respuestas no coincidentes con las esperadas. En cualquier caso el uso del cuestionario IPDE en los reclusos evaluados no aporta beneficios ya que, incluso con el punto de corte habitual de 3 o más respuestas no coincidentes, para los trastornos de personalidad más frecuentes en la muestra estudiada, el antisocial y el límite, se observa que la sensibilidad es baja.
Aging Prisoners' Treatment Selection: Does Prospect Theory Enhance Understanding of End-of-Life Medical Decisions?	Phillips, L., Allen, R., Harris, G., Presnell, A., DeCoster, J. & Cavanaugh, R.	Inmates over the age of 45 who passed a cognitive screening completed face-to-face interviews (N = 94; mean age = 57.7; SD = 10.68). Data collection occurred at Hamilton Aged and Infirm Prison (Hamilton A & I)—Alabama's primary institution for incarcerated older males. Hamilton A & I is a medium security prison of 300 inmates. Measures: Mini-Mental State Examination (MMSE), Wide Range Achievement Test (WRAT), Demographics, Functional Status Items from the Medical Outcomes Survey (MOS) 36-Item Short-Form Health Survey 1.0 (MOS SF-36), Positive and Negative Affect Schedule (PANAS), Center for Epidemiological Studies–Depression Scale (CES-D), Duke University Religion Index (DUREL), Multidimensional Fear of Death Scale, Trust in Prison Health Care, Life-Support	2011	EEUU	We found a 3-way interaction indicating that the effect of parole expectation on desire for life-sustaining treatment varied by race/ethnicity and treatment. Minority inmates desired cardiopulmonary resuscitation or feeding tubes only if they believed that they would be paroled. The model predicting desire for palliative care was not significant. Future days of desired life were related to prospective health condition, fear of death, negative affect, and trust in prison health care. Caucasian inmates expressed a desire for more days of life out of prison, whereas minority inmates did not differ in days of desired life either in or out of prison. Minorities wanted more days of life than Caucasians but only if they believed that they would be paroled.

		Preferences/Predictions Questionnaire (LSPQ), Prospective Health Questionnaire			
Measuring Group Climate in Prison	van der Helm, P., Jan Stams, G. & van der Laan, P.	Construct validity and internal consistency reliability of the PGCI were examined by means of confirmatory factor analysis in Mplus (Muthen & Muthen, 1998) and the computation of Cronbach's alpha in SPSS, respectively. A multifactor model was specified in which each item loaded on only one factor, allowing reverse-worded, very similarly worded items (e.g., "We take initiative together" and "Taking initiative is welcomed by group workers") or items prone to social desirability to correlate. Both the model's chi-square and fit-indices, which are nonsensitive to sample size (CFI, TLI, and RMSEA), were used to evaluate model fit (Kline, 2005). The following fit index cut-off values are indicative of good model fit: CFI > 0.90, TLI > 0.90, and RMSEA < 0.05 (Kline, 2005). Whereas a nonsignificant chi-square indicates exact model fit, a ratio between the chi-square statistic and the degrees of freedom (df) that is lower than 2.5 indicates a close fit to the data (Hu & Bentler, 1999). To account for nonindependence (delinquents are nested into living groups) and nonnormality, we chose to use the robust MLR maximum likelihood estimation procedure (Muthen & Muthen, 1998). A modification index, giving the expected drop in chi-square if a parameter in question is freely estimated, was used to improve model fit. We thus identified parameters that could improve model fit by freeing those parameters. Examples of such parameters were items loading on more than one factor or the wrong factor. Instead of	2011	Holanda	Confirmatory factor analysis of a four-factor model—with "repression," "support," "growth," and "group atmosphere" as first-order factors—and "overall group climate" as a second order factor shows an adequate fit to the data, indicating construct validity of the PGCI. Cronbach's alpha reliability coefficients are good for all factors. The PGCI is a parsimonious instrument, enabling future research on group climate in youth prisons and secure forensic psychiatric institutions. The instrument can be used as an assessment tool for judicial interventions that use group climate to improve outcomes in delinquent youth and adult delinquents receiving treatment for psychiatric problems.

		freeing those parameters, we removed them. Further improvement of model fit was achieved by removing items that did not load significantly on their respective factors.			
Stopping Prison Rape: The Evolution of Standards Recommended by PREA's National Prison Rape Elimination Commission	Struckman-Johnson, C. & Struckman-Johnson, D.1	Review of literature. We review the 40 standards to stop prison rape in adult prisons and jails proposed by NPREC in 2009 and compare their scope to solutions from past literature.	2013	EEUU	The NPREC standards represent a "seismic shift" in efforts to stop prison rape much like the changes that have been brought about by the antirape movement and domestic violence movements in this country (Thompson, 2009). Beyond adult prisons and jails, the standards are intended to reshape policy in juvenile facilities, lockups, immigration facilities, and community corrections. We recommend that evaluation be the next step in the evolution of prison rape standards. The implementation of the NPREC standards by the AG will present a unique opportunity to evaluate the effectiveness of the various standards. Our second recommendation is to be prepared to look beyond the NPREC standards for solutions to prison rape. According to Tewksbury (2010), prisons are affected by increasing population size, emphasis on security, use of new technology, rising costs, and new laws like PREA.
A Multisite Evaluation of Prison-Based Drug Treatment: Four-Year Follow-up Results	Welsh, W. & Zajac, G.	At the time baseline data were collected, the Pennsylvania Department of Corrections (PADOC) alcohol or other drug (AOD) programming was grouped into four major categories. Researchers collected pretreatment (e.g., demographics, criminal history, and assessed need for drug treatment) and postrelease data (e.g., reincarceration, rearrest, and drug testing results) for inmates admitted to drug treatment programs at five state correctional institutions (SCI) over an 11-month period (January 1-November 30, 2000). All five institutions housed male inmates only. Each of the five institutions had a full range of AOD programs including well-established prison TC programs. The experimental group included all inmates admitted to prison TC; the comparison group consisted of all offenders who were eligible for	2013	EEUU	TC had a moderate, significant impact on reducing the probability of reincarceration and did so in the absence of community aftercare. Effects of TC on rearrest and drug relapse, however, were not significant. Implications for research, theory, and practice are discussed. Results supported previous findings that participation in prison-based TC drug treatment produces significant, long-term reductions in reincarceration. In contrast to previous studies, however, prison TC exerted significant treatment effects independent of community aftercare, and did so across five different prison sites.

		<p>participation in a TC program. Treatment exposure was calculated for each inmate in the sample by multiplying the number of weeks he spent in each treatment program by the program's intensity (number of hours of treatment programming per week). The comparison group consisted of TC-eligible inmates participating in less intensive programming at the same institutions. Control variables included drug dependency, age, and criminal history. Logistic regression was used to predict reincarceration, rearrest, and drug relapse. We used stepwise logistic regressions to estimate models that reflected the most robust and significant predictors.</p>			
<p>Dual Severe Mental and Substance Use Disorders as Predictors of Federal Inmate Assaults</p>	<p>Wood, S.</p>	<p>This study analyzed self-report data from a nationally representative sample of male and female prisoners in Federal BOP facilities. These data came from the Bureau of Justice Statistics' Survey of Inmates in State and Federal Correctional Facilities, 2004 (Inter-university Consortium for Political and Social Research, Study No. 4572) using a two stage probability sample, with stage one selecting individual prisons and stage two selecting inmates (N = 3,686). Assault victims were inmates who sought medical care after having been intentionally injured by someone else during the current incarceration. Assault perpetrators were inmates charged with or convicted of physically assaulting staff members and/or other inmates during the current incarceration. Main Predictor Variable: A dummy coded dual disorders variable was the main predictor variable. To be categorized as having dual disorders, inmates had to first meet</p>	<p>2012</p>	<p>EEUU</p>	<p>Dually disordered inmates were more likely to be assaulted than nondually disordered inmates but both groups were equally likely to assault others. Assault victimization and perpetration were strongly correlated, and assault victimization and perpetration were associated with being assaulted before this incarceration and lifetime posttraumatic stress disorder (PTSD) diagnoses. Dually disordered inmates may be "importing" into prison some vulnerability to being assaulted. Effectively screening for and treating inmates' trauma-related disorders (e.g., PTSD), and providing inmates specialized dual disorders treatments are two study implications.</p>

		the study criteria for having a SMI. Univariate and bivariate analyses were first conducted in order to assess the prevalence of inmate assaults, demographic characteristics, dual psychiatric and substance abuse disorders, incarceration and abuse histories, and personality disorder diagnoses. Formal hypothesis testing used hierarchical logistic regression (SPSS 19.0) as assault victimization and perpetration were dichotomous outcomes.			
The relationship between status variables and criminal thinking in an offender population	Mandracchia, J. & Morgan, R.	Canonical correlation analysis.	2010	EEUU	A significant and meaningful relationship between a criminal thinking set containing all 3 factors and an offender characteristic set containing all characteristics except for age. Higher levels of criminal thinking on all 3 factors were associated with more education, longer sentence length, more time served, and lack of reception of mental health services. Implications for providing treatment with offenders that targets reducing criminal recidivism and future directions for investigation into the relationship between dynamic recidivism risk factors and offender characteristics are discussed.
The self-regulation model of sexual offending: Relationship to risk and need.	Kingston, D., Yates, P. & Firestone, P.	Individuals following different self-regulation pathways, as delineated in the SRM, were compared on offence characteristics, static and dynamic risk measures, and various treatment targets. Multivariate analyses were applied.	2012	Canadá	In general, offenders guided by approach-motivated goals exhibited more problematic offence characteristics as well as greater risk and treatment need than individuals guided by inhibitory goals. However, several other important distinctions were noted across offenders with different goals and strategies toward offending. These findings highlight the main importance of utilizing a comprehensive and multidimensional offence process model that emphasizes multiple routes to offending in sexual offender treatment.
Treating high-risk rapists in a New Zealand intensive prison programme	Wilson, N., Kilgour, G. & Polaschek, D.	Based on a review of the treatment literature for rapists, a pilot programme was developed called the Adult Sex Offender Treatment Programme (ASOTP). The programme, based on the risk-need-responsivity and cognitive behavioural therapy principles, also used an adaptation of Young's schema therapy to address personality responsivity issues and	2013	Nueva Zelanda	Measures of responsivity and dynamic risk administered in the ASOTP indicated some success in addressing treatment needs for the pilot participants (n=10). The programme has subsequently been expanded across prison specialist treatment unit sites and delivered to a further 52 participants. Although intermediate measures continue to indicate change in dynamic risk, recidivism outcome evaluations have not yet been possible, due to low numbers of paroled participants.

		specific idiosyncratic schema associated with participant offence pathways identified by the Massachusetts Treatment Centre classification (Version 3 for rapists).			
Treatment gain for sexual offenders against children predicts reduced recidivism: A comparative validity study.	Beggs, Sarah M.; Grace, Randolph C.	We compared 3 methods for assessing treatment change with a sample of adult male sexual offenders against children (n = 218) who completed a prison-based cognitive-behavioral treatment program between 1993 and 2000. The methods were measures of change derived from offender self-reports on a psychometric battery administered both pre- and posttreatment, change across treatment on the Violence Risk Scale: Sexual Offender Version (VRS:SO) and posttreatment ratings on the Standard Goal Attainment Scaling for Sex Offenders (SGAS). Offenders were followed up for an average of 12.24 years after release.	2011	Nueva Zelanda	Results: All measures of treatment gain were positively correlated, and all significantly predicted reductions in sexual recidivism, with values for the area under the receiver-operating characteristic curve ranging from .66 (SGAS) to .70 (VRS:SO). Survival analyses showed that measures of change based on the psychometric battery significantly predicted recidivism after controlling for both static and dynamic factors measured at pretreatment, while results for the VRS:SO were similar but failed to reach significance. Conclusions: Measures of treatment change based on offender self-reports and structured clinical rating systems show convergent and predictive validity, which suggests that effective treatment that targets dynamic risk factors leads to a reduction in sexual recidivism.
Treatment outcomes of tuberculosis patients in Brazilian prisons: a polytomous regression analysis	Ribeiro Macedo, L., Reis-Santos, B., Riley, L. & Maciel, E.	The study population consisted of prisoners diagnosed with TB identified through the Sistema de Informação de Agravos de Notificação (Information System for Notifiable Diseases) between January 2007 and December 2011. Pearson's χ^2 test was used to compare the proportions and covariates associated with the outcome of interest. These variables were further analysed using the polytomous regression model.	2013	Brasil	RESULTS: Compared to those who completed anti-tuberculosis treatment, prisoners who defaulted from treatment were younger ($P < 0.001$), less educated ($P < 0.001$) and more likely to be alcoholic ($P < 0.001$); they were more likely to have recurrent or relapse TB ($P < 0.001$) and they were not under directly observed treatment ($P < 0.001$). Those who died from TB tended to be older ($P < 0.001$) and alcoholic ($P < 0.001$); they were also more likely to have received treatment of unknown type ($P < 0.001$) and to have both pulmonary and extra-pulmonary TB (EPTB). Prisoners who developed multidrug-resistant TB were more likely to experience TB recurrence, return to treatment after default, change treatment centres and have EPTB. CONCLUSION: Our results highlight the need to improve TB control and policies in correctional facilities. Improving treatment outcomes of prisoners will also prevent transmission to other prisoners, their family members, and health professionals.
Validation of and revision to the VRAG and SORAG: The Violence Risk Appraisal Guide—Revised (VRAG-R).	Rice, M., Harris, G. & Lang, C.	We examined the accuracy of both instruments over fixed durations of opportunity ranging from 6 months to 49 years and examined outcome measures pertaining to the	2013	Canadá	Both instruments were found to predict dichotomous violent recidivism overall and at various fixed follow-ups with high levels of predictive accuracy (receiver operating characteristic areas of approximately .75) and to

		overall number, severity, and imminence of violent recidivism.			significantly predict other violent outcomes
Screening and case finding for depression in offender populations: A systematic review of diagnostic properties	Hewitt, C., Perry, A., Adams, B. & Gilbody, S.	The authors searched five electronic databases from inception to March 2009 and examined reference lists to identify the relevant literature. The authors included studies comparing the accuracy of any brief psychometric instrument to identify depression in offender populations with a standardised diagnostic interview conducted according to internationally recognised criteria. Two reviewers independently reviewed each article to assess inclusion, extract relevant study characteristics and data.	2011	EEUU, Reino Unido, Nueva Zelanda	In total, thirteen studies met the inclusion criteria. Instruments validated in offender populations included both general depression questionnaires as well as specific measures that had been developed for use in offender populations. The most frequently validated instruments were the General Health Questionnaire (GHQ) and the Referral Decision Scale (RDS).
Male methamphetamine-user inmates in prison treatment: During-treatment outcomes	Joe, G., Rowan-Szal, G., Greener, J., Simpson, D. & Vance, J.	The sample consisted of 2,026 adult male inmates in 30 programs in Indiana. Data included background, psychosocial functioning, criminal thinking, and therapeutic engagement indicators. Multilevel repeated measures analysis was used to evaluate changes during treatment, and multilevel covariate analysis adjusted for sample differences in tests of between-treatment differences.	2010	EEUU	Significant improvements were found for all three treatments, but the two modified TCs showed significantly better progress than did outpatient treatment housed among the general prison population. Significant predictors of treatment progress included baseline psychosocial functioning and background, wherein higher psychosocial functioning and lower criminal thinking orientation predicted stronger therapeutic engagement. However, treatment engagement level was found to mediate during-treatment improvement and initial criminal thinking.
Prevalence of risk factors for non-communicable diseases in prison populations worldwide: a systematic review	Herbert, K., Plugge, E., Foster, C. & Doll, H.	We systematically searched online databases for reports published between 1948 and May, 2011. Studies were screened against eligibility criteria; two authors then independently extracted data with previously agreed proformas. The risk of bias was assessed for each study with a domain-based assessment. Data on body-mass index and physical activity were presented in forest plots; no overall estimates were calculated on account of data heterogeneity. Available data from the population subgroup most similar in terms of age and sex were used to calculate age-adjusted and sex-adjusted prevalence ratios, which estimate the	2012	Australia, EEUU, Reino Unido	31 eligible studies were reported in 29 publications, including more than 60,000 prisoners in 884 institutions in 15 countries. Male prisoners were less likely to be obese than males in the general population (prevalence ratios ranged from 0.33 to 0.87) in all but one study (1.02, 0.92–1.07), whereas female prisoners were more likely to be obese than non-imprisoned women in the USA (1.18, 1.08–1.30) and Australia (prevalence ratios ranged from 1.15 to 1.20). Australian prisoners were more likely to achieve sufficient activity levels than the general population compared with prisoners in the UK (prevalence ratio 1.19, 95% CI 1.04–1.37, for women in Australia in 2009 vs 0.32, 0.21–0.47, for women in the UK; prevalence ratios ranged from 1.37 to 1.59 for men in Australia vs 0.71, 0.34–0.78, for men in the UK). Female mean energy intake exceeded recommended levels and sodium intake was about two to three times

		likelihood of insufficient activity and obesity prevalence in prisoners compared with the national population.			the recommended intake for all prisoners. Interpretation Contact with the criminal justice system is a public-health opportunity to promote health in this vulnerable population; the costs to the individual and to society of failing to do so are likely to be substantial. Improved monitoring and further research is essential to inform appropriate targeting of public health interventions.
Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program	Palusci, V., Crum, P., Bliss, R. & Bavolek, S.	Multiple groups with 5–30 participants each were held in five different settings: county jail substance abuse rehabilitation program, county jail batterers intervention program, residential substance abuse treatment facility, general community referrals, and community parenting camp program. Baseline risk for potential child maltreatment was measured using the Child Abuse Potential Inventory, and parenting attitudes and knowledge were measured using the revised Adult Adolescent Parenting Inventory (AAPI-2).	2008	EEUU	Among 781 participants recruited, 484 were incarcerated. No significant differences in changes in parenting attitudes were noted based on location. Males showed greater improvement in AAPI-2 scores in all groups, with greater gains in knowledge about empathy, expectations and use of corporal punishment. Those with high abuse potential showed greater improvements. Conclusions: A parenting program based on the Family Nurturing Program results in improvements in parenting attitudes and knowledge in multiple at-risk populations. While program implementation at the locations was different, changes in scores were related to participant gender, number of classes and a priori child abuse potential risk.
Arts with offenders: A literature synthesis	Meekums, B. & Daniel, J.	Systematic review and meta-synthesis techniques to research studies (qualitative and quantitative). The focus of our search was therefore via the 'Medline' group of databases, supplemented by ERIC (Education Resources Information Centre), an educational database. These revealed complementary information with little duplication. We also electronically searched one key international journal, The Arts in Psychotherapy. Criteria for the inclusion of a report were as follows: reporting systematic research; a peer-reviewed journal article; published in English; involving multiple participants; participants actively involved in the art form, not passive as in an audience; broadly therapeutic goals; an attempt made by the author(s) to generate theory. Each paper was analysed systematically,	2011	EEUU, Reino Unido	Notwithstanding methodological shortcomings, arts and arts therapies were invariably found to be associated with improvements in arousal levels, emotional literacy, and quality of life. While both qualitative and quantitative reports tend to focus on the same broad issues identified in this literature synthesis, they communicate these findings using very different languages. The authors recommend a mixed methods approach in future research, to facilitate an understanding of the effects of arts with offenders through different lenses and measure their long term effects on offender behavior.

		using the CASP tool most appropriate to the methods used, thus allowing for a consistency of approach.			
Predictors of therapeutic engagement in prison-based drug treatment	Welsh, W. & McGrain, P.	Subjects were 347 inmates participating in a 12-month modified therapeutic community (TC) drug treatment program at a specialized treatment prison for convicted, drug-involved offenders. Data were obtained through correctional databases and the administration of the TCU Drug Screen II, the Resident Evaluation of Self and Treatment (REST), and the Counselor Rating of Client (CRC) form. Using Ordinary Least Squares (OLS) regression techniques, analyses examined predictors of therapeutic engagement at three points in time: 1 month (T1), 6 months (T2), and 12 months (T3). A change score for therapeutic engagement (T3-T1) was also examined as a dependent variable. Multiple regressions facilitated straightforward and parsimonious analyses of our hypotheses regarding the changing influences upon therapeutic engagement over time, and allowed us to compare the magnitude of standardized Beta coefficients within and across the four different models examined. Collinearity diagnostics revealed no difficulties. Variance inflation factors (VIF) and tolerance values were well within acceptable ranges; all VIF values were well below 10.0 and all tolerance values were well above .10.	2008	EEUU	The present study found support for three main hypotheses. First, levels of inmate motivation predicted therapeutic engagement at each time interval, even after controlling for other individual and programmatic factors. Second, programmatic characteristics of TC including counselor competence, counselor rapport, peer support and program structure predicted therapeutic engagement net of controls. Third, the magnitude of different types of predictors changed somewhat over time. Static predictors (e.g., criminal history, age, prior substance abuse) generally became less important over the course of treatment, while dynamic risk factors (e.g., social conformity, hostility) and programmatic characteristics (e.g., counselor rapport, peer support) became more important. Results suggest that policies regarding prison-based drug treatment should focus on strengthening and enhancing therapeutic engagement, but also TC quality and implementation. Guidelines formulated by professional associations and informed by both clinical practice and research suggest that the bar could profitably be raised.
Reconsidering the effectiveness of temporary release: A systematic review	Cheliotis, L.	Systematic reviews of the literature employ rigorous methods for locating, assessing, and synthesizing evidence from prior evaluation studies. They require clear objectives, explicit criteria for inclusion or exclusion of studies, thorough searches for eligible	2008	EEUU	Findings suggest that both home leave and work release schemes can be effective in reducing recidivism rates, while work release may also enhance post-release employment prospects.

		<p>studies, careful extraction and coding of key features of studies, and a structured and detailed report of the methods and conclusions of the review. This systematic review builds upon the Maryland Scale of Scientific Methods, developed by Sherman et al. (1997) to identify effective crime prevention programs. The following online bibliographic databases were searched: Criminal Justice Abstracts, National Criminal Justice Reference Service (NCJRS) Abstracts, Sociological Abstracts, Social Science Abstracts (SocialSciAbs), Psychology Information (PsychInfo), Educational Resources Information Clearinghouse (ERIC), Government Publications Office Monthly Catalogue (GPO Monthly), Public Affairs Information Service (PAIS) International, Dissertation Abstracts. These databases were selected on the basis of the most comprehensive coverage of criminological, criminal justice and social science literatures.</p>			
Treatment of Impulsive Aggression in Correctional Settings	Shelton, D., Sampl, S., Kesten, K., Zhang, W. & Trestman, R.	<p>Following consent, and a psychological assessment battery, twice-weekly DBT-CM groups were held over 16 weeks followed by random assignment to DBT coaching or case management condition, with sessions taking place individually for eight weeks. A mixed effects regression model was used to test the hypotheses: participants will show decreased aggression, impulsivity, and psychopathology, as well as improved coping, after completing the DBT-CM groups; and will show greater reduction in targeted behaviors than those receiving case management at the six month and 12 month follow-up assessment periods.</p>	2009	EEUU	<p>Significant reduction in targeted behavior was found from baseline to following the 16 week DBT-CM skills treatment groups. Both case management and DBT coaching were significant at 12 month follow-up. A significant difference was found for adult men and women. Conclusions. The study supports the value of DBT-CM for management of aggressive behaviors in prison settings.</p>
Organizational stressors	Finney, C., Stergiopoulos,	A systematic search of the	2013	EEUU,	The systematic review yielded 8

associated with job stress and burnout in correctional officers: a systematic review	E., Hensel, J., Bonato, S. & Dewa, C.	literature was conducted using Medline, PsycINFO, Criminal Justice Abstracts, and Sociological Abstracts. All retrieved articles were independently screened based on criteria developed a priori. All included articles underwent quality assessment. Organizational stressors were categorized according to Cooper and Marshall's (1976) model of job stress.		Francia	studies that met all inclusion and quality assessment criteria. The five categories of organizational stressors among correctional officers are: stressors intrinsic to the job, role in the organization, rewards at work, supervisory relationships at work and the organizational structure and climate. The organizational structure and climate was demonstrated to have the most consistent relationship with CO job stress and burnout. Conclusions: The results of this review indicate that the organizational structure and climate of correctional institutions has the most consistent relationship with COs' job stress and burnout. Limitations of the studies reviewed include the cross-sectional design and the use of varying measures for organizational stressors. The results of this review indicate that interventions should aim to improve the organizational structure and climate of the correctional facility by improving communication between management and COs.
Testing the predictive utility of the STATIC-99: A Bayes analysis	Beauregard, E. & Mieczkowski, T.	This study was conducted using the same data from Hanson and Thornton (1999). This dataset is constituted from four different samples: Institut Philippe Pinel (Canada) sample; Millbrook Recidivism Study (Canada) sample; Oak Ridge Division of the Penetanguishene Mental Health Center (Canada) sample; and Her Majesty's Prison Service (UK) sample. The final sample for which sufficient information was available to score the STATIC-99 includes 1,086 sexual offenders. Bayes statistic has been used to analyse the data. We examine this probability over three time frames: within 5 years; within 10 years; and within 15 years.	2009	Reino Unido	Results are consistent with the STATIC-99 as a useful assessment tool. The Bayes-generated probabilities as well as odds ratios show a consistent increase in increased likelihood of re-offence as the score value increases. Conclusions. The Bayesian analysis of the STATIC-99 shows that this method is very interesting in the context of risk assessment tools. This approach to risk assessment instruments may be more appropriate in the communication of analytic results as it can offer clinicians a combination of probabilities and likelihood ratios resulting a readily accessible profile of risk.
A systematic review and meta-analysis of the prevalence of chlamydia, gonorrhoea and syphilis in incarcerated persons	Kouyoumdjian, F., Leto, D., John, S., Henein, H. & Bondy, S.	We searched for prevalence studies of chlamydia, gonorrhoea or syphilis in incarcerated populations. Pooled estimates were generated, and meta-regression was conducted.	2012	Australia, Canadá, EEUU	Random effects models yielded pooled prevalence estimates of 5.75% (95% confidence interval [CI] 5.01, 6.48) and 12.31% (95% CI 10.61, 14.01) for chlamydia in men and women, 1.4% (95% CI 1.09, 1.70) and 5.73% (4.76, 6.69) for gonorrhoea in men and women, and 2.45% (95% CI 2.08, 2.82) and 6.10% (95% CI 4.75, 7.46) for syphilis in men and women, respectively. Primary and secondary prevention efforts could improve individual and population health.
Aggression Replacement	Currie, M., Wood, C.,	Longitudinal evaluation (2	2012	Australia	As predicted, participants reported

Training (ART) in Australia: A Longitudinal Youth Justice Evaluation	Williams, B. & Bates, G.	years). Twenty aggressive juvenile offenders (M = 19.6; SD = .60) were assessed at pre-treatment, post-treatment, six-month, and 24-month follow-up.			significant reductions in aggressive behaviours and thoughts, cognitive distortions, and impulsivity and some improvement in social problem-solving skills at treatment-end. These treatment effects were maintained at the two-year follow-up. Contrary to expectations, worker ratings of participant's aggressive/antisocial behaviours did not show significant reduction at the six-month follow-up. The results suggest initial support for the cultural and age-related applicability of ART and its social learning procedures for this group of moderate-to-high-risk young-adult offenders.
Religion and Mental Health During Incarceration: A Systematic Literature Review	Eytan, A.	PubMed, PsycINFO, Web of Science and the Internet were systematically searched from inception of each data base to August 1st 2010. Peer reviewed articles that reported primary empirical data about the impact of spirituality on the mental health and behaviour of detained persons were selected. Qualitative studies are also discussed.	2011	EEUU, Reino Unido	Twelve empirical studies including a total of 4,823 individuals met our inclusion criteria. RS is associated with lower frequency and severity of depressive episodes. The strongest reported effect of RS on prison life is a reduction of incidents and disciplinary sanctions.
A systematic review of psychotropic drug prescribing for prisoners	Griffiths, E., Willis, J. & Spark, M.	Articles were retrieved from nine databases, reference lists, citations, governmental prison websites, and contact with authors. The articles included were written in English, focused on adults' time as prisoners, included at least one drug of interest, and discussed prescribing. Thirty-two articles met these inclusion criteria.	2012	Australia, España, EEUU, Reino Unido	Five main themes were identified from the reviewed studies: polypharmacy, high-dose therapy, duration of treatment, documentation and monitoring, and issues associated with the prisoners' environment. Consideration of these themes within the included studies identified areas for future research, particularly models of good practice, as numerous descriptions of poor practice exist. Policy-makers and prescribers should review current systems and practices, to ensure the care being offered to prisoners is optimal.
Severe mental illness in 33.588 prisoners worldwide: systematic review and metaregression analysis	Fazel, S. & Seewald, K.	Studies from 1966 to 2010 were identified using ten bibliographic indexes and reference lists. Inclusion criteria were unselected prison samples and that clinical examination or semi-structured instruments were used to make DSM or ICD diagnoses of the relevant disorders.	2012	Mundial	We identified 109 samples including 33 588 prisoners in 24 countries. Data were meta-analysed using random-effects models, and we found a pooled prevalence of psychosis of 3.6% (95% CI 3.1–4.2) in male prisoners and 3.9% (95% CI 2.7–5.0) in female prisoners. There were high levels of heterogeneity, some of which was explained by studies in low–middle-income countries reporting higher prevalences of psychosis (5.5%, 95% CI 4.2–6.8; P=0.035 on metaregression). The pooled prevalence of major depression was 10.2% (95% CI 8.8–11.7) in male prisoners and 14.1% (95% CI 10.2–18.1) in female prisoners. The prevalence of these disorders did not appear to be increasing over time, apart from depression in the USA (P=0.008). Conclusions: High levels

					of psychiatric morbidity are consistently reported in prisoners from many countries over four decades. Further research is needed to confirm whether higher rates of mental illness are found in low- and middle-income nations.
Methylphenidate treatment of adult male prison inmates with attention-deficit hyperactivity disorder: randomised double-blind placebo-controlled trial with open-label extension	Ginsberg, Y. & Lindefors, N.	Randomised, double-blind, placebo-controlled 5-week trial, followed by 47-week open-label extension in 30 prison inmates with ADHD and comorbid disorders. Primary outcome was level of ADHD symptoms after 5 weeks, evaluated by a masked assessor. Secondary outcomes were self-reported ADHD symptoms, global severity and global functioning throughout the 52-week trial, and post hoc treatment response and numbers needed to treat (NNT) (trial registration: NCT00482313.)	2012	Suecia	Treatment significantly improved ADHD during the trial (P50.001; Cohen's d = 2.17), with reduced symptom severity and improved global functioning. The placebo response, cardiovascular measures and adverse events were non-significant; the NNT was 1.1. Attention-deficit hyperactivity disorder symptoms, global severity and global functioning continued to improve during the open-label extension. Conclusions: Osmotic-release oral system methylphenidate is an effective treatment for adult male prison inmates with ADHD.
Asociality and Engagement in Adult Offenders in Substance Abuse Treatment	Pankow, J. & Knight, K.	The proposed model was constructed with items from TCU self-report instruments originally developed for assessing client motivation and psychosocial functioning and treatment engagement during substance abuse treatment. The behavioral dimension is based on two TCU CJ-CEST Social Functioning scales (Hostility and Risk Taking) and one Psychological Functioning scale (Decision Making). Treatment engagement (assessed at the end of orientation) was measured with two subscales (Treatment Participation and Peer Support) from the CJ-CEST treatment progress domain. A two-stage analytic plan was used for developing and evaluating the hypothesized asocial scales and testing for predictive validity. In the first stage, exploratory factor analysis (EFA) was conducted to address the underlying structure of the asociality items. Multiple criteria were used to identify the number of factors underlying the items based on	2012	EEUU	Exploratory analysis resulted in a three-factor solution representing behavioral responsivity, cognitive distortion, and social disassociation dimensions. Nested ANOVA (i.e., clients nested within prison programs) demonstrated that asocial levels (low, medium, and high risk) predicted treatment engagement. Furthermore, comparisons among asocial risk levels indicated that high asocial clients reported significantly lower engagement levels when compared with low and medium asocial clients.

		<p>recommendations by Hatcher (1994). These included examination of scree plots, proportion of variance accounted for by each factor, factor loadings, and interpretability criteria (i.e., theoretically meaningful constructs). Confirmatory factor analysis (CFA) was also used to evaluate the ability of the model to reproduce the variance-covariance matrix. Secondary data were obtained for 521 adult male offenders from six prison-based TC programs (substance abuse treatment), each with a minimum 9-month required treatment stay.</p>			
Therapeutic Substance Abuse Treatment for Incarcerated Women	Finfgeld-Connett, D. & Johnson, E.	<p>An expansive search of electronic databases for qualitative research reports relating to substance abuse treatment for incarcerated women was conducted. Nine qualitative research reports comprised the sample for this review. Findings from these reports were extracted, placed into a data analysis matrix, coded, and categorized. Memos were written and strategies for treating incarcerated women with alcohol problems were identified.</p>	2011	EEUU	<p>Therapeutic effects of treatment programs for incarcerated women with substance abuse problems appear to be enhanced when trust-based relationships are established, individualized and just care is provided, and treatment facilities are separate from the general prison environment.</p>
The Prediction of Violence in Adult Offenders: A Meta-Analytic Comparison of Instruments and Methods of Assessment	Campbell, M., French, S. & Gendreau, P.	<p>An electronic literature search was conducted via EBSCO databases (Academic Search Elite, PsycARTICLES, and PsycINFO). Key search terms included (a) assessment-related terms, (b) terms related to the offender population, and (c) terms related to violent outcomes. Unpublished data were requested via an e-mail sent to 33 researchers and 23 research centers known to conduct risk research. Additional studies were added via reviews of article reference sections. The search was restricted to studies conducted between 1980 and 2006. Inclusion criteria required that primary prediction studies (a) were truly prospective in nature, (b)</p>	2009	Canadá, EEUU	<p>Little variation was found amongst the mean effect sizes of common actuarial or structured risk instruments (i.e., Historical, Clinical, and Risk Management Violence Risk Assessment Scheme; Level of Supervision Inventory-Revised; Violence Risk Assessment Guide; Statistical Information on Recidivism scale; and Psychopathy Checklist-Revised). Third-generation instruments, dynamic risk factors, and file review plus interview methods had the advantage in predicting violent recidivism. Second-generation instruments, static risk factors, and use of file review were the strongest predictors of institutional violence. Measures derived from criminological-related theories or research produced larger effect sizes than did those of less content relevance.</p>

		involved adult general offender or forensic patient, and (c) reported sufficient data to calculate an effect size.			
Women's Risk Factors and Their Contributions to Existing Risk/Needs Assessment: The Current Status of a Gender-Responsive Supplement	Van Voorhis, P., Wright, E., Salisbury, E. & Bauman, A.	Development of gender-responsive assessments began in 1999 with a pilot study in the Colorado Department of Corrections and continued later with three larger projects in Maui, Minnesota, and Missouri that began in 2004. Across all four projects, the following types of settings were examined: (a) three prison samples, (b) three probation samples, and (c) two prerelease samples. Two types of gender-responsive measures were constructed. The first consisted of scales obtained through a paper-and-pencil survey and referred to as Supplement 1: (a) self-efficacy (17 items; Sherer et al., 1982), (b) self-esteem (10 items; Rosenberg, 1979), (c) parental stress (12 items), (d) relationship dysfunction, (e) child abuse (19 items), and (f) adult physical abuse (15 items). Statistical analyses tested the predictive validity of each scale and of cumulative summaries of scales found to be predictive of outcome. We first examined patterns produced by a series of bivariate correlations (Pearson's r) between individual scales and outcome variables for each type of site.	2010	EEUU	Promising results were found for the following: (a) parental stress, family support, self-efficacy, educational assets, housing safety, anger/hostility, and current mental health factors in probation samples; (b) child abuse, anger/hostility, relationship dysfunction, family support, and current mental health factors among prisoners; and (c) adult victimization, anger/hostility, educational assets, and family support among released inmates. The predictive validity of gender-neutral assessments was strong in seven of eight samples studied. However, findings for both gender-neutral and gender-responsive domains suggested different treatment priorities for women from those currently put forward in correctional theory and policy.
Treating Alcohol-Related Violence: Intermediate Outcomes in a Feasibility Study for a Randomized Controlled Trial in Prisons	Bowes, N., McMurran, M., Williams, B., David, S. & Zammit, I.	Participants were 115 adult men who were randomly allocated to COVAID or treatment as usual. Measures were the Alcohol-Related Aggression Questionnaire (ARAQ), the State-Trait Anger Expression Inventory (STAXI-2), the Eysenck Impulsivity, Venturesome, and Empathy Scale (IVE), and the Controlled Drinking Self-Efficacy Scale (CDSSES).	2012	Reino Unido	The authors report the intermediate outcomes of a feasibility study. After the intervention, participants allocated to COVAID reported significantly greater improvement on the ARAQ Alcohol-Aggression subscale and all CDSSES subscales. No significant differences were obtained for the STAXI-2 or the IVE. COVAID may have the potential to fill a gap in treatment provision for offenders whose crimes of violence are alcohol related.
Predicting Institutional Sexual Misconduct by	Sandler, J., Freeman, N., Farrell, P. & Seto, M.	The sample for the study consisted of 3.703 adult	2013	EEUU	Results indicate that the Static-99/99R may be useful as predictors of

Adult Male Sex Offenders		male sex offenders reviewed for possible civil management (i.e., those convicted of a sexual or sexually-motivated felony) in New York State. Data for the project were provided by the New York State Office of Mental Health (OMH). OMH reviews all offenders with a qualifying sexual offense (see the Sex Offender Management and Treatment Act, 2007) for possible civil management. These reviews begin approximately 6 months prior to an offender completing his or her sentence for a sexual offense and being released. First, group differences between dependent Variables were assessed using one-way analyses of variance (ANOVAs; for continuous variables) and chi-square analyses (for categorical variables). Relationships between the individual independent variables and the dependent variables were then assessed through ROC area under the curve (AUC) analyses.			institutional misconduct and, therefore, as a risk classification measure for prisons to protect both staff and inmates and improve institutional environments.
Validating a screening tool for mental health and substance use risk in an Indigenous prison population	OBER, C., DINGLE, K., CLAVARINO, A., NAJMAN, J., ALATI, R. & HEFFERNAN, E.	The study used data collected from a cross-sectional study of mental health among Indigenous inmates in Queensland custodial centres (n = 395, 84% male). Participants were administered a modified version of the IRIS and International Classification of Diseases-10 diagnoses of substance use, depressive and anxiety disorders obtained using the Composite International Diagnostic Interview (CIDI). The concurrent validity of the modified IRIS was assessed against those of the CIDI.	2013	Australia	312 people screened as high risk for a substance use disorder and 179 were high risk for mental problems. There were 73% of males and 88% of females diagnosed with a mental disorder. The IRIS was an effective screener for substance use disorders, with high sensitivity of 94% and low specificity of 33%. The screener was less effective in identifying depression (sensitivity 82%, specificity 59%) and anxiety (sensitivity 68%, specificity 60%). Conclusions: This study demonstrated that the IRIS is a valid tool for screening of alcohol and drug use risk among an incarcerated Indigenous population. The IRIS could offer an opportunity to improve the identification, treatment and health outcomes for incarcerated Indigenous adults.
Does sexual offender treatment work? A systematic review of outcome evaluations	Schmucker, M. & Loesel, F.	We used a wide variety of sources to identify relevant literature. First, the references of existing reviews and meta-analyses formed a basic study pool. In addition we performed searches of relevant databases. Handsearches	2008	Canadá, EEUU, Reino Unido.	Un estudio exhaustivo de la literatura destaco 80 comparaciones independientes entre grupos de delinquentes sexuales tratados y no tratados (N= 22.181). La mayoría de los estudios mostraron un efecto positivo. En conjunto, los delinquentes tratados reincidieron el 11,1%, mientras que los no tratados

		<p>of journals pertinent to the topic were performed and the references of identified studies were scanned for further trials. To be sensitive to unpublished evaluations of sexual offender treatment an internet search was conducted. Finally, researchers in the field of sexual offender treatment were personally contacted and asked for further studies. Official recidivism rate was the typical outcome criterion. As recommended for dichotomous data (Fleiss, 1994; Lipsey & Wilson, 2001) we used Odds Ratios (OR) as effect size measure and conducted the statistical analyses on the natural log of the Odds Ratio (LOR). Only some studies either reported the data in other formats or presented more sophisticated analyses. In the latter case we used the more sophisticated data if possible.</p>			<p>llegaron al 17,5% (es decir, un 37% de diferencia). Los hallazgos en reincidencia violenta y no violenta fueron parecidos. Los efectos más grandes los obtuvo la castración quirúrgica, aunque ciertas variables metodológicas y de los sujetos contaminan ese dato. Los tratamientos no conductuales no mostraron ser efectivos. Otras variables moderadoras como el tamaño pequeño de la muestra, la relación de los autores de los informes con el programa, acabar o no el mismo, o el tipo de resultado analizado tuvieron un efecto significativo. Las características metodológicas de los estudios explicaron la mayor parte de varianza de los resultados.</p>
<p>Establishment of an HIV-sexually transmitted disease programme and prevalence of infection among incarcerated men in Jamaica</p>	<p>Andrinopoulos, K., Kerrigan, D., Figueroa, J., Reese, R., Gaydos, C., Bennett, L., Bloomfield, B., Plunkett, L., Maru, C. & Ellen, J.</p>	<p>A demonstration project was implemented by the Jamaican Department of Correctional Services and Ministry of Health in the nation's largest correctional centre. All inmates were offered HIV and syphilis testing, and a subset was offered chlamydia, gonorrhoea and trichomoniasis testing. Cross-sectional data from the project were reviewed to determine the prevalence and correlates of HIV/STD.</p>	<p>2010</p>	<p>Jamaica</p>	<p>HIV test acceptance was 63% for voluntary testers (n = 1200). The prevalence of HIV was 3.3% (95% confidence interval [CI] 2.33–4.64) (n = 1017) and the prevalence syphilis was 0.7% (95% CI 0.29–1.49) (n = 967). Among the subset tested (n = 396) the prevalence of chlamydia was 2.5% (95% CI 1.22–4.49) and for trichomoniasis it was 1.8% (95% CI 0.01–3.60), but no cases of gonorrhoea were detected (n = 396). The prevalence of HIV was significantly higher at 25% (95% CI 13.64–39.60) for persons located in a separate section where individuals labelled as men who have sex with men (MSM) are separated. HIV/STD testing is important and feasible in Jamaica. A special focus should be placed on providing services to inmates labelled as MSM. Other Caribbean nations may also benefit from similar programmes.</p>
<p>Evaluación de la eficacia de un tratamiento libre de drogas intrapenitenciario</p>	<p>Casares-López, M., González-Menéndez, A., Fernández-García, M. y Villagra, P.</p>	<p>Evaluación externa, con un diseño ex post facto de medidas repetidas. Con ánimo de conocer si los registros efectuados a los 1, 6 y 12 meses diferían de la medida inicial se realizó el análisis de los datos tanto mediante el Modelo Lineal General (MLG) como mediante el Modelo</p>	<p>2012</p>	<p>España</p>	<p>La motivación para el tratamiento es baja, y se mantiene estable a lo largo de los 12 meses que dura el estudio. La unidad libre de drogas consigue disminuir el consumo de drogas, y mejorar las áreas de consumo, de relaciones familiares y el perfil de personalidad. Sin embargo, no se logran cambios en las áreas médica y psiquiátrica, por lo que se resalta la necesidad de intervención en estos</p>

		Lineal Mixto (MLM).Se evalúan 87 reclusos a lo largo de un año de estancia en el programa. La mayoría son varones jóvenes y policonsumidores que cumplen condena por delitos contra la salud pública y contra la propiedad. Muchos presentan necesidad de tratamiento psiquiátrico al ingreso, con una comorbilidad del 85% con trastornos de personalidad.			ámbitos.
Incidence and Prevalence of Hepatitis C in Prisons and Other Closed Settings: Results of a Systematic Review and Meta-Analysis	Larney, S., Kopinski, H., Beckwith, C., Zaller, N., Des Jarlais, D., Hagan, H., Rich, J., van den Bergh, B. & Louisa Degenhardt.	We systematically searched databases of peer-reviewed literature and widely distributed a call for unpublished data. We calculated summary estimates of incidence and prevalence among general population detainees and detainees with a history of injection drug use (IDU), and explored heterogeneity through stratification and meta-regression. The summary prevalence estimates were used to estimate the number of anti-HCV positive prisoners globally. Throughout this article we use the term "detainees" to refer to the population of people detained in closed settings.	2013	Mundial	HCV incidence among general detainees was 1.4 per 100 person-years (py; 95% confidence interval [CI]: 0.1, 2.7; k54), and 16.4 per 100 py (95% CI: 0.8, 32.1; k53) among detainees with a history of IDU. The summary prevalence estimate of anti-HCV in general detainees was 26% (95% CI: 23%, 29%; k593), and in detainees with a history of IDU, 64% (95% CI: 58%, 70%; k551). The regions of highest prevalence were Central Asia (38%; 95% CI 32%, 43%; k51) and Australasia (35%; 95% CI: 28%, 43%; k59). We estimate that 2.2 million (range: 1.4-2.9 million) detainees globally are anti-HCV positive, with the largest populations in North America (668,500; range: 553,500-784,000) and East and Southeast Asia (638,000; range: 332,000-970,000). Conclusion: HCV is a significant concern in detained populations, with one in four detainees anti-HCV-positive. Epidemiological data on the extent of HCV infection in detained populations is lacking in many countries. Greater attention towards prevention, diagnosis, and treatment of HCV infection among detained populations is urgently required.
Screening Tools Assessing Risk of Suicide and Self-Harm in Adult Offenders: A Systematic Review	Perry, A., Marandos, R., Coulton, S. & Johnson, M.	A search of 11 electronic databases and grey literature resulted in the inclusion of five studies. The studies were assessed using the STAndards for the Reporting of Diagnostic accuracy studies statement (STARD; Bossuyt et al., 2003). The data synthesis was conducted in two stages. First, narrative tables describing the characteristics of the study participants and instrument details were constructed. Second, for each scale, we constructed a series of two-by-two	2010	Canadá, Nueva Zelanda, Reino Unido	The five studies selected revealed four screening instruments, including the Suicide Checklist, the Suicide Probability Scale, Suicide Concerns for Offenders in Prison Environment (SCOPE), and the Suicide Potential Scale. Two instruments, SCOPE and Suicide Potential Scale, shared promising levels of sensitivity and specificity. The reporting of information was generally varied across items on the Standards for the Reporting of Diagnostic accuracy (STARD).

		tables. From these we calculated the sensitivity, specificity, PVP, and PVN together with the misclassification rate of each study			
A randomized clinical trial of methadone maintenance for prisoners: findings at 6 months post-release	Kinlock, T., Gordon, M., Schwartz, R., Fitzgerald, T. & O'Grady, K.	A three-group randomized controlled trial extract of a Baltimore pre-release prison. 211 adult pre-release inmates were assigned randomly to the following: counseling only: counseling in prison, with passive referral to treatment upon release (n = 70); counseling + transfer: counseling in prison with transfer to methadone maintenance treatment upon release (n = 70); and counseling + methadone: methadone maintenance and counseling in prison, continued in a community-based methadone maintenance program upon release (n = 71). Addiction Severity Index at study entry and follow-up. Additional assessments at 6 months post-release were treatment record review; urine drug testing for opioids, cocaine and other illicit drugs.	2008	EEUU	Counseling + methadone participants were significantly more likely than both counseling only and counseling + transfer participants to be retained in drug abuse treatment (P = 0.0001) and significantly less likely to have an opioid-positive urine specimen compared to counseling only (P = 0.002). Furthermore, counseling + methadone participants reported significantly fewer days of involvement in self-reported heroin use and criminal activity than counseling only participants. Conclusions Methadone maintenance, initiated prior to or immediately after release from prison, increases treatment entry and reduces heroin use at 6 months post-release compared to counseling only. This intervention may be able to fill an urgent treatment need for prisoners with heroin addiction histories.
The effectiveness of opioid maintenance treatment in prison settings: a systematic review	Hedrich, D., Alves, P., Farrell, M., Stöver, H., Møller, L. & Mayet, S.	Systematic review of experimental and observational studies of prisoners receiving OMT regarding treatment retention, opioid use, risk behaviours, human immunodeficiency virus (HIV)/hepatitis C virus (HCV) incidence, criminality, re-incarceration and mortality. We searched electronic research databases, specialist journals and the EMCDDA library for relevant studies until January 2011. Review conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.	2011	Australia, Canadá, EEUU	Twenty-one studies were identified: six experimental and 15 observational. OMT was associated significantly with reduced heroin use, injecting and syringe-sharing in prison if doses were adequate. Pre-release OMT was associated significantly with increased treatment entry and retention after release if arrangements existed to continue treatment. For other outcomes, associations with pre-release OMT were weaker. Four of five studies found post-release reductions in heroin use. Evidence regarding crime and re-incarceration was equivocal. There was insufficient evidence concerning HIV/HCV incidence. There was limited evidence that pre-release OMT reduces post-release mortality. Disruption of OMT continuity, especially due to brief periods of imprisonment, was associated with very significant increases in HCV incidence. Conclusions: Benefits of prison OMT are similar to those in community settings. OMT presents an opportunity to recruit problem opioid users into treatment, to reduce illicit opioid use and risk behaviours in prison and potentially minimize overdose risks

					on release. If liaison with community-based programmes exists, prison OMT facilitates continuity of treatment and longer-term benefits can be achieved. For prisoners in OMT before imprisonment, prison OMT provides treatment continuity.
Postprison Release HIV-Risk Behaviors in a Randomized Trial of Methadone Treatment for Prisoners	Wilson, M., Kinlock, T., Gordon, M., Schwartz, R. & O'Grady, K.	Participants were 211 adult males with preincarceration histories of opiate dependence. The AIDS Risk Assessment was administered at baseline (in prison) and at 1-, 3-, 6-, and 12-month postrelease. Data were analyzed for the entire sample (N = 211) as well as the subsamples who reported injecting drugs in the 30 days prior to incarceration (n = 131) and who reported having unprotected sex in that time frame (n = 144) using generalized linear mixed model on an intent-to-treat basis.	2012	EEUU	There were no significant changes in sex- or drug risk by Condition over Time. There were significant Time and Condition main effects for the total sample as well as the injector subsample for drug-risk behaviors. There were no significant Condition main effects for HIV sex-risk behaviors, but there were significant Time main effects. Conclusions: Methadone initiated in prison or immediately postrelease is associated with reduced HIV drug-risk compared to counseling in prison without methadone and passive referral to treatment at release. Participation in several drug- and sex-risk behaviors also showed significant declines during the postrelease time periods.
Tuberculosis Incidence in Prisons: A Systematic Review	Baussano, I., Williams, B., Nunn, P., Beggiato, M., Fedeli, E. & Scano, F.	An initial search of the available literature for systematic reviews or meta-analyses reporting estimates of the occurrence of LTBI and TB incidence in prisons did not identify potentially relevant studies. Details on the search strategy adopted to identify original primary studies in English, French, Italian, Spanish, Portuguese, or Russian, published since January 1980 through June 2010, and reporting data on the incidence of LTBI and TB in prisons. Studies were eligible for inclusion if they reported the incidence of LTBI and TB disease in prisons or if they reported the number of incident LTBI and TB cases identified in the study along with the overall number of inmates or prison personnel investigated or the person-years of follow-up. For each study the incidence rate ratio (IRR) for LTBI and TB in prison compared to the incidence in the general population was calculated. The presence of heterogeneity across studies was assessed by the	2010	Canadá, España, EEUU, Rusia	Primary peerreviewed studies have been searched to assess the incidence of LTBI and/or TB within prisons published until June 2010; both inmates and prison staff were considered. Studies, which were independently screened by two reviewers, were eligible for inclusion if they reported the incidence of LTBI and TB disease in prisons. Available data were collected from 23 studies out of 582 potentially relevant unique citations. Five studies from the US and one from Brazil were available to assess the incidence of LTBI in prisons, while 19 studies were available to assess the incidence of TB. The median estimated annual incidence rate ratio (IRR) for LTBI and TB were 26.4 (interquartile range [IQR]: 13.0–61.8) and 23.0 (IQR: 11.7–36.1), respectively. The median estimated fraction (PAF%) of tuberculosis in the general population attributable to the exposure in prisons for TB was 8.5% (IQR: 1.9%–17.9%) and 6.3% (IQR: 2.7%–17.2%) in high- and middle/low-income countries, respectively. Conclusions: The very high IRR and the substantial population attributable fraction show that much better TB control in prisons could potentially protect prisoners and staff from within-prison spread of TB and would significantly reduce the national burden of TB.

		conventional chi-squared test for heterogeneity (we regarded a p-level below 0.05 as indicating significant heterogeneity in the data), and by calculating the I2 statistic, which accounts for the number of studies included in the meta-analysis and provides a direct measure of the variability not explained by the information included in the analysis.			
Effects of Correctional-Based Programs for Female Inmates: A Systematic Review	Tripodi, S., Bledsoe, S., Kim, J. & Bender, K.	The researchers use a two-model system: the risk-reduction model for studies analyzing interventions to reduce recidivism rates, and the enhancement model for studies that target psychological and physical well-being.	2011	Canadá, EEUU	Incarcerated women who participate in substance abuse interventions appear less likely to reoffend than those who do not participate. Enhancement model studies report mixed results. Overall, psychological-oriented interventions and substance abuse programs improve mental health symptoms and substance use among participants as compared to control or comparison groups. Results for HIV prevention programs are ambiguous, and parenting skill programs show no significant effect. Conclusion: Results highlight interventions that appear useful with female inmates. More rigorous research is needed to address many of these evidence-based interventions.
Validation of an Adaptation of Levenson's Locus of Control Scale With Adult Male Incarcerated Sexual Offenders	Huntley, F., Palmer, E. & Wakeling, H.	Reliability and validity analyses were conducted on a sample of 2,497 sexual offenders who had completed SOTP. Internal consistency, convergent validity, and relationship to socially desirable responding were investigated. Construct validity was assessed via exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). Test-retest reliability data were collected from an additional sample of 26 sexual offenders.	2012	Reino Unido	The scale was found to have excellent internal consistency, good test-retest reliability, and weak to moderate convergent validity with measures of self-esteem, attachment styles, emotional loneliness, and social problem solving. There was a moderate correlation between the scale and socially desirable responding. EFA and CFA suggested that a four-factor solution provided an acceptable fit to the data, with the factors relating to constructs of chance, problem solving, powerful others, and internal control. The findings of the present study suggest that the adapted LoC Scale is a useful tool for assessing sexual offenders' locus of control.
Suicide in Prisoners: A Systematic Review of Risk Factors	Fazel, S., Cartwright, J., Norman-Nott, A. Hawton, K.	Studies were identified through electronic searches of MEDLINE (1950-February 2007), PsycINFO (1806-February 2007), EMBASE (1974-February 2007), and CINAHL (1982-February 2007) without language restriction using the search terms prison, jail, felon, detainee, penal, and custody combined with suicide. Included studies were investigations that	2008	Australia, Canadá, EEUU, Reino Unido	Thirty-four studies (comprising 4780 cases of prison suicide) were identified for inclusion in the review, of which 12 were based in the United States. Demographic factors associated with suicide included white race/ethnicity (OR = 1.9, 95% CI = 1.7 to 2.2), being male (OR = 1.9, 95% CI = 1.4 to 2.5), and being married (OR = 1.5, 95% CI = 1.3 to 1.7). Criminological factors included occupation of a single cell (OR = 9.1, 95% CI = 6.1 to 13.5), detainee/remand status (OR = 4.1, 95% CI = 3.5 to 4.8), and serving a

		reported on prisoners dying by suicide who were compared with prisoners in control groups (which were randomly selected or matched, or consisted of the total or average prison population). Subgroup analysis and meta-regression were used to explore sources of heterogeneity.			life sentence (OR = 3.9, 95% CI = 1.1 to 13.3). Clinical factors were recent suicidal ideation (OR = 15.2, 95% CI = 8.5 to 27.2), history of attempted suicide (OR = 8.4, 95% CI = 6.2 to 11.4), having a current psychiatric diagnosis (OR = 5.9, 95% CI = 2.3 to 15.4), receiving psychotropic medication (OR = 4.2, 95% CI = 2.9 to 6.0), and having a history of alcohol use problems (OR = 3.0, 95% CI = 1.9 to 4.6). Black race/ethnicity was inversely associated with suicide (OR = 0.4, 95% CI = 0.3 to 0.4). Few differences were found in risk estimates when compared by study design or publication type. Conclusions: Several demographic, criminological, and clinical factors were found to be associated with suicide in prisoners, the most important being occupation of a single cell, recent suicidal ideation, a history of attempted suicide, and having a psychiatric diagnosis or history of alcohol use problems.
An investigation of the nature of research into dental health in prisons: a systematic review	Walsh, T., Tickle, M., Milsom, K., Buchanan, K. & Zoitopoulos, L.	Databases were searched electronically. This process was supplemented by hand searching of references. Two independent reviewers made initial selections and subsequently carried out full text screening. Discrepancies were discussed with a third reviewer and disagreements were resolved by consensus. Fifty potentially relevant studies were identified and further screened for inclusion. Of this number, 29 studies were excluded; the remaining 21 were deemed appropriate to include in the review.	2008	Australia, EEUU, Reino Unido	The primary focus of the papers identified was the oral health status of inmates, assessed by clinical examinations of decayed, missing and filled teeth (DMFT) and periodontal status, and self-report measures of oral health behaviours and service utilisation. Attempts were made to reduce sources of bias by selecting random samples of inmates and standardising measurement techniques, and addressing potential confounding effects. Few studies considered the potential impact of socio-economic status on disease levels. In some studies the oral health of inmate populations was compared to that of non-institutionalised individuals. Studies report high prevalence of oral disease, though precise levels differ according to the composition of the samples. Conclusions: The heterogeneity of populations studied and methods of assessment precludes simple generalisation, but the consistent trend appears to be that the oral health status of inmates is poor and also poor in comparison with non-institutionalised individuals where appropriate comparisons have been made.
State of Affairs of Tuberculosis in Prison Facilities: A Systematic Review of Screening Practices and Recommendations for Best TB Control	Vinkeles Melchers, N., van Elsland, S., Lange, J., Borgdorff, M. & van den Hombergh, J.	A systematic search of online databases (e.g., PubMed and Embase) and conference abstracts was carried out. Research papers describing screening and diagnostic practices among prisoners were included. A total of	2013	Mundial	The most common screening tool was symptom questionnaires (63,5%), mostly reporting presence of cough. Microscopy of sputum with Ziehl-Neelsen staining and solid culture were the most frequently combined diagnostic methods (21,2%). Chest X-ray and tuberculin skin tests were used by 73,1% and 50%, respectively,

		52 articles met the inclusion criteria. A meta-analysis of TB prevalence in prison facilities by screening and diagnostic tools was performed.			as either a screening and/or diagnostic tool. Median TB prevalence among prisoners of all included studies was 1,913 cases of TB per 100,000 prisoners (interquartile range [IQR]: 332–3,517). The overall annual median TB incidence was 7,0 cases per 1000 person-years (IQR: 2,7–30,0). Major limitations for successful TB control were inaccuracy of diagnostic algorithms and the lack of adequate laboratory facilities reported by 61,5% of studies. The most frequent recommendation for improving TB control and case detection was to increase screening frequency (73,1%).
Aportes para el proceso de revisión de las Reglas Mínimas de Tratamiento de los Reclusos	Centro de Estudios Legales y Sociales (CELS) de Argentina y CONECTAS de Brasil	Relevamiento de los principales estándares definidos por los órganos del Sistema Interamericano de Protección de los Derechos Humanos, respecto de temas seleccionados como los más relevantes a ser incorporados en la actualización de las Reglas Mínimas.	2013	Mundial	Será la inclusión de ciertos principios fundamentales al comienzo de las Reglas. Estos principios podrían ser incorporados en una reformulación de la Regla general de no discriminación contenida en la Regla 6 o directamente en una nueva Regla en la que se reúnan todos los principios fundamentales. Entre éstos, es indispensable que incluya: a) la obligación de la Administración de tratar a las personas privadas de libertad conforme a su dignidad inherente; b) la prohibición absoluta de la tortura y de otros tratos o penas crueles inhumanos o degradantes; c) la explicitación de la especial posición de garante del Estado respecto de los derechos las personas privadas de libertad y, d) el gerenciamiento no violento de los lugares de privación de libertad como regla general. Cada uno de estos principios son detalladas a través de recomendaciones específicas.
Desarrollo de una Metodología para el Monitoreo y la Evaluación de Proyectos y Programas de reintegración Social orientados a la Disminución de la Reincidencia Delictiva	Espinoza, O., Villagra, C. y Martínez, F.	Para este proyecto se contó con la colaboración de consultores nacionales, a quienes se encargó la realización de una caracterización de los sistemas penitenciarios de sus respectivos países. En forma adicional, un equipo de consultores internacionales, pertenecientes al Centro de Estudios en Seguridad Ciudadana de la Universidad de Chile (CESC), se encargaron de desarrollar los productos principales del proyecto.	2012	Uruguay, Chile, Costa Rica, Panamá, República Dominicana, Jamaica y Barbados	Se desarrollaron los siguientes productos: Informe Descriptivo de la situación penitenciaria de los países estudiados; Informe de revisión de buenas prácticas en el monitoreo y evaluación de programas de reinserción y rehabilitación en tres países angloparlantes (Canadá, Estados Unidos e Inglaterra); Informe Comparado respecto de la factibilidad de implementar un sistema de monitoreo y evaluación en los países estudiados; Informe con Propuesta Metodológica para el monitoreo y evaluación de programas de reinserción y rehabilitación en América Latina; Guía Metodológica para el Monitoreo y la Evaluación de Programas de Rehabilitación y Reinserción Social.