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Are Needs Related to Pretrial Outcomes? An Examination of the Hamilton County Inventory of Need Pretrial Screening Tool

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An Examination of the Hamilton County Inventory of Need Pretrial Screening Tool

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by

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ABSTRACT

In recent years, there have been ever increasing numbers of individuals entering into the criminal justice system. Because of this, criminal justice professionals and researchers have become progressively more concerned about the phenomenon of individuals continually cycling through the system. Pretrial service agencies are afforded a unique opportunity to address this issue at the “gateway” of the criminal justice system. It is possible that identifying and addressing pretrial needs could interrupt this cycle and contribute to pretrial success. Furthermore, attention to gender-responsive needs at this stage of the criminal justice process may prove beneficial for female pretrial defendants. While evidence-based practices in the pretrial field have begun to emerge, there has been little inquiry into pretrial needs and their subsequent influence on pretrial outcomes. This dissertation contributes to both the pretrial and gender-responsive literature by investigating the existence of gender differences of pretrial needs and whether these needs are predictive of pretrial outcomes. Examination of domains included in the Hamilton County Inventory of Need Pretrial Screening Tool afforded an opportunity to identify and examine the needs of 266 pretrial defendants from Hamilton County, Ohio. Results indicate there are gender differences in the substance, prevalence, co-occurrence of the needs of pretrial defendants; many of the examined needs are risk factors for pretrial failure; and gender-responsive pretrial risk factors are important in predicting pretrial outcomes. In all, this study demonstrates the importance of examining pretrial needs and their potential contribution to pretrial failure.
DEDICATION

This dissertation is dedicated to the memory of my mother, Sarah Gehring.
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Getting my doctorate degree is arguably the hardest thing I have done in my life. Because of this, there are people who have helped me along the way who deserve recognition. To begin, I would like to thank my dissertation chair and mentor, Dr. Patricia Van Voorhis. This dissertation transformed into something I believe neither of us anticipated, and I genuinely appreciate and value all of your guidance, time, and encouragement that I believed contributed to the quality of this work. In addition to this, I want to express my gratitude to you for taking an interest in me and exposing me to the wonderful world of gender-responsiveness. I appreciate your guidance as to how to navigate through my graduate career and beyond, encouragement regarding my research scholarship and its potential, and the occasional kick in the behind you gave me whenever I had a lapse in judgment or you saw I needed an extra “push.” And I have enjoyed all the times when we have laughed. I look forward to future collaborations with you.

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CHAPTER ONE

PRETRIAL SERVICE PROGRAMS: AN INTRODUCTION

On average, approximately 14 million individuals are arrested in the United States every year (Federal Bureau of Investigation, 2007). Many of these individuals will find themselves negotiating the pretrial phase of the criminal justice system. Numerous defendants will occupy jail cells because they cannot afford their set bail amount. Others will volunteer for pretrial diversion programs. Still others will be released into the community prior to their court appearance. Between 1990 and 2004, 62 percent of felony defendants in state courts in the 75 largest counties in the United States were released into the community prior to the disposition of their case. Of these released defendants, about a third were rearrested for a new offense, failed to appear in court, or committed some other violation that resulted in the revocation of their pretrial release (Bureau of Justice Statistics [BJS], 2008a). The large number of individuals arrested and released back into the community underscores the need for effective pretrial service procedures.

Pretrial Service Programs (PSPs) assist the courts in making decisions about whether to release or detain defendants pending further legal proceedings. To do this, PSPs perform two important functions. First, they gather and present information to judicial officers about newly arrested defendants. When appropriate, they recommend release options to help judicial officers decide what conditions should be set for the defendants’ release prior to trial. Second, PSPs supervise the defendants released into the community during the pretrial period. They monitor the defendants’ compliance with release conditions and help ensure that the defendants appear for scheduled court appearances (Clark & Henry, 2003; Mahoney, Beaudin, Carver, Ryan, & Hoffman, 2001; VanNostrand, 2007). If these functions are performed well by the PSP, the
jurisdiction will: 1) minimize unnecessary pretrial detention, 2) reduce jail crowding, 3) increase public safety, 4) ensure that released defendants appear for scheduled court appearances, and 5) lessen discrimination between the wealthy and poor in the bail process (Mahoney et al., 2001).

In recent years, however, these tasks have become burdened by the responsibilities for serving far more disturbed and troubled defendants. Since the first Pretrial Service Programs were implemented in the 1960s, public policies and socio-historical events have created circumstances which require contemporary PSPs to address the needs of ever increasing numbers of defendants with very serious forms of mental illness, homelessness, poverty, chronic drug problems, educational deficits, and trauma. For example, public policies such as deinstitutionalization (Accordino, Porter, & Morse, 2001; Grob, 1995, 1997, 2009; Lurigio, 2000), welfare reform (Albelda & Withorn, 2002), the “War on Drugs” (Baum, 1997; Beckett, 1997; Mauer, 1999; Musto, 1999), “tough on crime” legislation (Beckett, 1997; Beckett & Sasson, 2009; Mauer, 1999), and sentencing reform (Mauer, 1999; Seghetti & Smith, 2007; Tonry, 1997) have all contributed to this trend. Additionally, socio-historical events such as the introduction of crack cocaine in the 1980s (Goode, 2005), decreases in the availability of public housing (Massey & Denton, 1998; National Coalition for the Homeless, 2009a), U.S. involvement in military conflicts, and the current state of the economy have also effected the individuals pretrial services programs come into contact with every day.

These admissions into the criminal justice system in the past several decades present unique sets of challenges for pretrial service agencies (Clark & Henry, 2003). Agencies that operate like the original, traditional pretrial agencies created in the 1960s and 1970s may not be equipped to address the issues of current pretrial defendants. Unfortunately, many defendants find themselves in the criminal justice system due to needs that may be better served by other
human service agencies. For example, many scholars have proposed that the large numbers of mentally ill individuals in the criminal justice system are a result of the deinstitutionalization movement (discussed in more detail in Chapter 2). If mental health services in the community were better equipped to supervise and manage persons with serious mental illness, there is a possibility that the numbers of mentally ill in the criminal justice system would diminish (see Adler, 1986; Belcher, 1988; Chaiklin, 2001; Lamb, 2001a; Teplin, 1983, 1990). An example like this illustrates it is not only the role of the pretrial agency to deal with individuals who have committed crime, but also individuals who have made their way into the criminal justice system due to changes in public policies and a lack appropriate alternative services.

Surprisingly little research has been conducted on pretrial defendants. At present, the best, albeit incomplete, picture of pretrial defendants appears to be inferred from studies of jail inmates accompanied by the appropriate precautions and caveats. Of course, even when these studies are confined to pretrial detainees rather than all jailed inmates, a truncated picture emerges, because many pretrial defendants are released on their own recognizance. While the present study endeavors to correct this situation by sampling from a broader array of pretrial defendants, much of the supporting literature discussed in this and the next chapter unavoidably discusses studies of jail populations. With this caveat, studies of jail inmates reveal a troubling array of needs (BJS, 2004). Histories of abuse, mental health issues, substance abuse problems, medical problems, homelessness, and economic difficulties are common problems plaguing this population (Belcher, 1988; Blakely, 1992; BJS, 1999a, 1999b, 2005, 2006a, 2006b; Chaiklin, 2001; DeLisi, 2000; Haywood, Kravitz, Goldman, & Freeman, 2000; Hennessey, Kim, Griffin, Collins, Weinbaum, & Sabin, 2008; Lindquist & Lindquist, 1999; Singer, Bussey, Song, & Lunghofer, 1995; White, Goldkamp, & Campbell, 2006; Zapf, Roesch, & Hart, 1996). When
these profiles are disaggregated by gender, many of the above listed needs appear to be more prevalent among female jail inmates than males (Alemagno & Dickie, 2002; BJS, 1999a, 1999b, 2004, 2005, 2006a, 2006b; Gray, Mays, & Stohr, 1995; Peters, Strozier, Murrin, & Kearns, 1997).

Since many of the needs of pretrial defendants could be better served by agencies outside of the criminal justice system, it is possible that identifying needs at the pretrial stage and connecting individuals to appropriate community services could prevent many individuals from becoming entrenched in the criminal justice system. In response, the creation of pretrial diversion programs acknowledged that there are certain individuals who would have better outcomes if they were diverted from further involvement in the criminal justice system. These programs were based on the idea that prosecution and confinement are not the most effective ways to respond to some forms of criminal behavior (Clark, 2007; Kixmiller, 1997). Diversion programs developed when many criminal justice professionals began to recognize that numerous defendants simply cycled through the system (National Association of Pretrial Services Agencies [NAPSA], 1998). The goal of pretrial diversion programs was to interrupt this cycle in a meaningful way that addressed the issues that were contributing to the defendants’ arrests. By addressing these issues, it was believed there could be a reduction in the likelihood of future arrest (Clark, 2007; NAPSA, 1998). The defendants are “diverted” from the system if they successfully complete the conditions of the diversion program. This success usually results in a dismissal of charges or its equivalent (Clark, 2007; NAPSA, 1998, 2009).

In addition to pretrial diversion programs, “specialty courts” (also known as “problem-solving courts”) have emerged to act as another mechanism of diverting subgroups of individuals out of the criminal justice system. Examples of specialty courts are juvenile courts, drug courts,
domestic violence courts, and mental health courts (Redlich, Steadman, Monahan, Robbints, & Petrila, 2006; Redlich, Hoover, Summers, & Steadman, 2010). Specialty courts tend to be less adversarial than traditional criminal courts. They take a therapeutic approach towards the defendants on their dockets (Redlich et al., 2010; Ruddell, 2007). In order to participate in these specialty courts, pretrial agencies screen defendants to discover whether they meet eligibility requirements. If an individual does qualify and volunteers for participation in the specialty court, the person’s case is moved from the criminal court to the specialty court (Redlich et al., 2006). Typically, special court or pretrial-services personnel have special training in dealing with the types of defendants they serve. Defendants who successfully navigate through these specialty courts may have their criminal charges dropped or their conviction vacated, thereby avoiding additional contact with the criminal justice system and an offense on their record (Redlich et al., 2006).

Notwithstanding the importance of pretrial service and diversionary programs, very little is known about the needs of pretrial defendants or their effects on pretrial outcomes. Moreover, assessment tools for identifying these needs are in short supply. Therefore, although there are current programs and practices that intend to divert individuals from the criminal justice system, there is a possibility that pretrial agencies are missing opportunities to gather information that will aid in the identification and diversion of other pretrial defendants from the system. This indicates there may be gaps in our understanding of how to divert offenders. For example, although system outcomes (e.g., failure to appear for court appearances) may seem too trivial to address, they may potentially bring the defendants further into the system. Determining whether the needs of pretrial defendants are related to pretrial outcomes, including system outcomes, will allow additional opportunities for diversion of even more individuals from the criminal justice
system. That is, defendants’ needs may be better served by other human service agencies. Once their needs are addressed, this may diminish their pretrial failure and reduce their contact with the criminal justice system.

Additionally, the needs of pretrial defendants may vary by gender, raising the possibility that women defendants may have differing needs from their male counterparts. Although there are suspected differences between male and female pretrial defendants, there has been little research to confirm this notion. Determining whether the needs do indeed differ could increase pretrial agencies’ understanding as to how to effectively deal with and possibly divert these defendants from the criminal justice system. It would allow opportunities to connect them with appropriate services based on their needs, and abandon a “one size fits all” approach. This reinforces the notion that pretrial release should be structured to the needs of the individual defendant (Thomas, 1976).

This dissertation contributes to the dearth of literature on pretrial defendants. Existing research on individuals in the criminal justice system almost exclusively focuses on offenders. That is, the majority of studies concentrate on individuals found guilty of a crime and those who have been sentenced. When research has examined individuals at the pretrial phase, it has not examined pretrial defendants in their entirety; rather, many studies examine a specific subgroup of pretrial defendants (e.g., diversion clients, defendants in mental health court) (Chandler & Spicer, 2006; Draine, Blank, Kottsieber, & Solomon, 2005; Hartford, Carey, & Mendonca, 2007; Kixmiller, 1997; Loveland & Boyle, 2007; Shafer, Arthur, & Franczak, 2004; Steadman & Naples, 2005; Steadman, Cocozza, & Veysey, 1999). Other pretrial studies attend to the development of pretrial risk assessment instruments and their predictive validity (Jones & Ferrere, 2008; Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009; Lowenkamp & Bechtel,
Furthermore, given time constraints and limited staff resources, many pretrial agencies collect insufficient information on pretrial defendants (Steadman, Scott, Osher, Agnese, & Robbins, 2005). Thus, very little is known about individuals who have been arrested and then released back into the community pending further court proceedings. Virtually no studies have examined the needs of pretrial defendants and whether these needs are related to success or failure at the pretrial stage.

As noted earlier, female defendants may be more likely than male defendants to be mentally and physically troubled. There has been much discussion regarding the differing needs of female and male offenders; that is, feminist scholars propose that women offenders have differing needs than their male counterparts (Belknap & Holsinger, 2006; Brennan, 1998; Brennan & Austin, 1997; Farr, 2000; Greene, Haney, & Hurtado, 2000; Koons, Burrow, Morash, & Bynum, 1997; McClellan, Farabee, & Crouch, 1997; Reisig, Holtfreter, & Morash, 2006; Richie, 1996). This has prompted feminist scholars and practitioners who work with women offenders to develop and implement gender-responsive practices, policies, and procedures to address needs important to this population (Bloom, Owen, & Covington, 2003; Covington, 2000). However, the research exploring the predictive validity of gender-responsive needs exclusively examines women offenders (Van Voorhis, Salisbury, Bauman & Wright, 2007a; Van Voorhis, Salisbury, Bauman, Holsinger, & Wright, 2007b; Van Voorhis, Salisbury, Wright, Bauman, & Holsinger, 2008a; Van Voorhis, Salisbury, Wright, & Bauman, 2008b; Van Voorhis, Wright, Salisbury, & Bauman, 2010; Wright, Van Voorhis, & Salisbury, 2007). Additionally, these studies do not include a male comparison group to see if the needs examined truly are women-specific (Blanchette & Brown, 2006).
male pretrial defendants has been conducted to discover what their needs are and if they differ. To date, the only process pretrial service agencies use to identify and sort pretrial defendants is through the use of brief static risk assessment instruments.

**PRETRIAL RISK ASSESSMENT**

One of the key steps in the information gathering process for PSPs is the administration of a risk assessment instrument. Pretrial risk assessment instruments identify the likelihood of whether defendants will fail to appear (FTA) at a scheduled court appearance or if they pose any danger to the community during the pretrial stage (Latessa et al., 2009; Lowenkamp & Bechtel, 2007; VanNostrand, 2003; 2007). This danger to the community is usually conceptualized as whether an individual will commit a new offense while he or she has been released into the community. Research has identified common factors that have been found to be good predictors of court appearance and/or danger to the community. These factors include: 1) current charge, 2) outstanding warrants at time of arrest, 3) pending charges at time of arrest, 3) active community supervision at time of arrest, 4) history of criminal convictions, 5) history of FTA, 6) history of violence, 7) residence stability, 8) employment stability, 9) community ties, and 10) history of substance abuse (Latessa et al., 2009; Rose & VanNostrand, 2009; VanNostrand, 2007; Winterfield et al., 2003). Some or all of these factors may appear in current pretrial risk assessment instruments.

The American Bar Association and the National Association of Pretrial Services Agencies both recommend the use of objective and research-based risk assessment instruments that include criteria associated with pretrial outcomes (American Bar Association [ABA], 2007; Clark & Henry, 2003; NAPSA, 2004). Typically, the items included in pretrial risk assessment
instruments that have been found to be linked to pretrial outcomes are static factors; that is, they are characteristics of an individual that do not change. These can include historical factors (e.g., history of violence, history of criminal convictions) or things an individual possesses that cannot be altered (e.g., criminal charge, outstanding warrants at time of arrest). These items speak very little to what can be done to assist an individual to lower his or her risk level. Pretrial risk assessments are not concerned with treatment or identifying needs; their sole purpose is to identify risk.

Several scholars have voiced a number of concerns about the use of these assessments with women. First, it is possible that some of these static factors are a product of underlying dynamic processes, issues that if addressed, could affect an individual’s level of risk. Another perspective holds that a focus on risk may not be appropriate for women offenders. The reason for this is that most risk assessment systems are primarily concerned with risk of harm, yet research shows that as a whole, female offenders pose far less risk to the community than male offenders (Farr, 2000). Women offenders are generally less violent than male offenders, and when they do commit violent acts, often they are committed against spouses or intimate partners in self-defense. (Chesney-Lind, 2008). Therefore, their threat to the community at large is minimal. The implication is that risk is inappropriate as the primary focus of the classification of female offenders (Brennan & Austin, 1997; Farr, 2000). Therefore, it is possible that the inclusion of a needs assessment at the pretrial phase is valuable for female pretrial defendants.

RECENT TRENDS IN RISK ASSESSMENT

In recent years, the field of risk assessment has evolved in ways that could facilitate pretrial functions. Other components of the criminal justice system (i.e., community corrections
and correctional institutions) have begun to use risk/needs assessments for their offender populations. These instruments not only categorize the level of risk (i.e., low, medium, high), but they also identify criminogenic needs. Criminogenic needs are a subset of an individual’s risk level. They are dynamic risk factors that are associated with criminal behavior. If these risk factors are changed, this is associated with changes in offender behavior. It is argued that if treatment services are offered with the intention of effecting offender behavior (i.e., recidivism, institutional misconducts) changes must occur in these criminogenic needs. Criminogenic needs that have been linked to recidivism include: 1) antisocial personality/negative emotionality, 2) antisocial attitudes and cognitions, 3) antisocial associates, 4) substance abuse, 5) problems in the work context, and 6) lack of prosocial activities (Andrews & Bonta, 2006, 2007). Studies have found that targeting these criminogenic needs with interventions reduce the likelihood of recidivism (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Antonowicz & Ross, 1994; Dowden & Andrews, 1999, 2000).

These risk factors are often referred to as “gender-neutral” risk factors, as research has found that they are important in predicting both male and female recidivism (Lowenkamp, Holsinger, & Latessa, 2001; Simourd & Andrews, 1994). However, many feminist scholars argue that criminogenic needs would perhaps look a little different if research had begun with samples of women. They propose that other risk factors, often referred to as “gender-responsive” risk factors, are relevant for women offenders, in addition to the gender-neutral risk factors (Blanchette, 2004; Bloom et al., 2003). That is, it is possible the gender-responsive risk factors either 1) are typically not evidenced by male offenders, 2) are evidenced by male offenders but are more prevalent for female offenders, or 3) occur in equal frequency among male and female offenders but affect women in a different way (e.g., Chesney-Lind & Shelden, 2004; Farr, 2000;
Scholars have begun to debate whether women offenders have unique needs apart from gender-neutral risk factors (Blanchette & Brown, 2006; Bloom et al., 2003; Chesney-Lind, 2008; Chesney-Lind & Shelden, 1992; Covington, 1998; Farr, 2000; Funk, 1999; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Holsinger, 2000; Holtfreter & Morash, 2003; Reisig et al., 2006). Feminists argue that issues such as abuse and trauma, mental health, substance abuse, parenting, poverty, dysfunctional relationships, self-esteem, self-efficacy, personal safety, and the intersection of trauma, mental health, and substance abuse are “gender-responsive” needs that manifest themselves in a manner that is unique to women offenders (Salisbury, 2007; Van Voorhis et al., 2010). Indeed, scholars suggest that there are certain risk factors that are relevant for women, above and beyond the “gender-neutral” risk factors (Belknap & Holsinger, 2006; Blanchette, 2004; Blanchette & Brown, 2006; Bloom et al., 2003; Brennan, 1998; Brennan & Austin, 1997; Farr, 2000; Greene et al., 2000; Koons et al., 1997; McClellan et al., 1997; Reisig et al., 2006; Richie, 1996) Furthermore, practitioners who work with women offenders agree that these are important issues for this population. In a survey of representatives from 50 state correctional agencies and the Federal Bureau of Prisons, 92 percent of the respondents asserted that women had unique needs similar to the ones listed above that should be addressed in correctional settings (Van Voorhis & Presser, 2001).

The most compelling research regarding gender-responsive needs and their associations with female offending has been generated through studies of a recently created gender-responsive risk/needs assessment tool. This research has found additional risk factors that are relevant to female offending. These gender-responsive risk factors include: 1) employment/
financial status, 2) anger/hostility, 3) mental health history, 4) depression/anxiety symptoms, 5) psychotic/suicidal symptoms, 6) abuse/trauma, 7) relationship dysfunction, 8) family conflict, and 9) parental stress (Van Voorhis et al., 2007b; Van Voorhis et al., 2008a; Van Voorhis et al., 2008b; Van Voorhis et al., 2010; Wright et al., 2007). These risk factors have been found to be predictive of community recidivism and institutional misconducts (Van Voorhis et al., 2007b; Van Voorhis et al., 2010). However, it is conceivable that some of these needs are also important for female pretrial defendants.

At the present time, pretrial assessment instruments do not include needs, let alone needs that are relevant for female pretrial defendants. The main argument for this is the unique distinction between pretrial defendants and other offenders in the criminal justice system. First, the legal status of the pretrial defendant compared to other offenders is different. Pretrial defendants are presumed innocent until proven guilty while individuals who are in correctional institutions or under community supervision have been found guilty by a court of law. Many assert that assessing criminogenic needs for treatment purposes violates the presumption of innocence. Actual participation in programs could be interpreted by the court as an admission of guilt (Van Nostrand, 2007).

Second, the intended outcomes of programs at the pretrial stage and other stages of the criminal justice system are different. For example, programs that operate in the community for probationers or parolees try to reduce recidivism, while pretrial programs focus on ensuring court appearances and community safety pending trial (Rose & Van Nostrand, 2009). Many argue that the purpose of pretrial is not to rehabilitate offenders but to ensure that defendants show up to

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1 One may argue that employment and financial status is also important for male offending. It should be noted, however, that the measurement of these needs are presented in a gendered context. That is, measurement of this domain is framed by the notion that women experience economic marginalization and poverty differently than men due to gender roles and expectations in American society.
court and do not commit new offense while released out into the community. Since criminogenic needs have been associated with rehabilitation of offenders, it is believed that it is inappropriate to assess these needs for pretrial defendants (VanNostrand, 2007). Rehabilitation implies that the individual is guilty or has done something wrong that needs to be fixed; this is inappropriate for pretrial defendants. Moreover, according to the standards of the National Association of Pretrial Services Agencies (NAPSA), conditions which address clinical and social needs of clients that are not linked to pretrial failure go beyond the purpose of bail and may be considered excessive (Hankey, 2008).

To counter this argument, others contend that assessing and addressing needs at the pretrial phase has the potential to assist pretrial defendants to be successful at this stage. For example, knowing an individual’s needs and connecting him or her to relevant services can stabilize him or her for the short amount of time between arrest and appearance in court. This may increase the likelihood that he or she will not fail during the pretrial phase (Byrne & Stowell, 2007; W. Niehaus, personal communication, August 5, 2009). An essential step toward accomplishing these tasks is to discover what the needs of pretrial defendants are through administration of a needs assessment or screening tool.

As stated before, one of the main functions of pretrial service agencies is to gather information for judicial officers in order to help them make informed decisions about whether or not to release or detain pretrial defendants. If the judge chooses to release a defendant, it is best that he or she is aware of information relevant to that particular defendant’s situation. Simply knowing the offense seriousness and other historical factors speaks very little to the issues that may be compelling the defendant to fail in the pretrial stage or commit future offenses. Additionally, the information currently gathered by many pretrial service agencies may not
provide an adequate or accurate picture of the current pretrial population. Assessing the needs of all pretrial defendants would potentially allow for more individuals to be diverted out of the system, adequate matching of individuals to interventions and treatment while in the system, and the opportunity to engage in case or release planning for individuals who will soon exit the system. Full knowledge of these defendants also prevents situations where an undetected need contributes to a minor incident which results in the defendant being violated and drawn further into the system. It all begins with pretrial defendants; if procedures are more proactive at this phase of the criminal justice process, there is a potential to impact other stages of the criminal justice system (e.g., reduce court dockets, decrease numbers of individuals sentenced to correctional supervision).

SUMMARY AND CONCLUSIONS

This chapter revealed that pretrial service agencies may not fully understand the pretrial population they are charged to assist and supervise. The question still remains as to whether the needs of pretrial defendants differ for males and females and if needs are related to pretrial outcomes. Using several statistical techniques, this dissertation will address a key issue: Are needs important for current pretrial defendants?

The Hamilton County, Ohio Inventory of Need Pretrial Screening Tool (Appendix A) was used to answer eight research questions. These research questions focused on the importance of needs during the pretrial phase. The “gender-neutral” needs examined in this dissertation were: 1) employment/financial, 2) educational need, and 3) substance abuse. However, although these needs have been categorized as “gender-neutral,” it is possible that they may affect men and women differently. The “gender-responsive” needs in this dissertation included: 1) abuse, 2)
trauma, 3) mental health, 4) housing safety, 5) homelessness, 6) children, and 7) parental stress.

Additionally, a “strength” that has emerged in the gender-responsive risk/needs assessment research was also included: family support. Since some debate has been generated regarding whether the needs of women and men offenders differ, administering the screening tool to male and female pretrial defendants allowed an examination as to whether similarities or differences existed between these groups of pretrial defendants. Specifically, inquiry into this subject matter was addressed by the following research questions:

1. How prevalent are the needs identified by the Hamilton County Inventory of Need Pretrial Screening Tool among Hamilton County pretrial defendants?

2. Are the needs of Hamilton County pretrial defendants and their prevalence the same for males and females?

3. What is the profile of the Hamilton County pretrial female defendant? What is the profile of the Hamilton County pretrial male defendant?

Very little research has examined whether needs of pretrial defendants are related to pretrial outcomes (i.e., failure to appear for a scheduled court appearance, commission of a new offense while released in the community). The needs and strength listed above were examined to see if any were associated with pretrial outcomes. Therefore, the second portion of the data analyses of this dissertation addressed the validity and predictability of the Hamilton County Inventory of Need Pretrial Screening Tool. The specific questions related to this issue include:

1. Are the needs in the Hamilton County Ohio Inventory of Need Pretrial Screening Tool statistically associated with pretrial outcomes (i.e., failure to appear, new arrests, any failures)?
2. Which risk/needs are associated with FTA? Which risk/needs are associated with new offenses? Which risk/needs are associated with any failures? What are the implications of these differences?

3. Do the predictors of pretrial outcomes differ for men and women?

4. How do these risk/needs co-occur? Is their co-occurrence different for men and women?

5. What is the relative importance of needs and clusters of needs in predicting pretrial outcomes? How do findings differ for men and women?

**IMPLICATIONS**

Empirical evidence of differing needs of female and male pretrial defendants and whether these needs are associated with pretrial outcomes certainly has widespread implications, particularly in the potential to add to the gender-responsive literature and to inform pretrial procedures. Implications of this research are important for gender-responsive literature because there is some suggestion in feminist research that the needs of women and men offenders differ (Belknap & Holsinger, 2006; Blanchette, 2004; Blanchette & Brown, 2006; Bloom et al., 2003; Brennen, 1998; Brennen & Austin, 1997; Farr, 2000; Greene et al., 2000; McClellan et al., 1997; Reisig et al., 2006). Additionally, gender responsive risk/needs assessment research has identified gender-responsive needs that are predictive of community recidivism and institutional misconducts for women offenders (Van Voorhis et al., 2007b; Van Voorhis et al., 2008a; Van Voorhis et al., 2008b; Van Voorhis et al., 2010; Wright et al., 2007). However, no research has attempted to discover whether these needs are predictive of pretrial outcomes for female defendants. Additionally, the research that has examined the predictability of gender-responsive needs has focused on women only samples. Including men in the pretrial sample will allow the
investigation of whether the needs assessed in the pretrial screening tool are important for both
table and male pretrial defendants or women only (Blanchette, 2004).

The implications of this research are also important for the pretrial field. Little research
has been conducted to see whether needs are related to pretrial outcomes and if the needs of male
and female pretrial defendants differ. Since needs are rarely examined at the pretrial phase,
knowing more about these needs, and finding some to be predictive of pretrial outcomes, has
several ramifications. Furthermore, as mentioned earlier, current pretrial research often focuses
on a subset of pretrial defendants (i.e., diversion clients, mental health court participants). The
individuals in this sample represent defendants who are rarely examined in depth in pretrial
research.

The current trend in the criminal justice system is to implement evidence based practices.
That is, evidence exists that a particular practice or procedure is effective. This effectiveness is
obtained through empirical research, not through anecdotes, stories, “common sense,” or beliefs
about effectiveness (MacKenzie, 2000). Therefore, screening tools and assessment instruments
used by pretrial agencies should be empirically validated on the population which they serve
(Clark & Henry, 2003). Additionally, states like Virginia are experiencing increasing levels of
offender/defendant non-compliance with pretrial supervision conditions. Their current pretrial
risk assessment does not address potential defendant risk factors that may contribute to pretrial
failure. Therefore, they believe evidence-based practices can be applied to pretrial supervision by
assessing and addressing risk/needs of defendants and stressing the need to change behavior and
developing tools to target risk. The sentiment is since they are identifying risk, they also need to
mitigate it by addressing the needs that lead to high-risk behavior (Green, Smith, & Bryant,
2008).
The belief that risk of pretrial failure can be diminished by targeting needs with appropriate services is also held by the Hamilton County, Ohio Department of Pretrial Services (W. Niehaus, personal communication, August 5, 2009). In order to identify these needs, the pretrial agency uses The Hamilton County Inventory of Need Pretrial Screening Tool. To date, this instrument has not been validated. However, the research generated by this dissertation will validate this screening tool by determining whether the needs assessed by the screening tool are statistically related to pretrial outcomes.

Assessing the needs of pretrial defendants could lead to many positive outcomes, not only for diversionary purposes but also for pre-entry. First, allowing judges to be aware of defendants’ needs may compel some to divert more defendants out of the criminal justice system. For example, if mental health is found to be associated with failure to appear for court appearances, the judges may order mental health treatment for mentally ill defendants or opt to divert them to appropriate mental health services or a mental health court. This would reduce the possibility of the individual cycling further through the criminal justice system because they are unable to comply with conditions imposed by the court due to his or her mental illness. Diversion of these and other individuals would have important consequences at all stages of the criminal justice system, as these individuals would not occupy jail cells, fill up court dockets, or be sentenced to intermediate sanctions or prison unnecessarily.

Second, assessing needs would aid the pretrial agency in their role of providing service linkages that may reduce pretrial failure. One of the roles of the pretrial agency is to “assist persons released prior to trial in securing the necessary employment, medical, drug, mental, legal or other needed social services that would increase the chances of successful compliance with conditions of pretrial release” (ABA Standard 10-1.10(j), 2009). Therefore, it is important to
discover what needs that, if targeted with services, will ensure successful pretrial outcomes. Since arrest is the entry point into the criminal justice system, any actions taken after this decision point may have beneficial or detrimental effects for the arrested individual in the long run. Referrals to services and programs in the community by the pretrial agency may thwart pretrial failure and any additional contacts with the criminal justice system.

Third, assessing the needs of pretrial defendants who may later be convicted and sentenced to jail, prison, or probation would aid in their placement in proper correctional interventions and help with pre-entry planning. Finally, examination of whether needs for male and female defendants differ could lead to the use of different screening tools and improved assessment and connections to services for each population. All of these reasons are in line with an agenda presented at the National Institute of Justice Pretrial Research Meeting in 2007. Here, scholars proposed that part of the research agenda needed to advance the practices in pretrial settings was to discover which criminogenic needs affect pretrial outcomes (Taxman, 2007).

PLAN OF THE DISSERTATION

This study unfolds in the remaining six chapters. Chapter Two begins with a discussion of the development of pretrial service agencies in the United States. It highlights innovations that have emerged in the field of pretrial assessments to address challenges these agencies have faced while dealing with the needs of contemporary pretrial defendants. The second part of the chapter presents an in-depth discussion of the historical and social context that may have contributed to the prevalence of certain needs in the current pretrial population. Research regarding how these needs have manifested for the general population and jail inmates is discussed. Additionally, empirical evidence of any differences between the needs of males and females in the general and
jail population is presented. Chapter Three details the methodological procedures used for this study. The development of the Hamilton County *Inventory of Need Pretrial Screening Tool* is discussed and measurement of all independent and dependent variables are given. Following this discussion, the data analysis for the current study is outlined. Chapter Four details the construction of the scales used in the statistical analyses. Chapter Five and Six provide the results of the data analyses. Chapter Seven discusses the findings and implications of the study. The limitations of the study are also noted, as well as suggestions for future research of pretrial defendants.
CHAPTER TWO

UNDERSTANDING PRETRIAL DEFENDANTS

To fully understand the needs of contemporary pretrial defendants and the challenges pretrial agencies face in serving this population, it is important to realize the socio-historical context in which the needs of these pretrial defendants developed. This chapter begins with an explanation of the development of pretrial services in the United States. This discussion outlines events from the initial inception of pretrial service programs to the current state of pretrial agencies in the United States. Innovations and pioneering procedures developed by some pretrial agencies to address the needs of particular pretrial defendants (i.e., mentally ill defendants, women defendants) are highlighted. This section also calls attention to gaps in services or areas where pretrial agencies have not sufficiently addressed the current needs of pretrial defendants. This provides a framework for an in-depth examination of specific need areas.

Specifically, needs such as 1) child abuse, 2) adult victimization, 3) mental health, 4) substance abuse, 5) homelessness, 6) employment/financial problems, and 7) educational disadvantage are presented. Each need is introduced in a socio-historical context to illustrate how a particular need may not have been recognized as important when pretrial service programs were initially developed, yet appear more relevant to the current pretrial population.

Following the socio-historical discussion of each need, empirical evidence is presented to illustrate how each need manifests itself in both the general and offender populations. Comparison of the needs of these two populations (general vs. offender) will illustrate any
disproportionate prevalence rates. The consequences of these needs are also discussed. Evidence that reveals relationships between needs and negative behaviors or consequences among individuals in the general population is helpful in understanding potentially similar relationships in the offender population. Therefore, any evidence regarding these needs and their potential consequences for the general population is presented. When available, similar information regarding the effect of these needs on other areas of offenders’ lives is also discussed. Since there is a dearth of studies that have focused primarily on the needs of pretrial defendants, information regarding these needs is derived from studies of jail inmates. Attention will be given to any differences between the needs of men and women in both the general and offender populations.

PRETRIAL SERVICE PROGRAMS: PAST TO PRESENT

Pretrial service programs (PSPs) were initially created in the 1960s and 1970s as a response to dissatisfaction with the bail system in the United States. Due to the use of monetary bail to gain freedom during the pretrial phase, many felt numerous individuals languished in jail simply due to their inability to pay their set bail amounts (Ares, Rankin, & Sturz, 1963; Thomas, 1976). Justice William O. Douglas made an astute observation regarding this problem: “Can an indigent be denied freedom where a wealthy man would not, because he does not happen to have enough property to pledge for his freedom?” (Thomas, 1976, p. 18). Therefore, many believed an alternative method of pretrial release was necessary—one that did not rely so heavily on financial means of securing freedom (Thomas, 1976). Creating alternative methods of pretrial release could address certain criminal justice procedures that potentially generated disparity in
the pretrial phase. In doing so, the poor would no longer have their freedom denied just because they were poor (Ares et al., 1963).

To address the alleged discrimination against poor pretrial defendants by the monetary bail system, philanthropist Louis Schweitzer and magazine editor Herb Sturz created the Vera Foundation (now called the Vera Institute of Justice) in New York City (Thomas, 1976). In 1961, the Vera Foundation, in conjunction with the New York University School of Law and the Institute of Judicial Administration, initiated the very first pretrial release program, the Manhattan Bail Project (Ares et al., 1963; Katzive, 1968; Mahoney, 2007; Thomas, 1976). The mission of this three-year experiment was to assist judges in making consistent, informed release decisions which relied less on release through monetary bail (Clark & Henry, 2003; Katzive, 1968; Pretrial Justice Institute [PJI], n.d.; Thomas, 1976). To do this, the Vera Foundation investigated the backgrounds of defendants and recommended to the judge that persons with strong ties to the community be released without requiring a bail bond (Ares et al., 1963; Katzive, 1968; Pretrial Justice Institute, n.d.; Thomas, 1976). With over 2,000 non-pecuniary pretrial releases in just two and a half years of operation, the project succeeded in generating national interest in bail reform (Mahoney, 2007; Thomas, 1976). The result of this experiment illustrated that many pretrial defendants could be safely released without a reliance on financial bail to assure their appearance in court (Katzive, 1968; PJI, n.d.).

At this time, the findings of the Vera Foundation drew the attention of Robert Kennedy. In his first press conference as Attorney General of the United States, Kennedy announced that he would form a committee to investigate the treatment of the poor in federal courts (PJI, n.d.). In 1963, the committee produced a report which stated that it appeared affluent individuals, due to their wealth and access to resources, had an advantage in achieving justice in the criminal
justice system. The report highlighted the problem of unnecessarily detaining potentially
innocent individuals prior to their court appearances solely because they could not pay their bail.
In May of 1964, Attorney General Robert Kennedy convened the first National Conference on
Bail and Criminal Justice (PJI, n.d.). The interest in bail reform generated by this conference led
to the rapid proliferation of own recognizance release programs across the country (Katzive,
1968; Thomas, 1976). By 1965, fifty-six jurisdictions had operational bail projects and
Connecticut and New Jersey had implemented statewide projects (PJI, n.d.)

The Manhattan Bail Project began what was to be known as the Bail Reform Movement,
a time in which statutes across the country were rewritten to emphasize a preference for releasing
defendants into the community. Specifically, interest in the Manhattan Bail Project compelled
Senator Sam J. Ervin, Jr. to introduce a series of bills designed to reform bail practices in the
federal courts. After several hearings, the Federal Bail Reform Act of 1966 was passed. This act
was the first major change in bail policy since the Judiciary Act of 1789. It favored the release of
defendants on their own personal recognizance. That is, defendants were released into the
community based on their promise to appear at their next court proceeding. Money bail was to be
used only if a nonfinancial conditional release could not assure the defendant’s appearance in
court. The Act also set forth a series of conditions that were to be used to structure pretrial
release to the needs of the individual defendant. The Federal Bail Reform Act of 1966 led to the
revision of bail laws in at least a dozen states within five years of its passage (Thomas, 1976).

With more and more pretrial service agencies emerging, in 1968 the American Bar
Association (ABA) published the first set of standards regarding pretrial release decisions. These
standards were a set of principles intended to standardize the decision to release or detain pretrial
defendants across the United States. It is in these standards that the ABA proposed that every
jurisdiction should establish a pretrial service agency to present information to judges and to provide appropriate and effective supervision of released defendants. They outlined procedures for releasing defendants under the least restrictive conditions sufficient to ensure their return to court without threat to the community. To do this, the ABA standards stated that pretrial agencies must provide the court with sufficient information to aid in making appropriate release decisions. These standards provided a foundation upon which pretrial service agencies were to operate (DeCaria, 2007).

Several other organizations and standards were created to promote models of practices and professionalism in the pretrial field. In 1973, the National Association of Pretrial Service Agencies (NAPSA) was incorporated as a not-for-profit organization. This organization was created to be the national professional association for the pretrial release and pretrial diversion fields. NAPSA would act as a forum for professionals in the pretrial field to exchange information, to aid in the establishment of pretrial service agencies, and to promote professional development through research and education (NAPSA, 2008). Four years later, at the urging of the NAPSA board of directors, the U.S. Department of Justice established the Pretrial Services Resource Center (now called the Pretrial Justice Institute) as a national clearinghouse for pretrial services information (PJI, n.d.). The “Performance Standards and Goals for Pretrial Release” were later introduced by NAPSA to act as national professional standards for pretrial programs. They were influential in shaping system improvement efforts in a number of states and they provided practical guidance in day-to-day operations for pretrial services program administrators and staff (NAPSA, 2004).

As pretrial service programs continued to emerge across the country, legislation was passed to expand their jurisdiction and modify the conditions of pretrial release. In 1982,
Congress passed the Pretrial Services Act. This legislation established pretrial service agencies in all 94 federal district courts in the United States (Byrne & Stowell, 2007). This act not only prompted growth in the number of pretrial agencies but also spoke to the legitimacy of the practice of pretrial release. In 1984, the Federal Bail Reform Act was amended to allow consideration of danger to the community in pretrial release decisions. It allowed preventive detention of defendants in limited circumstances (Mahoney et al., 2001). Only persons who fit into certain categories were subject to detention without bail. This included defendants: 1) charged with a crime of violence; 2) charged with an offense for which the maximum sentence is life imprisonment or death; 3) charged with certain drug offenses for which the maximum offense is greater than 10 years; 4) who are repeat felony offenders; or 5) who pose a serious risk of flight, obstruction of justice, or witness tampering (United States Code, 1990). These two pieces of legislation expanded pretrial service agencies and bail considerations immensely.

Notwithstanding the advances made in the pretrial release decision-making process since the advent of the Bail Reform Movement, very few changes and pieces of legislation have emerged since the mid-1980s. Furthermore, today many jurisdictions typically base pretrial release decisions on the type of offense instead of on facts pertaining to each individual (PJI, n.d.). Some pretrial agencies have begun to acknowledge and meet special challenges presented by certain types of defendants who have drawn increasing attention in recent decades, specifically the mentally ill and women defendants (Clark & Henry, 2003). However, as the following paragraphs will illustrate, the manner in which these agencies address these special populations varies considerably.
Defendants with Mental Illness

Many individuals who suffer from mental illnesses often find themselves in the criminal justice system\(^2\) (Adler, 1986; Belcher, 1988; Chailkin, 2001; Osher, Steadman, & Barr, 2003; Shenson, Dubler, & Michels, 1990; Teplin, 1983, 1990; Torrey, 1995; White, Goldkamp, & Campbell, 2006). Frequently their entry into the criminal justice system has been caused by the commission of minor offenses and an inability to manage pretrial schedules and other requirements. For some, this causes an endless cycling through the system (Lamb, 2001a). Unfortunately, these defendants may not be getting the help they need for their mental illness, due to either a lack of adequate mental health resources in the community or poor coordination between mental health and criminal justice systems (Belcher, 1988; Clark & Henry, 2003).

The most fundamental action pretrial agencies can take to identify this special needs population is to ask basic mental health status questions during the intake pretrial interview (Clark & Henry, 2003; Teplin, 1990). A recent survey of pretrial services discovered that nearly 3 out of every 4 pretrial agencies ask thorough questions regarding mental health status and treatment as part of the pretrial interview (Clark & Henry, 2003). However, some pretrial agencies only ask about indicators of mental illness (16%) while others asked no mental health questions at all (11%). When a mental illness is identified, pretrial agencies tend to report information to the court at the initial appearance or arrange for an assessment by a mental health professional before the initial court appearance (Clark & Henry, 2003). Although many pretrial agencies are addressing the mental health issues of pretrial defendants, there is no general consensus on how pretrial agencies evaluate and attend to these individuals.

There are several procedures and screening tools that can be used by pretrial agencies to identify the mental health issues of pretrial defendants. A more progressive example of this is

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\(^2\) This will be discussed in greater detail later in this chapter.
seen in the Hamilton County, Ohio Department of Pretrial Services which has implemented screening procedures to identify the mental health issues of pretrial defendants.

There are a number of decision points during the pretrial process where the Hamilton County, Ohio Department of Pretrial Services takes advantage of opportunities to identify the mental health problems of defendants. For example, when an individual is arrested, he or she is interviewed by pretrial staff as part of the intake process. If the individual evidences obvious signs of mental illness, the pretrial staff will refer the individual to the mental health unit located in the jail. If the individual gives affirmative answers to questions regarding mental health status (e.g., ever having seen a counselor, ever been in a mental health hospital, ever diagnosed with a mental illness, ever taken prescription medication for a psychological problem), the individual can sign a waiver that allows the pretrial agency to share the information gathered during the intake interview with Mental Health Access Point, a community mental health service.

Information from the defendant is then matched to any previous information in the community mental health system for that individual (e.g., if he or she has a mental health case manager, if he or she has been in a state mental hospital). Of the individuals who sign a waiver, approximately 70 percent are matched with existing mental health information through the Mental Health Access Point (W. Niehaus, personal communication, February 11, 2010). This information sharing allows better assessment of these individuals and connection to services and assistance if needed during the pretrial phase.

Similarly, when a potential diversion volunteer has his or her interview with diversion staff to determine his or her eligibility for the program, he or she is asked to complete the Hamilton County Inventory of Need Pretrial Screening Tool and the Basis-24® (Eisen, Normand, Belanger, Spiro, & Esch, 2004). While the Hamilton County tool assesses a history of mental
health issues, the Basis-24® asks questions regarding symptoms and behaviors the individual has experienced within the past week. The Basis-24® is a brief but comprehensive mental health status measurement tool. It is a measure of self-reported difficulty in six major symptom and functioning domains: interpersonal relationships, depression/functioning, self-harm, emotional lability, psychosis, and substance abuse (Eisen et al., 2004). If the diversion client answers questions that would indicate he or she has mental health issues that require immediate attention, the person is referred to the Court Clinic, a licensed forensic facility that can address any mental health issues the individual may have. It may also be determined that the individual would fare better in the mental health court (as opposed to diversion and/or traditional court) which would take a more therapeutic approach with the defendant (Redlich et al., 2010; Ruddell, 2006).

**Women Defendants**

As the numbers of women entering the criminal justice system continues to grow, more attention is being paid to the special needs of this population (Bloom, 2000; Bloom et al., 2003; Clark & Henry, 2003; Van Voorhis & Presser, 2001). Some agencies have begun to implement gender-responsive risk/needs assessment instruments in community and correctional settings. Others have developed gender-responsive programs that address the unique needs of women (Covington, 2002, 2003; Najavits, 2002; Van Dieten & MacKenna, 2001). However, the attention given to the unique needs of women is all but nonexistent at the pretrial stage.

Very few pretrial agencies in the United States have developed policies and procedures to address the unique needs of female pretrial defendants; however, two counties have initiated some procedures at the pretrial phase to attend to issues and problems female pretrial defendants may face. These two counties were part of the National Institute of Corrections (NIC) and the

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3 Research supports the reliability and validity of the Basis-24® for assessing mental health status from the point of view of the individual completing the assessment (Eisen et al., 2004; Eisen, Gerena, Ranganathan, Esch, & Idiculla, 2006).
University of Cincinnati (UC) initiative in which an emphasis was placed on research and
development of gender-responsive practices in the criminal justice system.

The Hamilton County, Ohio Department of Pretrial Services appreciated the complexity
of women offenders’ needs and realized that the available programs did not effectively address
women’s issues or reduce recidivism. They also recognized that many women were being
processed through the criminal justice system without being appropriately assessed and
managed. The pretrial agency believed that one of the reasons for this was a lack of useful
information about women offenders when they entered into the system and poor coordination of
information among relevant community agencies (Berman, 2005).

The pretrial agency responded to this problem by adopting a gender-responsive screening
tool (i.e., the Hamilton County Inventory of Need Pretrial Screening Tool4). The pretrial agency
also implemented special programming to supervise women with co-occurring substance abuse
and mental health disorders (Clark & Henry, 2003). This pretrial agency’s special attention to
female pretrial defendants illustrates the importance early identification of defendants with
special needs and the value of obtaining accurate information to judicial officers to aid in
effective release decisions (Berman, 2005).

Similar to Hamilton County, Ohio, the sheriff’s department in Cook County, Illinois has
also addressed issues of women offenders. In 1996, the sheriff’s department began to take a
special interest in women defendants due to a 92 percent increase in their female offender
population. This department sought to understand the reason for this increase and made an effort
to provide appropriate programs and services for this population. In 1999, the Department of
Women’s Justice Services was created. Funding was supported by the Cook County Board,

4 Discussed in greater detail in Chapter Three.
which allowed 25 percent of the jail’s female population to begin receiving gender-responsive treatment and services (Cook County Sheriff’s Department, n.d.).

Currently, the Department of Women’s Services provide three programs relevant for women offenders. First, the MOM’s program is a community based program for pregnant and/or postpartum offenders and their small children. Second, the Women’s Residential Program is a modified therapeutic community within the Cook County Jail. The program uses an integrated model of treatment which addresses substance abuse, mental health, and physical health issues. Finally, the Sheriff’s Female Furlough Program places participants on electronic monitoring which permits them to report to the program daily for treatment and case management services and return to their homes each evening (Cook County Sheriff’s Office, n.d.).

Like Hamilton County, Cook County has also implemented several screening tools to identify needs that are relevant for women offenders. A Needs Checklist and the Brief Jail Mental Health Screen (BJMHS) are two pre-screens that are administered by the program. These screens assist counselors and the mental health team to identify any immediate needs of defendants and to help them to prepare for their initial meeting with the new participant. The GAIN (Global Appraisal of Individual Needs) (Dennis, 1998) assessment is used for treatment planning and a detailed case manager needs assessment is used to expedite community linkages and to aid discharge planning. The Mental Health Team utilizes multiple assessments to identify the participants’ mental health needs. These assessments include: SCID (Structured Clinical Interview for DSM-IV disorders) (First, Spitzer, Gibbon, & Williams, 1996), Beck’s Depression Inventory (Beck, Brown, & Steer, 1996), STAI” (State-Trait Anxiety Inventory) (Spielberger, Gorsuch, & Lushene, 1970), and the Trauma Symptom Checklist (Briere & Runtz, 1989) (Cook County Sheriff’s Department, n.d.). Yet despite these advances in
dealing with the increasing female offender population, the fact that very few pretrial agencies have implemented policies and procedures to address the special challenges presented by women defendants underscores the need to study this population to discover what can be done to address the challenges they face. To date, there is no consensus in the pretrial field on an acceptable initial screening system. Nor are there widely accepted solutions for linking women to community resources (Alemagno, & Dickie, 2002).

Notwithstanding the innovations of a few pretrial services, many agencies have changed very little since their initial implementation in the 1960s and 1970s. Focus remains on providing information to judicial officers to aid in determining release or detention of pretrial defendants. As mentioned earlier, one method used to gather this information is through the administration of a risk assessment instrument. These instruments identify and classify the risk of defendants (risk of FTA or a new offense) from static factors of the defendant’s life (e.g., criminal history, history of substance abuse). These instruments do not adequately assess needs and issues that may contribute to a defendant’s pretrial failure (e.g., mental health, homelessness). Although these instruments aid in providing accurate information to judicial officers about risk, it is possible that the evolving needs of pretrial defendants are not taken into account. Pretrial service programs could be missing opportunities to gather additional information (i.e., needs) from pretrial defendants that could aid with their stabilization and success, as well as provide judicial officers with a more accurate picture of each defendant.

The following sections present information that illustrates how the pretrial defendant of today bears little resemblance to the pretrial defendant of 50 years ago. This suggests that pretrial agencies operating under a 1960s framework may not have procedures to fully understand the individuals they are charged to supervise and assist.
THE EVOLUTION OF THE “NEW GENERATION” OF PRETRIAL DEFENDANTS

Much has happened in our nation’s history that has affected the issues and needs of contemporary pretrial defendants. Just as a photograph indicates a particular point in time, pretrial defendants can reveal the current state of the criminal justice system, public policies, and other social reform movements at any point in history. The picture of the contemporary pretrial agency portrays a “new generation” of defendants; that is, compared to the pretrial defendants of the past, the pretrial defendants of today have multiple needs that may not have been as prevalent when pretrial agencies were initially created. It is possible that most pretrial service programs still may not completely understand the complex needs of the current population of pretrial defendants. Furthermore, the needs these people possess present many challenges to these agencies. The following sections present a discussion of the progression of the needs of 1) abuse, 2) mental health, 3) substance abuse, 4) homelessness, 5) employment/financial problems, and 6) educational disadvantage. It is possible that these needs may be contributing to current pretrial defendants’ entry into the criminal justice system and their potential failure during the pretrial stage.

Abuse

Prior to the Women’s Movement, public awareness and discussion regarding issues of abuse and victimization were limited. The general sentiment was that child physical and sexual abuse and domestic violence were issues that occurred behind closed doors that should only be the concern of the family or the parties involved in the incident (Feder, 1998; Terry, 2006). Although the issues of child abuse and violence against women were known to exist, these were not topics found in every day conversations, let alone broadcast on the news or proclaimed in social reform campaigns. Very little outside intervention was initiated when these issues were
brought to the attention of law enforcement, as the general consensus was it was a private matter, one that should not involve formal intervention (Belknap, 2006; Feder, 1998). For example, when domestic situations were brought to the attention of police, calls were often diverted by dispatchers, given a lower priority, or officers responded to the scene and departed as quickly as possible without initiating any type of meaningful intervention (Feder, 1998).

The late 1960s and early 1970s witnessed the emergence of several social movements that advocated for the rights of marginalized and oppressed groups. Specifically, the Women’s Movement was concerned with the current status of women in the United States. It included a series of campaigns that addressed issues that were important for women such as reproductive rights, equal pay, sexual harassment, domestic violence, and sexual violence against women and children. Many of these campaigns emerged to combat the prevailing negative views of female victims (Terry, 2006) and to generate awareness of the violence perpetrated against women (Belknap, 2006). It was believed that generating awareness of the subjects, and presenting solutions as to how to deal with these issues, could lead to better outcomes for victimized women (Belknap, 2006; Eisenberg & Ruthsdotter, 1998). This compelled small groups of women in hundreds of communities to create battered women's shelters and rape crisis hotlines to care for victims of sexual abuse and domestic violence (Eisenberg & Ruthsdotter, 1998).

Legal action against perpetrators of child abuse became more prevalent at this time. The passage of the Child Abuse Prevention and Treatment Act in 1974 provided federal funding to states to support the prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect (Child Abuse Prevention and Treatment Act, 1974). Since the creation of the Child Abuse Prevention and Treatment Act, reported child abuse cases increased dramatically (Terry, 2006). Additionally, several advocacy groups, including the National Child
Abuse Coalition (established in 1981), were created to generate pressure in congress to create more sexual abuse laws (Prevent Child Abuse America, n.d.). By the end of the 1980s, the Women’s Movement had succeeded in changing the public perception of female victims of violence (Terry, 2006).

The late 1980s also saw many attempts to change the way domestic violence was handled by the law. Many state legislatures began to directly address the domestic violence issue by passing new legislation that prosecuted perpetrators of this abuse. Consequently, changes occurred in the manner in which police departments intervened in domestic violence situations. Many police agencies adopted preferred or mandatory arrest policies for domestic violence calls (Feder, 1998). Arrest both acknowledged that society viewed domestic violence as a criminal offense and provided immediate safety for the victim.

Historically, the federal government has generally lacked jurisdiction over many domestic violence crimes. However, while domestic violence remains primarily a matter of state and local jurisdiction, in the mid-1990s the federal government weighed in regarding the importance of prosecuting perpetrators of domestic violence and protecting victims of this crime. As part of the Crime Bill of 1994, Congress enacted the Violence Against Women Act (VAWA). This legislation recognized that "violence against women is a crime with far-reaching, harmful consequences for families, children and society" (National Institute of Justice, 1996, p. 1). Under this Act, federal domestic crimes were to be prosecuted by the Department of Justice. Consistent with this federal initiative, the Crime Bill also amended the Gun Control Act to include domestic violence-related crimes. Congress reaffirmed its commitment to fight domestic violence crimes by enacting additional federal domestic violence crimes in both the VAWA and the Gun Control Act (Groban, n.d.).
Once the issues of child abuse and adult victimization surfaced in the public forum and laws appeared to prosecute perpetrators of these crimes, a better picture of these issues emerged. This was a matter that could no longer be ignored or left to be resolved privately. Current estimations of child abuse and domestic violence reveal the magnitude of these issues:

- In 2007, approximately 5.8 million children were involved in an estimated 3.2 million child abuse reports and allegations. Of those referrals, an estimated 794,000 children were determined to be victims of abuse or neglect (Childhelp, 2009; Department of Health and Human Services, 2009).

- Five to 8 percent of males and 12 to 17 percent of females in the general adult population were abused as children (Bureau of Justice Statistics, 1999a; Gorey & Leslie, 1997).

- Considerable evidence exists to suggest that between 20 percent of American women and 5 to 10 percent of American men experienced some form of sexual abuse as children (Finkelhor, 1994). Other research states 1 in 4 girls and 1 in 6 boys is sexually abused before the age of 18 (Center for Disease Control and Prevention, 2010).

- According to a nationally representative survey, approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner every year (Tjaden & Thoennes, 2000).

Unfortunately, the damage done to children and adults by this abuse can have deleterious effects on other areas of their lives. Many propose that abuse does not end with the traumatic event, but that it is the beginning of a sequence that concludes with adverse outcomes for the survivor (Browne & Finkelhor, 1986; Belknap, 2006; Bloom et al., 2003; Rohsenow, Corbett, & Devine, 1988).
Child abuse. Many scholars and advocacy groups propose there is an association between childhood abuse and negative long term consequences (Belknap, 2006; Chesney-Lind, 1997, 2000; Child Welfare Information Gateway, 2008; Childhelp, 2009; Daly, 1992, 1994; Dube, Anda, Whitfield, Brown, Felitti, Dong, & Giles, 2005; Messina & Grella, 2006). Research has discovered that individuals who are victims of child abuse and neglect are more likely to have psychological and behavioral problems compared to individuals who were not victims of such abuse. Psychological and emotional problems associated with abuse and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, reactive attachment disorder, depression, and anxiety (Browne & Finkelhor, 1986; Child Welfare Information Gateway, 2008; Dube et al., 2005; Finkelhor, 1990; Green, Miranda, Daroowalla, & Siddique, 2005; Silverman, Reinherz, & Gaicionia, 1996). For example, a longitudinal study of 375 young adults found that 80 percent of the individuals who were abused as children met the diagnostic criteria for at least one psychiatric disorder at the age of 21, including depression, anxiety, eating disorders, post-traumatic stress disorder, substance abuse, and suicide attempts (Silverman et al., 1996).

Child abuse and neglect also make behavioral problems more likely for those who have been abused compared to non-abused individuals. For example, abused and neglected children are more likely to experience problems such as delinquency, teen pregnancy, and low academic achievement (Browne & Finkelhor, 1986; Child Welfare Information Gateway, 2008; Dembo, Williams, Wothke, Schmeidler, & Brown, 1992). A National Institute of Justice study found that being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59 percent. In this same study, it was discovered that abuse and neglect also increases the likelihood of adult criminal behavior by 28 percent and perpetration of violent crime by 30 percent (Widom &

[37]
Research also consistently reflects that abused and neglected children have an increased likelihood to smoke cigarettes, abuse alcohol, take illicit drugs, or engage in inappropriate sexual behavior (Browne & Finkelhor, 1986; Child Welfare Information Gateway, 2008; Dembo et al., 1992; Dube et al., 2005; Green et al., 2005; Rohsenow et al., 1988). For example, Dube and colleagues (2005) conducted a retroactive study of over 17,000 HMO members to discover the long term consequences of childhood sexual abuse (CSA) for both men and women. They found that men and women who experienced CSA were more likely to have alcohol problems, use illicit drugs, have attempted suicide, or experience current depression than individuals who had not experienced such abuse. Other research has found that children who have been sexually abused are 2.5 times more likely to develop alcohol abuse and 3.8 times more likely develop drug addiction (Childhelp, 2009).

Although both men and women experience childhood abuse, some research supports the contention that the reactions to this abuse may vary by gender. That is, some scholars propose that maltreatment effects are likely to be externalized by males and internalized by females (Broidy & Agnew, 1997; Dembo et al., 1992; Falshaw, Browne, & Hollin, 1996; Fantuzzo & Lindquist, 1989; Finkelhor, 1990; Friedrich, Beilke, & Urquiza, 1987, 1988; Friedrich, Urquiza, & Beilke, 1986). Externalization behavior exhibited by males may include acts directed outside of the individual, such as aggressing against others (Broidy & Agnew, 1997; Dembo et al., 1992; Finkelhor, 1990; Friedrich et al., 1988). However, abused girls may manifest the long-term consequences of abuse in more subtle ways (Dembo et al., 1992). Specifically, girls may internalize the strain felt by abuse (Broidy & Agnew, 1997) and develop internalizing problems like depression or other psychiatric difficulties (Widom, 1989a, 1989b) or divert their aggression towards themselves rather than others (Falshaw et al., 1996). This self-directed aggression may
cause them to engage in self-harming behavior (Broidy & Agnew, 1997; Fantuzzo & Lindquist, 1989), including suicide attempts (Jehu, 1988), and suicide (Green, 1978). This self-harming behavior may also manifest itself in the adoption of eating disorders such as anorexia, bulimia, and obesity (Broidy & Agnew, 1997; Courtois, 1988; Hambridge, 1988; Oppenheimer, Howells, Palmer, & Chaloner, 1985) or abuse of drugs or alcohol (Briere & Runtz, 1987; Falshaw et al., 1996; Miller, Downs, Gondoli, & Keil, 1987).

For some, the abuse does not end with childhood experiences. Research has found that for both males and females, a history of maltreatment and abuse is related to subsequent experiences with abusive relationships, intimate partner violence, and for childhood sexual abuse victims, prostitution and sexual victimization as an adult (Bernard & Bernard, 1983; Browne & Finkelhor, 1986; Daigneault, Hébert, & McDuff, 2009; Kalmus, 1984; Telch & Lindquist, 1984). Women are more likely to experience these sorts of adult victimizations and intimate partner violence than males (Bachman & Saltzman, 1995; Belknap, 2006; Bloom et al., 2003; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002).

Adult victimization. Similar to childhood abuse, adult victimization, particularly intimate partner violence (IPV), can cause various negative consequences for the victim (Centers for Disease Control and Prevention [CDCP], n.d.; Tjaden & Thoennes, 2000). Specifically, a variety of psychological effects can result from IPV. For example, in an analysis of the National Violence Against Women Survey (NVAWS), Coker and colleagues (2002) discovered that for both men and women, physical IPV victimization was associated with depressive symptoms, substance use, and chronic mental illness (Coker et al., 2002). Other research has found additional consequences of IPV, such as low self-esteem, fear of intimacy, symptoms of post-

Intimate partner violence can cause a multitude of health consequences and maladaptive behaviors for the victim. First, victims of IPV may engage in risky sexual behavior, including such acts as 1) unprotected sex, 2) decreased condom use, 3) early sexual initiation, 4) choosing unhealthy sex partners, 5) multiple sex partners, and 6) trading sex for food, money, or other items (CDC, n.d.; Plichta, 2000; Roberts, Auinger, & Klein, 2006). Second, these individuals may also take part in unhealthy diet-related behaviors including fasting, vomiting and/or laxative use, abuse of diet pills, and overeating (CDC, n.d.; Silverman et al., 2001). Lastly, IPV victims may be more inclined to smoke cigarettes, drink alcohol, drink alcohol and drive, use illicit drugs, and engage in antisocial behavior (CDC, n.d.; Green et al., 2005; Silverman et al., 2001). As this research indicates, in many cases, individuals who experience childhood abuse or adult victimization are more likely to engage in behavior that will cause harm to them or bring them into contact with the criminal justice system.

Indeed, a large percentage of individuals in the criminal justice system have experienced some form of abuse in their lifetimes (BJS, 1999, 2004, 2006a; Green et al., 2005; Johnson, Ross, Taylor, Williams, Carvajal, & Peters, 2006; McClellan et al., 1997; Messina & Grella, 2006). According to a 2002 survey of jail inmates, approximately eighteen percent of those in local jails had been physically or sexually abused before their current sentence (BJS, 2004). However, the abuse histories are even more telling when samples of jail inmates are disaggregated by gender.

Evidence has generally shown that women under correctional supervision are more likely to have experienced prior emotional, physical, and sexual abuse as children and adults than
women in the general population and male correctional populations (Bloom et al., 2003; BJS, 1999; 2004; McClellan et al., 1997; Peters et al., 1997). According to the Bureau of Justice Statistics (2004), approximately 55 percent of female jail inmates reported they were abused at some point in their lives, compared to only 13 percent of male jail inmates. Female inmates typically experience sexual abuse, both as children and adults, at a higher rate than males. For example, approximately 36 to 37 percent of the women in jail admitted to experiencing sexual abuse in the past, compared to only 4 to 6 percent of men (BJS, 1999a; 2005). Women also experienced a disparate amount of physical abuse in their lifetimes compared to men (37% and 11% respectively) (BJS, 1999a).

Other studies have found the incidence of physical and sexual abuse to be even higher for women in jail. Fickensher and colleagues (2001) conducted a study to assess the prevalence of behavioral risk factors and correlates of self-reported poor health among incarcerated women in a county jail in Oregon. They discovered that of the 199 female inmates interviewed, 79 percent reported a history of physical abuse and 67 percent reported a history of sexual abuse. In another study, Green and colleagues (2005) interviewed 100 female jail inmates and found that 48 percent had been sexually molested, 26 percent had been physically abused, and 25 percent experienced neglect as a child. These studies indicate that women in jail have considerable histories of childhood abuse.

For women in jail, this abuse continued into adulthood, whereas the abuse suffered by men did not. Approximately 25 percent of the female jail inmates experienced abuse as an adult, compared to only 2 percent of the male jail inmates (BJS, 2004). Female jail inmates were also more likely than males to experience abuse at the hands of an intimate partner. Forty-two percent of female jail inmates experienced abuse by an intimate, compared to only 3 percent of males. Of
these intimates, 25 percent of women experienced the abuse by a spouse or ex-spouse, and 26 percent experienced abuse by a significant other (boyfriend or girlfriend). These percentages were much higher than their male counterparts (2 percent had been abused by a spouse or ex-spouse and 1 percent had been abused by a significant other) (BJS, 1999a; 2004). Other research has also found female jail inmates to have experienced high rates of domestic violence (Green et al., 2005).

Just as in the general population, past trauma and abuse are linked to other troublesome behaviors in offender populations. For example, there is evidence that offenders who have histories of abuse typically suffer from mental health problems. According to a special report by the Bureau of Justice Statistics, jail inmates who had a mental health problem were three times more likely to have been physically or sexually abused in the past than jail inmates without a mental health problem (24% compared to 8%) (BJS, 2006b). Fickensher and colleagues (2001) found that women inmates with a history of physical and/or sexual abuse had higher prevalence of mental health problems including depression, anxiety, low self-esteem, and suicide attempts.

Although child abuse and adult victimization appear to be linked to other psychological and behavioral consequences associated with offending behavior, relatively few (if any) pretrial risk assessment instruments collect information about childhood abuse and adult victimization. More importantly, the prevalence of abuse among women in the criminal justice system is alarmingly high (Bloom et al., 2003; BJS, 1999a, 2004; McClellan et al., 1997), so this need, if left unaddressed, is more likely to affect other issues that may contribute to their offending behavior.
Mental Health

Prior to World War II, mentally ill individuals in the United States were housed in asylums or state mental hospitals. These institutions were regarded as a symbol of an enlightened and progressive nation that no longer ignored or mistreated its mentally ill citizens (Grob, 1995; White et al., 2006). The use of asylums benefited the community, the family, and the individual by offering effective medical treatment for acute cases and humane custodial care for long-term patients. The State met its ethical and moral responsibilities by providing for persons with mental illness, and at the same time, contributed to the welfare of the general public (Grob, 2009).

After World War II, the mental hospital began to lose its social and medical relevancy. In many cases, it was discovered that in some asylums patients were confined for an indefinite amount of time and many suffered from abuses and atrocities by the very people who were employed to care for them. Furthermore, the prevailing consensus on mental health policy slowly began to dissolve. Shifts in psychiatric treatment philosophies, the introduction of psychotropic drugs, and a belief that effective interventions could occur outside the asylum brought about a new emphasis on prevention and treatment in the community (Grob, 2009; Lamb, 2001a; White et al., 2006). Therefore, a “deinstitutionalization” movement began in mid-1950s.

Federal policies during this movement advocated the discharge of long-term psychiatric patients from custodial mental hospitals that had seemingly outlived their relevancy and had become too expensive to maintain and operate (Grob, 1995; Lamb, 2001a, Lurigio, 2000; Scull, 1984). At the same time, through the Community Mental Health Act of 1963, federal subsidies were provided for the construction of Community Mental Health Centers (CMHCs) that were to help severely mentally ill individuals live independently in the community (Grob, 1995; Lamb, 2001a). CMHCs were supposed to facilitate early identification of symptoms, offer preventive
treatments that would both diminish the incidence of mental disorders and prevent long term hospitalization, and provide integrated and continuous services to these individuals in the community (Grob, 1995).

Unfortunately, the deinstitutionalization movement in theory did not manifest itself in practice (Lamb, 2001a; Lurigio, 2000; Torrey, Steiber, Ezekiel, Wolfe, Sharfstein, Noble, & Flynn, 1992). The CMHCs that were put in place to aid individuals who were severely mentally ill failed to service these clients. Instead, CMHCs shifted their focus to different populations of needy individuals. As a result, a significant proportion of their clients represented new populations that did not fall within the severely mentally ill categories. For example, many of their clients were emotionally disturbed or neurotic, substance abusers, or the elderly (Grob, 1995; Lamb, 2001a). Treatment in these centers included individual therapy tailored to these populations and did not include the treatment and supervision severely mentally ill individuals needed to live productively in the community (Grob, 1995).

Since CMHCs were unable to shoulder the burden of caring for severely mentally ill persons in the community (Torrey et al., 1992), a large part of the burden of supporting these individuals fell to a variety of federal entitlement programs (e.g., Medicare, Medicaid, Social Security) that were not connected to the mental health care system (Grob, 2009). These programs encouraged states to discharge severely mentally ill persons from mental hospitals, since federal payments would presumably enable them to live in the community (Grob, 1995). Therefore, the expansion of federal entitlement programs in the 1960s hastened the discharge of large numbers of institutionalized patients. Although these entitlement programs provided financial payments for individuals to live independently in the community, other treatment and support services were not provided.
The deinstitutionalization movement also affected severely mentally ill individuals who had never been (and would never be) institutionalized (Grob, 1992; Lamb, 2001a). For example, the first major wave of discharges of mental patients occurred after 1965. This group of individuals had either been institutionalized for relatively long periods of time or admitted later in their lives. After 1970, an emerging group of severely mentally ill individuals, composed largely of young adults, were rarely confined for extended periods of time within mental hospitals. They were the first generation of chronic psychiatric patients to reach adulthood in the community (Grob, 1992; Lamb, 2001a; Wright, 1988a). Their emergence and placement in the history of the United States, particularly during the aftermath of the turbulent 1960s, influenced the behavior and symptoms of these mentally ill individuals. They tended to emulate the behavior of their peers, who were often hostile towards convention and authority. They also abused alcohol and drugs more so than their mentally ill predecessors (Grob, 1995). As Grob (2009) summarizes, “at the very time that unified, coordinated, and integrated medical and social services were needed to deal with a new patient population, the policy of deinstitutionalization created a decentralized system that often lacked any clear focus and diffused responsibility and authority” (http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3537/chapter2.asp). This has caused many individuals who suffer from mental illness to not receive the appropriate treatment for their disorders.

Some scholars assert that the deinstitutionalization movement in the United States has had some regrettable collateral consequences. For example, there is a belief that this movement has caused many mentally ill individuals to become ensnared in the criminal justice system.

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5 Interestingly enough, this appears to happen close to the same time Richard Nixon declares a “war on crime” and makes drug abuse “public enemy number one.” A war was declared on drug users, yet many of these drug users could have also been mentally ill. Their use of drugs could have been “self-medication” for the symptoms of their mental illness. Therefore, their substance abuse and subsequent criminal justice involvement could have resulted from shortcomings in the necessary treatment they needed in the community due to deinstitutionalization.
(Adler, 1986; Belcher, 1988; Lamb, 2001a; Lamb & Weinberger, 2001; Lurigio, 2000; Shafer et al., 2004; White et al., 2006). Some scholars refer to this phenomenon as the “criminalization hypothesis.” That is, deinstitutionalization policies resulted in a significant portion of individuals with mental illness being controlled by the criminal justice system, when previously they would have been treated through psychiatric hospitalization or by services provided by the mental health system (Adler, 1986; Belcher, 1988; Draine et al., 2005; Lurigio, 2000; Teplin, 1983, 1990). Although this hypothesis is difficult to test due to potential confounding variables, Palermo, Smith, and Liska (1991) conducted a simple study to examine the relationship between housing the mentally ill in psychiatric hospitals versus holding inmates in jails and prisons. By analyzing data from census in mental hospitals and jails over a period of several decades, they found a statistically significant negative relationship between mental health admissions and jail census data. That is, as the population of jails increased, the population of psychiatric hospitals decreased, and vice versa. Other scholars have also pointed to the decrease of mental health hospital beds and the increase of mentally ill individuals in the criminal justice system as evidence of this phenomenon (Lamb, 2001b). This strongly suggests that there may be a two-way flow of people from jail to the mental health system and back again, which indicates that many of the jail inmates may be inappropriately sentenced or held because they have engaged in behaviors caused by their mental illness (Palermo et al., 1991).

According to Adler (1986), research “suggests that the deinstitutionalization movement, marked by stringent requirements for hospitalization in mental hospitals, and less onerous criteria for fitness to be discharged, has created a socially marginal class of people who are increasingly becoming a burden in our lock-ups and jails” (p. 225). The numbers of mentally ill defendants and offenders in criminal justice appear to be substantial and increasing, posing ever
greater challenges for all stages of the criminal justice system (Shenson et al., 1990; White et al., 2006). Indeed, a high percentage of individuals in jail have mental health issues (Chandler & Spicer, 2006; Shenson et al., 1990). At midyear 2005 it was discovered that approximately 64 percent of jail inmates had a mental health problem (BJS, 2006a). A study by Teplin (1990) discovered the rates of schizophrenia and major mood disorders were 2-3 times higher for jail inmates than the general population.

To understand the magnitude of these mental health issues, the Bureau of Justice Statistics produced a special report detailing the mental health problems of prison and jail inmates. This survey used mental health questions that were tailored to measure symptoms of mental disorders based on a modified Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders. It was discovered that many jail inmates exhibited major depressive disorder symptoms, mania disorder symptoms, and psychotic disorder symptoms. Specifically, 30 percent of those surveyed reported symptoms of major depression, 54 percent reported symptoms that met the criteria for mania, and 24 percent reported symptoms that met criteria for psychotic disorder (BJS, 2006b).

Further examination of this issue reveals that women offenders tend to have higher rates of mental health problems and different mental disorders than men (Battle, Zlotnick, Najavits, Gutierrez, & Winsor, 2003; Belknap & Holsinger, 2006; BJS, 2006a; Holtfreter & Morash, 2003; McClellan et al., 1997; Owen & Bloom, 1995; Peters et al., 1997). According to the same Bureau of Justice Statistics special report, female jail inmates had higher rates of mental health problems than male jail inmates (75% of females and 63% of males) (BJS, 2006b). Female jail inmates also had higher lifetime rates of serious depression and use of prescription medication for psychological problems (BJS, 2006b; Peters et al., 1997). Twenty-three percent of females in
local jails reported that in the past 12 months they were diagnosed with a mental disorder by a mental health professional. This was almost three times the rate of male inmates (around 8%) who had been told they had a mental health problem. Women were also more likely to have attended therapy for mental health reasons compared to men (23% and 9%, respectively) (BJS, 2006b). In another study of over 1,200 female jail inmates, Teplin and colleagues (1994) found that over 80 percent of the sample met criteria for one or more lifetime psychiatric disorders and 70 percent were symptomatic within 6 months of the interview. The most common disorders were post-traumatic stress disorder and major depressive episode. The rates for these disorders were significantly higher than general population rates (Teplin et al., 1994). Consequently, mental health issues appear to be more prevalent and troublesome for women in the criminal justice system (Bloom et al., 2003; Teplin et al., 1994).

Mental health problems appear to be related to other problems for jail inmates, such as homelessness and substance use and/or abuse. For example, jail inmates who had a mental health problem were more likely to be homeless in the year before their incarceration than inmates without a mental health problem (17% and 9%, respectively) (BJS, 2006b). Many would point to the deinstitutionalization movement as a major contributor to this phenomenon, as the mentally ill that were released into the community, and those who never had the opportunity to be housed in a mental hospital, are unable to care for themselves in the community (Lamb, 2001a). In a study by Teplin (1994), it was discovered that rates of mental illness and substance abuse were very high for a sample of over 700 male jail inmates. More than 30 percent of the sample had a current severe mental disorder or substance use disorder, and nearly 62 percent had had one of these disorders at some time during their lifetime.
Indeed, many jail inmates have a co-occurrence of mental health and substance abuse problems. It is possible that instead of receiving treatment or taking psychotropic drugs to manage their mental illness, these individuals are “self-medicating” by using drugs or alcohol (Chesney-Lind, 1997). One survey discovered forty-nine percent of inmates in local jails have both a mental health problem and substance dependence or abuse (BJS, 2006b). Teplin’s (1994) research also discovered that many of the inmates in the sample had both mental health and substance use disorders. However, research suggests that the co-occurrence of substance abuse and mental illness is especially salient for women in the criminal justice system.

Research has found that many female jail inmates tend to suffer from comorbidity of severe psychiatric disorders and substance use (Abram, Teplin, & McClelland, 2003; Peters et al., 1997; Teplin et al., 1994). For example, in a study of over 1,200 female jail inmates, Abram and colleagues (2003) found that of the individuals who had a severe mental disorder, 72 percent also had either a drug or alcohol use disorder.

There can be dire consequences for the woman in the criminal justice system with co-occurring disorders. Jemelka, Trupin, & Chiles (1989) reported that women who receive a diagnosis of substance dependence or abuse in addition to mental illness were at an increased risk for arrest and longer jail sentences. Comorbidity is also common for high-risk women such as prostitutes, homeless, and drug users. Because most of these individuals will return to their communities, the community and community correctional systems must work together to provide integrated, gender-specific services for women with comorbidity (Abram et al., 2003).

Many scholars have proclaimed that our nation’s jails and prisons have now become repositories for the mentally ill (Adler, 1986; Chailkin, 2001; Osher et al., 2003; Shenson et al., 1990; Teplin, 1983, 1990; Torrey, 1995; White et al., 2006). Unfortunately, jails are ill equipped
and underfunded to deal with these individuals (White et al., 2006). Since the purpose of jails is to provide temporary detention and short term incarceration, oftentimes only basic levels of care are provided (Belcher, 1988; Osher et al., 2003). These individuals with mental illness pose many challenges for jail administrators, correctional officers, and other inmates (Ruddell, 2006). Inmates with mental problems are more likely than inmates who don’t have mental problems to have disciplinary problems in jail (BJS, 2006; Ruddell, 2006). Moreover, these inmates are more likely to be victimized while incarcerated (BJS, 2006; Ruddell, 2006) and to attempt or succeed at suicide (Charles, Abram, McClelland, & Teplin, 2003; Ivanoff, 1989; Winter, 2003).

To highlight the importance of mental health issues for criminal justice populations, it is helpful to compare the prevalence rates of mentally ill individuals in jail to mentally ill individuals in the general population. Currently, an estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness (National Institute of Mental Health, 2008). Anxiety disorders are the most prevalent class of disorders suffered by individuals in the general population, followed by mood disorders, impulse-control disorders, and substance abuse disorders (Kessler, Chiu, Colpe, Demler, Merikangas, Walters, & Wang, n.d.). Females in the general population have higher rates of mental disorders than males (BJS, 2006a; Jonas, Roper, & Narrow, n.d.). Approximately 12 percent of women and 9 percent of men suffer from some sort of mental disorder (BJS, 2006b). The types of mental illnesses suffered by females and males in the general population also varies: females tend to suffer from mood and anxiety disorders (i.e., depression, anxiety) while males are more likely to suffer from substance abuse disorder (BJS, 2006b). As can be
easily seen, the prevalence rates for mental illness among jail populations are much higher than that of the general population.

Numerous individuals receive mental health services in jail because they have been unable to successfully access these services in the community. Unfortunately, this lack of connection to mental health services in the community may cause some individuals to perpetually cycle through the criminal justice system (Abram et al., 2003; Lamb, 2001a; Osher et al., 2003). In many parts of the United States, jails have become “psychiatric crisis centers of last resort” (Osher et al., 2003, p. 80). Furthermore, screening for mental illnesses at intake varies across jails. The screen may range from a detailed, structured mental health status examination to one or two questions about previous mental health treatment (Steadman & Veysey, 1997; Steadman et al., 2005; Teplin & Swartz, 1989). When mental health screening does occur at intake, there are very few valid, practical, and standardized tools available to effectively screen for mental illness in jails (Steadman et al., 2005). One mental health screening tool that has been validated (i.e., a revision of the Referral Decision Scale [Teplin & Swartz, 1989]), has been found to have an unacceptably high false-negative rate for female detainees (Steadman et al., 2005). Therefore it is imperative to discover the mental health needs of pretrial defendants through the use of a pretrial screening tool that is valid for both men and women.

Substance Abuse

Throughout our nation’s history, public sentiment and political policies about alcohol and drugs have oscillated between tolerance and intolerance (Musto, 1999). Drug laws have come into effect in the United States based on public sentiment and political attention regarding a drug and/or groups of individuals associated with that drug. The fear this generates
compels drug policies to be enacted\textsuperscript{6}. Periods of hypersensitivity to a particular drug and its effects emerge and drug policies soon follow, then the concern eventually wanes over time (Musto, 1999).

What is of particular importance for the purpose of this discussion is the current state of affairs regarding drug use in the United States. The current drug problem arose in the mid-1960s, approximately four decades ago. Most believed the drug problem would be “over in a few years” (Musto, 1999, p. vii). Since then, many laws have been enacted to regulate and suppress drug use in the United States. Many argue that this has been to the detriment of certain groups of individuals, namely women and minorities (Covington, 1998; Bloom & Owen, 1995). These laws are discussed in greater detail below, showing how a tremendous influx of individuals has entered into the criminal justice system through drug arrests and convictions. This will also show how characteristics of substance abusing individuals in the 1960s, when pretrial agencies were initially created, no longer resembles what the “war on drugs” has generated in our society and in the criminal justice system today.

At the time pretrial agencies were emerging, the United States was in a period of general tolerance toward drug use. Although laws emerged between World War II and 1970 that initiated strong legal sanctions against narcotic drug use, the increase in drug abuse and addiction and a renewed faith in medicine and psychological treatment caused federal drug-abuse policies to relax their death penalties and mandatory minimums in favor of flexible sentences, therapy, and maintenance treatment of drug addiction (i.e., methadone clinics) (Musto, 1999). This

\textsuperscript{6} For example, the Harrison Narcotics Tax Act of 1914 was generated to regulate opium and coca leaves. Opium was associated with the Chinese who had come to the United States to help build the railroads across the nation. After the railroads were built, the Chinese represented a surplus labor force that was perceived as taking jobs from white Americans. Coca leaves, and the cocaine that was produced from these leaves, was also targeted by this legislation. Southern whites feared the cocaine use of southern blacks would lead to violent aggression toward whites. Therefore, some have suggested that this Act was generated to control these two racial minorities within the United States (Musto, 1999).
general tolerance was influenced by the state of American society during the 1960s—a period in our nation’s history when tremendous social change occurred.

The 1960s was a decade that can be categorized as a time of social revolution. Civil rights movements, anti-war protests, race riots in large cities, the sexual revolution, assassinations of public figures, and rising crime rates made the American public feel as if they lived in chaos. Liberals believed the causes of these social problems, like crime, poverty, and addictions, were rooted in social conditions, especially racial inequality and a lack of opportunities for youth. Addressing these social conditions could ameliorate the problems they caused (Beckett & Sasson, 2004). Liberals hoped the state could establish a structure in which they could help citizens; but this trust gradually transformed into a pessimistic view that reform within the system was not possible. Acts by the government against citizens during this decade made liberals question the true motives of the state (Cullen & Gilbert, 1982). Regardless, there was a general consensus that something had to be done to address these social maladies.

To conservatives, the escalating drug use and crime rate was a reflection of a permissive society (Cullen & Gilbert, 1982). No better evidence of this was the public displays of drug use and sexual expression by middle-class white college students who were part of the “hippie” counterculture. Conservatives believed this relaxed attitude had seeped into the criminal justice system, and it was evident in leniency shown by parole boards and judges which put dangerous people out on the streets to victimize innocent citizens. They thought that criminal justice officials were more concerned with the rights of criminals and not innocent citizens (Cullen & Gilbert, 1982). Conservatives argued that social conditions did not cause crime; instead, people were poor, criminal, or addicted to drugs because they made irresponsible or bad decisions.
(Beckett & Sasson, 2004). At this time, many believed there was a need to reestablish “law and order” in the United States (Cullen & Gilbert, 1982; Mauer, 1999).

The presidential campaign of 1968 capitalized on the current chaotic state of the United States. Rather than taking a controversial stance on the Vietnam War, the political platform chosen by Richard Nixon highlighted the issue of crime (Baum, 1999; Beckett, 1997). Nixon dismissed the source of crime as rooted in any social cause; rather, criminal behavior was the result of the insatiable urges of individual actors. Nixon stressed that social welfare programs were not sufficient in combating crime—more convictions were (Baum, 1999; Beckett, 1997; Beckett & Sasson, 2004).

Due to the attention crime was given in the presidential campaign, this issue received an unprecedented amount of political and media interest. Consequently, this attention caused public sentiment about crime to shift towards more concern about the supposed rising crime rates. By 1969, “eighty-one percent of those polled believed law and order had broken down, and the majority blamed ‘Negroes who started riots’ and ‘communists’ for this state of affairs” (Beckett, 1997, p. 38). This public sentiment fueled public policies that emerged at the end of this decade and for decades to come. Legislation began to appear that extended federal jurisdiction to areas once considered to be within state and local jurisdiction, and enlarged federal support of state and local efforts to combat crime (Baum, 1999; Beckett, 1997; Mauer, 1999).

In a press conference after his election, Nixon named drug abuse "public enemy number one in the United States” (Baum, 1999; Weimer, 2003). Although combat against this enemy included expanding law enforcement agencies like the Bureau of Narcotics and Dangerous Drugs (BNDD), Nixon’s administration was also supporting federally funded drug treatment for addicts. This ranged from outpatient care which utilized traditional psychotherapy or counseling
to inpatient care for detoxification from drugs such as heroin (Musto, 1999). In addition to this, the federal government supported methadone clinics, handing out “maintenance” doses of narcotics to American citizens who were addicted to heroin or other opiates (Baum, 1999). By the 1970s there was an expansion of treatment programs, with tremendous increases in federally funded treatment facilities and methadone clinics across the country (Musto, 1999).

Since drug abuse was such an important topic at the end of the 1960s into the 1970s, the federal government called upon several experts to handle the rapid increase in drug use and the issue of how to rank drugs by order of dangerousness (Baum, 1999; Musto, 1999). The Comprehensive Drug Abuse and Control Act (1970) combined earlier drug laws and established the five schedules for drugs. Each “schedule” depended on the drug’s potential for abuse and dependency and its accepted medical use. It was an attempt to rank drugs by a common standard of dangerousness. By doing this, specific drugs could be assigned to categories with appropriate restrictions assigned to these categories. However, the Act established no minimum sentences (Musto, 1999). These types of sentences would appear in the second wave of the “war on drugs.”

Federal jurisdiction over crimes continued to expand throughout Nixon’s presidency. Much of the federal involvement was intended to help combat “street crime.” However, since most of the street crime was already being handled at the state level, “street crime,” among other things, was reinterpreted as “drug crime.” In order to legitimate this new focus on drugs, Nixon’s administration officials argued that drug users commit a majority of street crimes to pay for their habits (Beckett & Sasson, 2004). Therefore, federal law enforcement agencies were funded to combat the drug user Nixon so vehemently hated (Baum, 1999). Late in 1973, Congress voted to support Nixon’s plan to combine the Office of Drug Abuse Law Enforcement (ODALE), the Bureau of Narcotics and Dangerous Drugs (BNDD), and the drug-fighting functions of Customs
into a single “super-agency” to combat drugs. This was the birth of the Drug Enforcement Administration (DEA) (Baum, 1999), an organization that would enforce the controlled substances laws and regulations of the United States.

After Nixon resigned in 1974, his successors, Presidents Gerald Ford and Jimmy Carter, did not share his zeal to combat drug abuse in America. Ford had a more relaxed view about recreational drug use. His attitude facilitated the creation of a federal policy that openly acknowledged the drug use was here to stay and that hopes of eliminating drug use were unrealistic (Musto, 1999). Jimmy Carter’s time in office would carry attitudes of drug tolerance to a new level. Carter openly advocated the decriminalization of the possession of small amounts of marijuana. He also believed that penalties for drug crimes should not be more damaging than the use of the drug itself, and if this was the case, the penalties should be changed (Baum, 1999; Musto, 1999). As a result of this inattention, the drug issues largely disappeared from national political discourse in the latter part of the 1970s (Beckett & Sasson, 2004).

Although President Carter’s time in public office was considered the peak of drug use tolerance, 1978 evidenced a division in American attitudes toward drugs and drug use. Parental concern over children’s drug use was widespread, and this led to several parents’ groups forming and advocating for abstinence from drug use. However, these groups insisted that not only children, but all members of society were endangered by drugs, including alcohol (Musto, 1999). With this renewed zeal against drugs, members of parents’ groups couldn’t have been happier with the election of Ronald Reagan in 1980.

President Reagan once again took up the torch his predecessors dropped regarding drug use and abuse in the United States. The Reagan administration’s attitude towards drug use was rigid. On June 24, 1982, President Reagan officially declared a “War on Drugs” (Musto, 1999).
First Lady Nancy Reagan began a personal campaign by speaking to student groups across the country, urging them to “Just Say No” if drugs were offered to them (Baum, 1999; Musto, 1999). This roused public sentiment against drug use in any form, and the message was that “We must create an attitude of intolerance for drug use in this country” (Musto, 1999, p. 267).

Liberals and conservatives’ disillusionment with judicial discretion led to legislation that would aid in the war’s offensive. The 1984 Sentencing Reform Act proposed the creation of the Federal Sentencing Commission and instructed it to create sentencing guidelines for defendants in the federal courts (Mauer, 1999; Musto, 1999; United States Sentencing Commission [USSC], n.d.). The Act established mandatory minimum sentences for drug offenses committed near schools, mandated prison for all serious felonies, and provided “sentencing enhancements” for all drug and violent offenses involving use or possession of a firearm (Musto, 1999). This was the beginning of a trend of more punitive responses to crime, and to drug crime in particular, which coincided with the emerging intolerance of drug use and dissatisfaction with brief incarceration terms, judicial discretion, and attempts at rehabilitation (Mauer, 1999; Musto, 1999). This sentencing reform also fit nicely with the combative style of the growing anti-drug movement (Musto, 1999).

Several events that occurred at that time helped Reagan to sway public sentiment to support this renewed War on Drugs. In 1985, crack cocaine emerged as a new, dangerous drug that appeared to take over urban neighborhoods, block by block. This derivative of cocaine was cheaper and easy to produce and obtain (Goode, 2005). The media proclaimed the high gotten from smoking crack would cause an instant addiction, and soon it was reported that babies born to women who smoked crack while pregnant were “crack babies”—newborns born addicted to this drug (Baum, 1999). Public outrage about drugs was fueled even more when Len Bias,
selected by the Boston Celtics as the second overall pick in the 1986 NBA draft, died two days after his selection. The cause of death: cardiac arrhythmia induced by a cocaine overdose (Baum, 1999; Mauer, 1999). Although the cause of death was attributed to cocaine, the media transformed “cocaine” into “crack,” and Len Bias became another casualty of this highly dangerous drug (Baum, 1999). The death of this promising young man prompted legislation that would be even more punitive for drug offenders.

Drug war legislation in the mid-1980s allocated massive funds to drug law enforcement and stricter guidelines for sentencing. By 1985, 78 percent of the funds dedicated to the drug problem went to law enforcement, while only 22 percent went to drug treatment and prevention (Beckett & Sasson, 2004). In 1986, the Anti-Drug Abuse Act authorized nearly $4 billion for an intensified battle against drugs, most of which went toward law enforcement activities (Musto, 1999). This Act also reinstated mandatory prison terms by defining the amounts of various drugs that it believed would be in the hands of high-level dealers (aka “kingpins”). Those amounts included 1,000 grams of heroin or 5,000 grams of powder cocaine. Offenders possessing with intent to distribute these amounts of drugs faced a minimum ten-year prison sentence. Offenders possessing smaller amounts that would generally be possessed by "mid-level dealers"—such as 100 grams of heroin or 500 grams of powder cocaine—faced a minimum five-year sentence. More significantly, the Anti-Drug Abuse Act created distinctions in minimum sentencing between offenders who possessed powder cocaine and those who possessed crack cocaine. For crack cocaine, Congress departed from its “high-“ and "mid-level dealer" categories and simply divided the amounts necessary for powder-cocaine sentences by 100. This 100 to 1 ratio produced harsh sentences for those who possessed crack cocaine compared to powder cocaine (Jensen, Gerber, & Mosher, 2004; Mauer, 1999). For example, possession of 50 grams of crack
or 5,000 grams of powder cocaine, resulted in a ten-year minimum sentence, and possession of 5 grams of crack, or 500 grams of powder, prompted a five-year sentence (Mauer, 1999).

Reagan continued “get tough” drug laws two years later, with the Anti-Drug Abuse Act of 1988. This Act contained even more mandatory sentencing laws and extended its control to include alcohol along with other drugs of abuse. It also reinstated the death penalty for major traffickers in a “continuing criminal enterprise” as well as for those convicted of drug felonies who were also responsible for the intentional death of another person. The Act declared that national policy was to make the United States drug-free by 1995 (Mauer, 1999).

Fifteen years after the projected “drug-free” status of the United States, drugs are still widely used and abused in this country. Since the passage of “tough on crime” drug laws, scholars propose that these pieces of legislation have greatly contributed to the increase in the numbers of individuals who have come under some sort of correctional supervision (Jensen et al., 2004; Mauer, 1999; Musto, 1999). Prison populations have increased dramatically with persons convicted of drug offenses. Between 1980 and 2001, the number of persons in state and federal prisons for drug offenses increased by approximately 1,300 percent (Jensen et al., 2004).

Women in particular appear to have been dramatically affected by these sentencing practices. For example, between 1986 and 1996, the numbers of women convicted of drug offenses rose 888 percent (Blanchette & Brown, 2006). Currently, approximately a third of women in state prisons are there for drug offenses, compared to only a fifth of male inmates (BJS, 2008b). Therefore, it appears one of the major things the War on Drugs has accomplished is not eradicating drug sales and use, but spending large amounts of resources filling prisons with individuals convicted for drug crimes (Austin, Bruce, Carroll, McCall, & Richards, 2001; Jensen et al., 2004; Mauer, 1999).
To be sure, many individuals who come in contact with the criminal justice system have substance dependence and/or abuse problems (Battle et al., 2003; BJS, 1999a, 2004, 2005; Kerridge, 2008; Peters et al., 1997; Teplin, 1994). In many instances, individuals will commit a crime while high or intoxicated (BJS, 1999a, 2004) or will engage in illegal activities in order to acquire desired drugs. Several studies have examined the prevalence and severity of substance dependence and abuse of incarcerated offenders, including jail inmates. A special report by the Bureau of Justice Statistics discovered that in 2002, 66 percent of jail inmates were regular illegal drug users and 69 percent used alcohol regularly. Over half of the convicted inmates reported using illegal drugs in the month before their current offense, and an estimated 33 percent were under the influence of alcohol at the time of their current offense. Together, 77 percent of convicted jail inmates were alcohol or drug-involved at the time of their current offense (BJS, 1999a; 2004).

Another special report examining the prevalence rates of substance abuse and dependence of jail inmates covered a range of symptoms, including behavioral, cognitive, and physiological problems. It was discovered that 68 percent of jail inmates met substance dependence or abuse criteria. There was little difference in the overall prevalence of substance dependence or abuse between men (68%) and women (69%) in local jails (BJS, 2005).

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7 There is a difference between substance dependence and substance abuse. Dependence occurs when an individual becomes tolerant to a substance and experiences withdrawal when he or she does not have the substance. He often uses more of the substance than intended, has made unsuccessful attempts to cut down on use, spends great amounts of time on activities related to obtaining the substance, and continues to use despite knowledge of problems caused by the substance. Abuse indicates repeated use of alcohol or drugs in hazardous situations or recurrent occupational, educational, legal, interpersonal, or social problems related to alcohol or drug use. Notice “abuse” does not have symptoms of tolerance or withdrawal present with “dependence.” Those who are dependent on a substance suffer all the symptoms of drug abuse with the addition that they have developed a physical tolerance for it, so that increased amounts are necessary for the desired effects (BJS, 2005; Goode, 2005; Kuhn, Swartzwelder, & Wilson, 2003). Substance dependence is often referred to as “addiction” (Kuhn et al., 2003); therefore, substance dependence could be interpreted as more serious than substance abuse.
Although research has shown that male and female jail inmates have similar prevalence rates of substance dependence and abuse (BJS, 2005), when this issue was disaggregated by substance dependence or abuse, differences between male and female jail inmates become evident. Evidence suggests that female jail inmates have higher rates of substance *dependence* than male inmates. Nearly 52 percent of female inmates were found to be dependent on alcohol or drugs, compared to 44 percent of male inmates. Men, on the other hand, had higher rates of substance abuse (without dependence) than women (24% and 17% respectively). Although both male and female jail inmates were more likely to have met the conditions for dependence or abuse of drugs than alcohol, women were significantly more likely to have met the criteria for dependence or abuse of drugs (61%) than alcohol (39%) (BJS, 2005).

In another study, Peters et al. (1997) also discovered gender differences with respect to substance use for jail inmates. Women were more likely to identify cocaine as the major problem substance compared to male inmates, while men reported the major problem substance was alcohol. Gender differences were also noted in the chronic level of cocaine use, with 76 percent of female inmates reporting two to 10 years of use, compared to 52 percent of male inmates. While these studies indicate that male jail inmates are not exempt from substance dependence and abuse, female inmates appear more likely to suffer from substance dependence, are dependent on illegal drugs (i.e., cocaine), and have longer histories of chronic drug use than their male counterparts (BJS, 2005; Peters et al., 1997).

A study by Green and colleagues (1997) supports the contention that female jail inmates have serious substance abuse issues. In a sample of 100 female jail inmates, it was discovered that 32 percent had an alcohol problem and 72 percent had a drug problem. Of those who had a drug problem, 37 percent reported a problem with marijuana, 10 percent reported a problem with
hallucinogens, and 60 percent reported a problem with cocaine, crack, or heroin. Overall, 74 percent of the sample reported a drug or alcohol problem (Green et al., 1997).

To underscore the importance of this issue for criminal justice populations, it is helpful to compare the numbers of substance dependant and abusing individuals in jail to individuals in the general population. The National Survey on Drug Use and Health (2002) found that 9 percent of the U.S. resident population age 12 or older (or 22 million persons) were dependent on or abused alcohol or drugs. This is much lower than the 68 percent of the jail population with these same issues (BJS, 2005). Furthermore, unlike men and women in local jails who had nearly the same rate of substance dependence and abuse (around 69%), the rate for men in the general population is twice that for women (13 percent compared to 6 percent) (BJS, 2005). This illustrates that substance dependence and abuse are greatly overrepresented in the jail population (Kerridge, 2008).

The studies cited above indicate that substance abuse is a problem for both men and women. However, emerging research has discovered that the way in which this issue develops and manifests itself may vary by gender. Specifically, a holistic theory of addiction purported by feminists alleges that 1) addicted women differ from their male counterparts in several significant ways, and 2) women’s substance abusing behavior is a complex problem that cannot be singularly reduced to substance abuse. That is, women’s substance abusing behavior is the result of a myriad of issues particularly related to mental illness and histories of abuse. For example, some evidence suggests that men tend to initially engage in substance abuse for pleasure seeking purposes, while women begin their use as a way to escape physical or psychological pain that has resulted from experiencing abuse (Center for Substance Abuse Treatment, 1999; Covington, 1998; Doshan & Bursch, 1982; Reed, 1985).
Research suggests that women offenders who have substance abuse problems are more likely than their male counterparts to have histories of childhood abuse, co-occurring mental health disorders, and more acute substance abuse histories (Henderson, 1998; Langan & Pelissier, 2001; Owen & Bloom, 1995; Peters et al., 1997). Additionally, the severity of substance abuse addiction has been shown to be a stronger predictor of criminal behavior for women than for men (Dowden & Brown, 2002; McClellan et al., 1997). Therefore, although there may be similar substance abuse prevalence rates between men and women, substance abuse may affect women in a different way. The value of comparing substance abuse and related issues of men and women in the criminal justice system could inform the types of treatment modalities that would be the most beneficial for each gender.

Although some pretrial risk assessment instruments ask questions regarding substance abuse history (Latessa et al., 2009; Rose & VanNostrand, 2007; VanNostrand, 2007), this criteria is used to determine risk and not whether or not an individual has a substance abuse problem that warrants additional attention. Assessing drug and alcohol problems at the pretrial phase could ensure that some defendants could get the help they need with these issues. Left unaddressed, these substance abuse problems may contribute to their failure at the pretrial stage. They may violate conditions of supervision either by committing a new crime while under the influence or to support their drug and alcohol addictions. Additionally, if substance abuse manifests itself differently for men and women, using a one-size-fits-all approach to substance abuse may not address the problem completely. For example, if women’s substance abusing behavior is associated with other issues (e.g., mental illness, trauma and abuse), simply addressing the substance abusing behavior ignores other factors that may contribute to it. Therefore, it is
imperative that pretrial agencies assess individuals for substance abuse problems, as well as other related issues, in order to connect them to appropriate services to reduce their pretrial failure.

Homelessness

There are an estimated 2.3 to 7 million individuals in the United States who are homeless (Chailkin, 2001; National Coalition for the Homeless [NCH], 2009b; National Coalition for Homeless Veterans [NCHV], n.d.). Unlike the issues of mental health and substance abuse, a coherent chronology of events that led up to homelessness in the United States cannot be presented easily. The presence of homeless individuals in the United States has a long history, and one cannot point to one event or a series of related public policies that can explain the emergence of homeless individuals in this country. However, several actions in the past 50 years have converged to create a “perfect storm” that has contributed to the growing homeless population in this nation (NCH, 2009a). It would be beyond the scope of this dissertation to discuss everything that has caused individuals in the United States to be homeless, so the focus of this discussion will highlight several events and policies that appeared since the 1960s that have contributed to the current homeless population. Specifically, brief discussions of the deinstitutionalization movement, lack of affordable housing and federal housing assistance, and U.S. involvement in military conflicts will illustrate how these issues have affected the homeless population over the past several decades.

As mentioned earlier, the deinstitutionalization movement called for the release of individuals with severe mental illness from state mental hospitals so they may live their lives in the community (Adler, 1986; Grob, 1995, 2009; Lamb 2001a). Unfortunately, some mentally ill individuals who returned to the community were unable to carry out essential aspects of daily life. Their mental illness may have also caused them to push family, friends, and other support
systems away that could have kept them from becoming homeless (Lamb, 2001a; NCH, 2009d). Due to these factors, and inadequate support in the community by Community Mental Health Centers and other mental health services, many individuals who are mentally ill eventually become homeless.

The exact numbers of the homeless mentally ill are difficult to obtain, but it is estimated that 16 to 26 percent of all sheltered homeless persons suffer from severe mental illness (U.S. Department of Housing and Urban Development, 2009; NCH, 2009a, 2009d). Other estimates are even higher. According to Lamb (2001a), one-third to one-half of all long-term homeless adults in the United States have a major mental illness (i.e., schizophrenia, schizoaffective disorder, bipolar disorder, or major depression). Additionally, up to four-fifths have major mental illness or a severe substance use disorder, or both (Lamb, 2001a). Regardless of the exact numbers, evidence illustrates there is a disproportionate number of homeless individuals who are also mentally ill (NCH, 2009d).

Another factor that has contributed to homelessness over the past several decades has been the unavailability of affordable housing (NCH, 2009a). The low-income housing problem has several causes: decline in the average income of poor families, increases in the numbers of low-income families, the shortage of available housing units, and rising rental charges of available units. As housing becomes increasingly unaffordable, the homeless population increases (Breakey & Fischer, 1990). An analysis by Wright and Lam (1987) showed that the poverty population of 12 large cities increased by 36 percent between the late 1970s and early 1980s while the supply of low income housing decreased by 30 percent. The lack of affordable housing has led to high rent burdens (rents which absorb a high proportion of income), overcrowding, and substandard housing. These phenomena, in turn, have not only forced many
people to become homeless but it have also put a large and growing number of people at risk of becoming homeless (NCH, 2009a).

The availability of federal housing assistance has been a steady factor in the homeless status of many low-income individuals in the United States. Federal housing assistance can make the difference between stable housing, precarious housing, or no housing at all. However, the demand for housing assistance clearly exceeds the supply: only about one-third of poor renter households receive a housing subsidy from the federal, state, or a local government (Daskal, 1998). Public housing authorities report waiting lists years long, which reflects the small number of units that are available (Breakey & Fischer, 1990). The average wait for Section 8 vouchers is 35 months (NCH, 2009a). Excessive waiting lists for public housing mean that people must remain in shelters or inadequate housing arrangements longer. Longer stays in homeless shelters result in less shelter space available for other homeless people, who must find shelter elsewhere or live on the streets (NCH, 2009a).

Yet another aspect that has contributed to our nation’s homeless population is U.S involvement in military conflicts. Unfortunately, individuals who go to war often face hardships when the war is over. Although there is a general façade that veterans are welcomed home, oftentimes these individuals have returned after war to meet criticism and ostracism by family, friends, and society in general. While Americans celebrate and honor troops in a very real way upon their homecoming, some veterans are ultimately forgotten (McClam, 2008). Additionally, these individuals may have difficulties adjusting to personal and social situations they did not have to face while away at war. As John Driscoll, vice president for operations and programs at the National Coalition for Homeless Veterans points out, “War changes people. Your trust in people is strained. You’ve been separated from loved ones and friends. The camaraderie between
troops is very extreme, and now you feel vulnerable” (McClam, 2008, p. 3). These circumstances can lead them to a life on the streets.

Since the first implementation of pretrial service agencies in the United States in the 1960s, there have been several wars that have had damaging effects on veterans returning home. The Vietnam War (1959-1975) seems to have been particularly devastating for individuals who saw combat. To ease the stress of warfare, many soldiers used drugs while in Vietnam, like marijuana and heroin, to escape the violence and despair they witnessed on a daily basis (Baum, 1999). Many individuals who took part in this war returned home and developed debilitating substance abuse and mental health problems. When veterans returned home, many suffered from post-traumatic stress disorder (PTSD) due to the guerrilla warfare and the atrocities they witnessed during combat, and continued to use drugs or alcohol to self-medicate and forget the things they experienced while at war. This has caused many of these veterans to have difficulties adjusting to society and some have eventually become homeless. Almost half (47%) of homeless veterans are Vietnam War veterans (NCHV, 2009).

Current military conflicts in Afghanistan and Iraq have also played a part in veterans of these wars experiencing similar issues with PTSD, substance abuse, and problems adapting to civilian social life. Many of these veterans have also become homeless. The Veterans Administration has reported that of the 1,500 veterans of Afghanistan and Iraq, 400 have applied for services to aid with homelessness (McClam, 2008). With the continuation of these wars, it is likely that more veterans will return home who will eventually become homeless.

The U.S. Department of Veterans Affairs estimates that there are between 107,000 and 131,000 veterans who are homeless on any given night (NCHV, n.d). Other estimates of homeless veterans propose that an estimated 23 percent of the homeless population, or one in
every four, are veterans (Associated Press, 2007; NCHV, n.d). A large number of these displaced and at-risk veterans live with lingering effects of PTSD or other mental illness caused by combat situations. Many veterans use drugs or alcohol to quell the symptoms of their mental illness, as it is often easier to be drunk or high and forget about the atrocities they witnessed than experience continual flashbacks. Indeed, an estimated 76 percent of homeless veterans experience alcohol, drug, or mental health problems. These issues are compounded by a lack of family and social support networks, and oftentimes veterans simply “drop out” of society and become homeless (McClam, 2008; NCHV, n.d.).

Regardless of how an individual becomes homeless, research suggests that homeless individuals have many troublesome issues. It has already been established that many homeless persons have mental health problems (U.S. Department of Housing and Urban Development, 2009; Lamb, 2001a; NCH, 2009a, 2009d). In addition to this, a significant number of homeless individuals suffer from substance abuse (Breakey & Fischer, 1990; NCH, 2009e; North & Smith, 1993; Wenzel, Koegel, & Gelberg, 2000). Although exact numbers are difficult to report, the Substance Abuse and Mental Health Services Administration (2003) estimates that 38 percent of homeless people are dependent on alcohol and 26 percent abuse other drugs. Many homeless individuals also suffer from chronic health problems. Of particular concern are HIV-infected individuals in the homeless community. These individuals may be more frequent among the homeless due to 1) homeless individuals who are intravenous drug users and who share needles and 2) persons diagnosed w/AIDS are more likely than most people to have difficulty in finding a place to live (Breakey & Fischer, 1990).

Research suggests that there are differences between the needs of homeless men and women. For example, in a study of over 1,500 homeless men and women in Los Angeles,
California, Wenzel and colleagues (2000) discovered that homeless women were more likely to suffer from major mental illnesses (i.e., major depression, schizophrenia, mania) than homeless men. Other studies have supported the finding that homeless women have higher rates of psychiatric problems than their male counterparts (Breakey & Fischer, 1990; Breakey, Fischer, Kramer, Nestadt, Romanski, Ross, Royall, & Steine, 1989; Crystal, 1984; Maurin, Russell & Memmott, 1989; Rosnow, Shaw & Concord, 1986). Studies have also found differences in substance abuse between homeless men and women (Breakey & Fischer, 1990; North & Smith, 1993; Wenzel et al., 2000). In Wenzel et al.’s study, they found that homeless men were more likely than women to have drug dependence, alcohol dependence, or both (Wenzel et al., 2000). Another comparison of homeless men and women discovered that 74 percent of men reported a history of substance abuse, compared to one-third (31%) of the women (North & Smith, 1993).

A study by North and Smith (1993) compared 600 homeless men and 300 homeless women in St. Louis, Missouri, to examine any differences between these two populations. They found women were more likely to have their young children with them while homeless. Their employment and financial situations were bleaker than homeless men, as women were more likely to be unemployed and dependent on welfare. The women had not been homeless as long or as frequently men, and had spent less time on the streets and in other unsheltered locations. They also had less frequent histories of incarceration and felony convictions then men. However, many of the women in the sample had histories of abuse, and these experienced surpassed the men. Nearly one-fourth (23.1%) of the women reported having been sexually abused as a child, while only 4.4 percent of the men acknowledged this experience. Additionally, many homeless women in the sample disclosed they had been victimized as adults by physically abusive partners. Nearly half (43.6%) of the women reported they suffered physical abuse by a spouse or
partner, and 39.2 percent of those abused reported that they had been in more than one abusive relationship (North & Smith, 1993). It can be seen that although both men and women experience homelessness, each gender possesses different needs that may affect their homeless experience.

Evidence suggests that many homeless individuals find themselves in the criminal justice system. Like the “criminalization hypothesis” scholars have put forward in regards to the mentally ill in the criminal justice system (see previous discussion), others argue that in the past 25 years, a trend has arisen to use the criminal justice system to respond to people in public spaces (NCH, 2009f; The National Law Center on Homeless and Poverty [NLCHP], 2009). This trend includes measures that target homeless persons by making it illegal to perform life-sustaining activities in public. These measures prohibit activities such as eating, sitting, sleeping/camping, and begging in public spaces. Oftentimes there are criminal penalties for violation of these laws (NCH, 2009f; NLHCP, 2009). For example, a proposed ordinance in San Francisco would prohibit sitting or lying on public sidewalks between 7 a.m. and 11 p.m. First time violators would face a fine of up to $100 and community service, and repeat violators would face a fine of up to $500 and 30 days in jail (Welch, 2010). Due to these and other legal statutes, people who are homeless have a high probability of being jailed (NCH, 2006).

In 2002, 14 percent of jail inmates reported being homeless, living in a shelter, or on the street in the year before their current admission to jail (BJS, 2004). Homeless individuals report histories of arrest and incarceration more often than the general population (Breakey & Fischer, 1990) and they are more likely to be arrested for nuisance offenses, to have more extensive criminal histories, to have prior arrests for use of weapons, drugs, and alcohol, and to suffer from mental illness (Chaiklin, 2001; Delisi, 2000; Zapf et al., 1996). Many homeless individuals who
are mentally ill or abuse drugs and alcohol often make their way into the criminal justice system. For example, in a comparison of 100 homeless jail inmates and 100 domiciled jail inmates, homeless arrestees were 222 percent more likely to suffer from mental illness than domiciled arrestees (Delisi, 2000). Arrest rates are often higher for homeless individuals who suffer from a mental illness and those who abuse alcohol and other drugs (Breakey & Fischer, 1990). Once incarcerated, homeless individuals usually cannot make bail, seldom have their needs met, and contribute to unnecessary jail overcrowding (Breakey & Fischer, 1990; Chaiklin, 2001).

Feminists refer to homelessness as part of the economic marginality of women. This is indicative of the many numbers of women living in poverty who are unable to maintain stable living arrangements. Furthermore, many women who are homeless also have their children with them, and this adds a whole other aspect to the homeless experience of these individuals. Homelessness has found its way into gender-responsive assessments, as the NIC/UC Women’s Risk/Needs Assessment asks a question regarding homelessness status that is included in the employment and financial domain. It is a separate domain in this study to examine just how much of an impact being homeless or having a history of homelessness affects pretrial outcomes.

While pretrial risk assessment instruments may assess an individual’s residential stability, this measure is usually used to determine ties to the community and flight risk (Latessa et al., 2009; Lowenkamp & Bechtel, 2007; Van Nostrand, 2007), not homeless status. As mentioned earlier, evidence suggests that the needs of homeless men and women differ (Breakey & Fischer, 1990; Breakey et al., 1989; Crystal, 1984; Maurin, Russell & Memmott, 1989; North & Smith, 1993; Rosnow, Shaw & Concord, 1986; Wenzel et al., 2000). Therefore, determining an individual’s homeless status at the pretrial stage, and comparing any differences between the homelessness of men and women, can provide a better understanding of these individuals’
circumstances and allow the pretrial agency to connect the person to appropriate services in order to help them address these issues. It has been suggested that homelessness should be considered when providing services to individuals at the pretrial stage (Zapf et al., 1996). This could be particularly relevant now, considering the current economic state of the United States.

**Employment and Financial Problems**

The writing of this dissertation has come during a time in our nation’s history in which there has been tremendous concern over the current economic situation. Between 2008 and 2009, over 5.1 million jobs were lost (Isidore, 2009). As of February 2010, the unemployment rate was 9.7 percent and 41 percent of the 14.9 million persons who are unemployed have not been able to find work despite looking for 27 weeks or more (Bureau of Labor Statistics, 2010). In 2008, the poverty rate of the United States was 13.2 percent. That year, there were 39.8 million people living in poverty (Mutikani, 2009), a majority of them women and children (Bloom et al., 2003; Burnham, 2002; Gordon, 2002; National Poverty Center, n.d.).

Poverty and unemployment rates have continuously been a concern for the American people, but at no time was it more at the forefront of political discourse than in the 1960s. Although the unemployment rates at this time were relatively low (averaging between 5.2 in 1960 and 3.2 at the end of 1969), the fact that American citizens were living in poverty deeply troubled many people, particularly since America was experiencing tremendous abundance after the Second World War. In 1959, the poverty rate for all Americans was 22.4 percent, or 39.5 million individuals (National Poverty Center, n.d.; U.S. Census Bureau, n.d.). Therefore, the 1960s witnessed a declaration of a “War on Poverty” by the Johnson administration. It was believed that poverty threatened American progress and productivity, so the Johnson administration pushed hard for economic growth that could create full employment and social
reform that could enable the poor to access what President Johnson called “the good life” (Brauer, 1982).

Officially begun in 1964, the War on Poverty was an ambitious governmental effort to address the problem of persistent poverty in the United States (Brauer, 1982). In the first two years of this campaign, an unprecedented amount of antipoverty legislation was passed. One major piece, the Economic Opportunity Act (1964), “created a long list of programs designed to help individuals develop marketable skills, political power, and civic aptitude” (Germany, n.d.). These programs were intended to expand public assistance to able-bodied poor and their children (Fording & Berry, 2007). Consequently, this Act provided the basis for the Office of Economic Opportunity (OEO), Volunteers in Service to America (VISTA), the Job Corps, Head Start, the Neighborhood Youth Corps, the Community Action Program (CAP), the college Work-Study program, Neighborhood Development Centers, small business loan programs, rural programs, migrant worker programs, remedial education projects, local health care centers, and many other programs and services (Fording & Berry, 2007; Germany, n.d., 2007).

The antipoverty effort did not stop with this one Act. Other important measures with antipoverty functions included an $11 billion tax cut (Revenue Act of 1964), the Food Stamp Act (1964), the Civil Rights Act (1964), the Elementary and Secondary Education Act (1965), the Higher Education Act (1965), the Social Security amendments that created Medicare and Medicaid (1965), the creation of the Department of Housing and Urban Development (1965), the Voting Rights Act (1965), the Model Cities Act (1966), and the Fair Housing Act (1968) (Fording & Berry, 2007; Germany, n.d., 2007). These pieces of legislation appeared to work: in the decades following introduction of the War on Poverty, poverty rates in the U.S. dropped to
their lowest level to date, from 22 percent in 1959 to 12 percent in 1970 (Germany, n.d.; National Poverty Center, n.d.; U.S. Census Bureau, n.d.).

As mentioned earlier, conservatives at this time did not attribute social problems to social conditions. Instead, they believed that individuals living in poverty did so as a result of their irresponsible or bad decisions (Beckett & Sassoon, 2002). Therefore it is not surprising that President Nixon expressed much dislike for the War on Poverty. However, as a response to public pressure, his administration maintained most programs established by the Johnson administration and expanded the welfare state through the liberalization of the Food Stamp program, the indexing of Social Security to inflation, and the passage of the Supplemental Security Income (SSI) program for disabled Americans. However, Nixon did initiate what was termed a “New Federalism” in which state and local governments were given more authority over social welfare programs (Germany, n.d.). Poverty did decrease significantly in the 1960s, but the poverty rate stabilized by the 1970s and has remained in double digits ever since (Fording & Berry, 2007). Even though many of these programs appeared to help poor Americans, the War on Poverty was not without criticism.

In the 1980s and 1990s, disapproval of the War on Poverty became especially intense. President Reagan and others on the political right were convinced that the War on Poverty represented a failure of big government. They proposed that instead of helping to alleviate poverty, these programs encouraged sloth, dependency, crime, single parenthood, and unproductive citizenship (Germany, n.d.). It was believed that programs that simply provided unearned income to poor individuals encouraged them not to work, which consequently kept them in poverty (Fording & Berry, 2007; Schwartz, 2007). Additionally, conservative critics of these social welfare programs alleged that most of the programs were ill-advised, mismanaged,
and corrupted attempts at social engineering in which government overspending and programs covered up for the irresponsibility and faults of individuals. Supporters of the War on Poverty replied that social programs—despite their problems—helped lower the poverty rate, reduce disorder, and absorb the shock from Baby Boomers entering the job market. Those advocates pointed out that most Americans favored most of the social welfare programs (Germany, n.d.).

Since the official War on Poverty was declared, there has been much debate as to whether social welfare programs have indeed impacted poverty. Some analysts have argued that the expansion of public assistance has decreased poverty by raising the income of the poor. This is often referred to as the income enhancement effect (Fording & Berry, 2007). Proponents of this hypothesis argue that welfare expansion programs implemented in the 1960s significantly improved the lives of the poor, although they may have not impacted poverty as much as the architects of the War on Poverty had initially suggested. They contend poverty levels are also impacted by other factors beyond these social welfare programs. For example, the decrease of manufacturing jobs, the failure of wages and public assistance keeping up with inflation, and increases in female-headed households (Fording & Berry, 2007; Schwartz, 2007; Wilson, 1997) have all affected poverty above and beyond what welfare programs can address (Fording & Berry, 2007). Individuals who adhere to this viewpoint believe the public assistance has reduced poverty, although the magnitude of this reduction cannot be truly realized because it is masked by other factors (Fording & Berry, 2007).

Others contend that welfare expansion has actually increased poverty by discouraging the poor from working (Fording & Berry, 2007; Schwartz, 2007). This is known as the work disincentive effect (Fording & Berry, 2007). Proponents of this view assert that simply providing poor individuals with a guaranteed income defeats any incentive they might have to find work.
and engage in activities that may draw themselves out of poverty. They argue that poor families’ need for additional income becomes less urgent when they are provided for by social welfare programs. Since the basic needs of poor individuals are taken care of through these programs, there is little incentive for individuals to work to supplement these subsidies with additional income. Therefore, advocates of this hypothesis propose that government assistance leads to able-bodied poor individuals deciding to not seek out employment which could pull them out of poverty (Schwartz, 2007). Put plainly, welfare perpetuates poverty by allowing welfare recipients the ability not to work.

After years of debate, major welfare reform occurred with President Clinton’s signing of the Personal Responsibility and Work Opportunity Act (PRWOA) (1996). An important assumption underlying this legislation was that the existing welfare system, partly due to the dramatic expansion of programs and benefits associated with the 1960’s War on Poverty, was ineffective in reducing poverty (Fording & Berry, 2007). Therefore, this act was part of an agenda that had three main goals: work enforcement, marriage promotion, and a smaller welfare state (Abramovitz, 2006). It was a signal of the “the end of welfare as we know it” (Abramovitz, 2006; Baptist & Bricker-Jenkins, 2002).

The PRWOA restructured welfare and had a major impact on welfare recipients. Whereas the Economic Opportunity Act of 1964 led to discussions of the implementation of a guaranteed annual income for poor individuals, the PRWOA abolished any hopes of this (Schwartz, 2007). When PRWOA was passed, recipients lost their entitlement to a stipend paid for by the federal government. Instead, federal welfare payments became limited to no more than more than two years consecutively and five years in a lifetime (Abramovitz, 2006; Coleman & Rebach, 2001; Schwartz, 2007). The new name for this welfare program is Temporary Assistance for Needy
Families (TANF). In addition, welfare payments are now conditioned on recipients’ work effort; that is, work is now a condition of cash assistance (Coleman & Rebach, 2001; Holtfreter et al., 2004; Schwartz, 2007). A work requirement goes into effect for recipients no later than two years after they go on the welfare rolls (Schwartz, 2007). PRWOA also reduced or eliminated in-kind benefits provided by the Food Stamp and Medicaid programs for many people (Coleman & Rebach, 2001; Fording & Berry, 2007). Obviously, PRWOA has had many detrimental effects on welfare recipients, but it appears that women and children in particular have been greatly affected by this legislation.

Of all the individuals on welfare, many have proposed that PRWOA was most concerned with the behavior of women who happened to be majority of welfare state clients and workers (Abramovitz, 2006). The PRWOA shifted the authority over assistance to poor families headed by women to the states\(^8\), and increased behavioral monitoring of these women as a condition of assistance. This behavioral monitoring effectively demonized single motherhood and promoted marriage as the foundation of society. Reformers implied that drug use, crime, teenage pregnancies, and school drop outs were problems transmitted from generation to generation by husbandless mothers (Abramovitz, 2006; Thomas, 1997). They called for regulating the child bearing, marital, and parenting choices of single mothers (Abramovitz, 2006; Coleman & Rebach, 2001). Therefore, three welfare provisions were enacted to address these issues. First, the “child exclusion” provision (also called the family cap) was designed to limit non-marital births (Abramovitz, 2006). This provision allowed states to deny aid to: 1) children born while their families are already receiving public assistance, 2) children born to single mothers or

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\(^8\) The shift of social welfare responsibility from the federal government to the states relied on the increased use of block grants which directed limited federal funds to the states to run the welfare programs (Abramovitz, 2006; Coleman & Rebach, 2001). Block grant funding gives states almost complete control over determination of eligibility and benefits (Coleman & Rebach, 2001).
mothers under the age of eighteen, 3) children whose mothers are under eighteen and are not residing with their parents, or 4) children for whom paternity has not been established (American Civil Liberties Union, 1997). This practice was legitimized because there was a consensus that welfare mothers were bearing children often for the purpose of obtaining or supplementing welfare benefits (Thomas, 1997). Second, an “illegitimacy bonus” was given to states who achieved the greatest decrease in non-marital births statewide. Beginning in 1999, the “winning” five states each received a $20 million bonus. Lastly, the “abstinence-only” provision allocated hundreds of millions of dollars for school sex education programs. In addition to these provisions, welfare checks were often reduced for single mothers who were determined to be “bad parents” (Abramovitz, 2006).

As mentioned earlier, PRWOA required work as a condition of cash assistance, and this often included assigning women to work in public agencies or private businesses in exchange for their cash assistance (Abramovitz, 2006). If women did not work, they faced benefit reductions (e.g. sanctions) for minor rule violations. Many local welfare offices deterred applications with complicated forms, long waits, and unresponsive case managers (Abramovitz, 2006). Welfare’s strict work rules and caseload reductions have flooded the labor market with thousands of new and increasingly desperate workers in search of employment (Abramovitz, 2006). Women who have lost their welfare benefits must now compete in the workplace with other low-wage earners for low-wage, unstable jobs (Holtfreter et al., 2004). This may have been tolerable in the mid-1990s when the economy was booming (Abramovitz, 2006), but due to the current state of the economy, these women are not likely to find employment. Unfortunately, the increased competition for jobs has made it easier for employers to keep wages low and harder for unions to negotiate good contracts (Abramovitz, 2006). These circumstances may cause these women to
resort to using other methods outside of legitimate enterprise to obtain necessary resources. Therefore, the results of this welfare reform may contribute to circumstances that cause individuals, especially low-income women, to come in contact with the criminal justice system.

Unemployment rates, poverty, and the current state of the economy are often reflected in the job and financial status of individuals who enter into the criminal justice system. In 2002, approximately 29 percent of jail inmates reported they were unemployed at the time of their arrest and of those individuals who were working, 59 percent of jail inmates reported a monthly income of less than $1,000 (BJS, 2004). The percentage of jail inmates who received welfare in the month before arrest dropped from 14 percent in 1996 to 6 percent in 2002 (BJS, 2004). While some may point to this decrease as a positive sign that fewer jail inmates are in poverty and receiving public assistance, this decrease could indicate a removal of welfare benefits that resulted from Personal Responsibility and Work Opportunity Act (1996) (see previous discussion).

When these unemployment and financial criteria are disaggregated by gender, it is discovered that female jail inmates have more troubled economic situations than their male counterparts. Compared to male jail inmates, female inmates were more likely to experience employment problems and have lower incomes (Peters et al., 1997). For example, according to a survey of jail inmates conducted by the Bureau of Justice Statistics (2004), male inmates (60%) were more likely than female inmates (40%) to be employed in the month before their arrest. Two-thirds of the men in jail had income from wages or salary, compared to only a quarter of women (BJS, 2004). In a review of characteristics of women in jail, Haywood and colleagues (2000) state that 60 to 80 percent of women detained in jail are unemployed at the time of arrest. In a study that surveyed five women only jails to discover the needs of female jail inmates, Gray
et al. (1995) found that only 35 percent of the women were employed at the time of arrest, and the median annual income for these individuals was $10,372. These studies suggest that women in jail are a socioeconomically disadvantaged group.

Feminist criminologists have often highlighted the extreme poverty and economic marginalization of women offenders (Bloom et al., 2003; Holtfreter et al., 2004). That is, a disproportionate number of women live in poverty in the United States and this affects other areas of their lives. For example, many women engage in criminal behavior because they are struggling to survive and are unable to obtain resources through legitimate means. Economic marginalization, often shaped by disconnections from conventional institutions, such as school, work, and families, further increases the likelihood of criminal behavior. This is supported by the reality that a significant proportion of women in the criminal justice system has little education or work experience (Bloom et al., 2003; Holtfreter et al., 2004).

It is apparent that a person’s employment or financial status can have a significant impact on whether some individuals become involved in the criminal justice system. Presently, pretrial risk assessment instruments may ask questions about the defendant’s employment, but very little information is gathered beyond whether or not the employment is stable (Rose & VanNostrand, 2007; VanNostrand, 2007) or if the individual was employed prior to arrest (Latessa et al., 2009). Further assessment of the individual’s financial difficulties and employment could present a more accurate picture of the defendant. These problems will likely be issues for both men and women at the pretrial stage. However, comparing the employment and financial difficulties of male and female pretrial defendants may illustrate differences in how these issues manifest themselves differently for men and women and provide a better understanding of the needs of these two populations. Knowing any differences between these pretrial defendants would allow
the pretrial agency the opportunity to connect the person to appropriate services in which he or she could obtain employment or financial assistance framed in a gendered context. This could theoretically contribute to their success during the pretrial stage.

*Educational Disadvantage*

It has been mentioned that education is inextricably linked to employment and financial status in the United States. Some scholars have gone so far as to propose that the educational system is secondary to the economic system, existing to support it and not for its own sake (Messner & Rosenfeld, 1997). They propose that rarely do students attend school for the sake of learning. Ask a college student why he or she is attending college and the likely response will be “To get a better job.” Unfortunately, many individuals in the United States do not have a high school diploma, let alone a college degree (Laird, Kienzl, DeBell, & Chapman, 2007). In the American labor market, this has tremendous consequences on the type of job one can obtain, as well as the wages one can earn. Individuals who have not graduated from high school are more likely to lose their jobs compared to people who have more education (Bureau of Labor Statistics, 2010). With the current state of the economy, individuals with higher educational achievements are now scrambling for a job, any job, even if it means obtaining employment that had historically been filled by individuals with less education.

Equal access to education has always been an issue in the United States, and at no time was this struggle more pronounced than in the 1950s and 1960s. Much of the focus throughout this time was on the struggle for school integration. Many African Americans knew that “separate, but equal” in education was far from it, and eventually lawsuits against school education boards and government intervention ended segregation in schools (Boundy, 1991; Patton & Mondale, 2001a). It was hoped that school integration would allow African Americans
equal access to the good schools and resources whites were enjoying, and this would enhance the educational experience and opportunities for African Americans (Boundy, 1991).

It was soon realized, however, that although schools became more and more integrated, divisions among race and class lines remained. The experiences of pupils in inner-city schools were a stark contrast to those enjoyed by students in wealthy neighboring districts (Kozol, 1991). For at least a century, urban school districts have grappled with the difficulties of educating poor, minority, non-English speaking immigrant children. The school problems these children typically face—low academic achievement, high rates of school failure, truancy, and dropping out—have been compounded by cultural and linguistic differences, poverty, disease, and crime. Yet, since their inception, inner city schools have been important in society’s efforts to combat poverty, assimilate immigrants, and encourage social and economic advancement (Oakes, 1987). Unfortunately, lack of funding and urban decay has caused the education received by pupils in inner city schools to be of a lower quality than other, wealthier school districts (Kozol, 1991).

In the 1970s, several states experimented with providing school vouchers to address the apparent inequalities in the quality of public education some students were receiving (Sandler & Kapel, 1988). In order to combat the growing consensus that public schools were not competing with private schools in regards to the quality of education provided to students, parents in public school districts (generally low-income neighborhoods) were issued school vouchers. A school voucher was a certificate issued by the government that allowed parents to apply for tuition at a private school or better public schools in other districts. This allowed many parents to have the choice as to whether to send their children to a “better” public school or private school (Department of Education, 2009; Patton & Mondale, 2001b).
Supporters of school vouchers believed that generating “competition” between public and private schools would improve student and school performance (Patton & Mondale, 2001b; Sandler & Kapel, 1988). If public (and, in some cases, private) schools have to compete for the same funding, then schools would be motivated to improve (Patton & Mondale, 2001b; Sandler & Kapel, 1988). Vouchers allowed parents to have an influence in their children’s education, they provided equity in the education for poor and minority students, and they improved the quality of education (Sandler & Kapel, 1988). Some people viewed vouchers as a “life-boat” for low-income students currently trapped in ineffective and mismanaged schools (Patton & Mondale, 2001b). The opportunity the voucher provided would allow these low-income students to have the same access to a good quality education like their middle- and upper-class peers.

Opponents of vouchers, however, feared that choice programs will drain much-needed support away from the schools that are in most need of public funds, specifically inner-city public schools (Patton & Mondale, 2001b). This would essentially weaken or destroy urban public school systems (Sandler & Kapel, 1988). Some believed that many low-income families would not be able to use vouchers because they covered only a fraction of the tuition costs at the more expensive private schools. Choice would be exercised by a limited number of parents, leaving “under-chosen” schools under-funded and charged with the tasks of educating needy students (Patton & Mondale, 2001b; Sandler & Kapel, 1988). Therefore vouchers could lead to greater racial, economic, and social isolation of children (Sandler & Kapel, 1988). For many, the sub-par education received by these children would translate into opportunities in the job market, with students from inner-city public schools being unable to compete with those who received a better education.
The following decade, the impact of education on employment would materialize. The 1980s saw a change in the U.S. economy that affected the types of employment that were available. At this time, there was a rapid development of new technologies that led to the elimination of many jobs that required unskilled labor (Oakes, 1987; Patton & Mondale, 2001b). These new jobs put an emphasis on well-educated workers who understood mathematics, science, and technology. Businesses and government pushed for higher education standards to attract new industries and jobs to the states (Patton & Mondale, 2001b). At the same time, jobs individuals could obtain without a higher education (i.e., manufacturing jobs) were being outsourced to other countries. Realistically, students who did not graduate high school or received substandard secondary education were unable to compete in the marketplace with individuals who had higher educational achievements (Center for Labor Market Studies, 2009; Kozol, 1991). Low income and minority students simply were not trained to fill the increasing proportion of the nation’s white collar and technological jobs (Oakes, 1987). Although efforts were made to increase the education and marketability of low-income students, many federal budget cuts and decreased state taxes for education caused inner city schools to continue to decline (Kozol, 1991; Oakes, 1987). Eventually it would take a bipartisan Act to launch another attempt at education reform.

At the beginning of the 21st century, there was still concern about the quality of education low-income students were receiving. In 2001, George W. Bush signed the “No Child Left Behind” Act (2001) to improve the academic achievement of disadvantaged students (Department of Education, n.d.). Since the enactment, Congress has increased funding for education from $42.2 billion in 2001 to $54.4 billion in 2007 (Department of Education, 2006). Since the passage of this Act, there has been evidence of its positive impact on education. This
includes improved test scores, improvement over local standards, increased accountability in public schools, increased attention to minority students, and increased quality of education by requiring schools to improve their performance (Department of Education, 2006).

However, the Act is not without its critics. Critics argue that schools may manipulate test scores because a school may lose funding if the students are not achieving at a standard level. Since test scores are so important in determining the academic level of the students, teachers may forego teaching basic curriculum in favor of “teaching to the test;” that is, conducting classes in a manner that dedicates more class time to material which is assessed on the test instead of teaching material to develop a general knowledge base. For example, NCLB's focus on math and English language skills (and eventually science) may elevate scores on two fundamental skills while students lose the benefits of a broad education (McKenzie, 2003). Additionally, the practice of giving all students the same test, under the same conditions, has been accused of inherent cultural bias because different cultures may value and learn different skills (The JHBE Foundation, 2000). The schools may also “re-classify” drop-outs to mask their status (McKenzie, 2003). Although the No Child Left Behind Act (2001) sought to bolster the educational achievements of disadvantaged students, current dropout rates suggest that these students continue to struggle with education.

Fortunately, there has been a general downward trend of dropout rates since 1972 (Laird, Lew, DeBell, & Chapman, 2001; Laird et al., 2007). However, the numbers of high school drop outs are still alarmingly high. In 2007, there were nearly 6.2 million drop outs in the United States. Among these dropouts, 60 percent were men (CLMS, 2009; Cable News Network, 2009). African American and Hispanic high school students are more likely to drop out of high school than white and Asian/Pacific Islander students (Laird et al., 2007). Of the 6.2 million drop outs,
19 percent were African American, and 30 percent were Hispanic (CLMS, 2009; Cable News
Network, 2009). Regrettably, in urban high schools that serve predominantly students of color, dropout rates are as high as 50 to 65 percent (Boundy, 1991).

Students who drop out of high school face many difficulties in American society. These individuals are unlikely to have the minimum skills and credentials necessary to compete in today’s complex society and technological workplace. For example, completion of high school is required to attend secondary education and is a minimum requirement for most jobs (Laird et al., 2001). Research has found that high school dropouts are more likely to be unemployed than those who complete high school (Caspi, Wright, Moffitt, & Silva, 1998; CLMS, 2009; Goldschmidt & Wang, 1999; Laird et al., 2001; Sum, Khatiwada, McLaughlin, & Palma, 2009). For instance, a study by Sum and colleagues (2009) found that in 2008, an average joblessness rate was 54 percent for young high school dropouts. Furthermore, employment rates of dropouts varied by race and household income groups. African American dropouts had the highest unemployment rates (69%), followed by Hispanics (53%), Whites (46%), and Asians (43%) (Sum et al., 2009). The employment rates of school dropouts also vary with the annual incomes of the families in which they live. In 2008, young high school dropouts living in low income families (annual income under $20,000) were the most likely to be unemployed (Sum et al., 2009). Regardless of race, students from low-income families are almost four times as likely to drop out of school as other students (Boundy, 1991).

A high school diploma also affects an individual’s level of income and occupational status. Research suggests that individuals with a high school diploma have higher incomes than individuals who don’t have a diploma (CLMS, 2009; Chen & Kaplan, 2003; Laird et al., 2001; Sewell, Hauser, & Wolf, 1980). For example, as a result of their high levels of joblessness and
low weekly earnings while employed, the mean annual earnings of the nation’s young dropouts in 2007 were only $8,358, well below the average of $15,149 for all young adults (Sum et al., 2009). Not surprisingly, studies have found that individuals with low education and/or skill levels are more likely to live in poverty and to receive government assistance (Laird et al., 2007).

Research has found that many delinquents and offenders have low levels of education, which may be linked to their antisocial behavior (Boundy, 1991; Farnworth & Lieber, 1989; Hirschi, 1969; Lochner & Moretti, 2004; Shaw & McKay, 1942). In a special report by the Bureau of Justice Statistics, it was discovered that many jail inmates in 2002 had low levels of education. Thirty-two percent of the jail inmates surveyed had some high school but had not graduated. Twelve percent of the jail inmates had an educational level of eighth grade or less (BJS, 2004). This indicates that this population has considerable educational need.

Feminist criminologists have argued that the educational achievements of women offenders are substantially lower than male offenders (Bloom et al., 2003; Owen & Bloom, 1995). Indeed, studies of jail inmates reveal that female jail inmates have low levels of education (Fickensher, Lapidus, Silk-Walker, & Becker, 2001; Gray et al., 1995). In a survey of 539 female jail inmates, Gray and colleagues (1995) found that on average, 37 percent had no high school diploma or GED. Other studies have found even higher percentages of female jail inmates who have not completed high school. A national survey showed that approximately 45 percent of women in jail have less than a high school education (Green et al., 2005; BJS, 1999a). Similarly, a study of characteristics of women in jail found approximately 50% of detainees had less than a high school education (Haywood et al., 2000). This research supports the contention that female offenders are typically uneducated or undereducated (Bloom et al., 2003; Owen & Bloom, 1995), and this can have a significant impact on other areas of their lives.
Although men in the criminal justice system also have educational need, this issue may impact women differently. Educational need is another aspect of women’s economic marginalization that contributes to their lives in poverty. Women who have greater educational achievements may be better equipped to discontinue criminal activity by increasing their chances of vocational successes and financial independence. Having educational limitations may compel women to engage in criminal behavior due to blocked opportunities for obtaining employment or employment advancement. Research has shown that increasing social capital, including educational programming, may reduce the odds of female recidivism (Holtfreter et al., 2004; Salisbury, 2007). For example, Salisbury (2007) found that the more educational strengths women had, the less likely they had problems with employment and finances. Furthermore, in Van Voorhis et al.’s (2010) research involving the WRNA, they found correlations between educational need and recidivism in probation and pre-release samples of women offenders, as well as prison misconducts for women inmates.

Although education affects many aspects of a person’s life, educational achievement is rarely assessed by pretrial risk assessment instruments (Latessa et al., 2009; Rose & VanNostrand, 2007; VanNostrand, 2007). However, research suggests that educational needs are moderately predictive of criminal behavior (Andrews & Bonta, 2006). Assessing educational achievement of defendants may allow opportunities for the pretrial agency to provide information to an individual to further his or her education. This may be of particular relevance, as not only has research shown that the educational achievements of offenders are low, but obtaining an education may increase an individual’s likelihood of not engaging in criminal behavior. Additionally, providing an opportunity for educational advancement of women at the pretrial phase may impact their economic marginalization and poverty status. Therefore, the
pretrial agency could aid these individuals by providing information that would help to increase their educational achievement. This would increase vocational opportunities and minimize the chance that some may engage in criminal activity or fail at the pretrial stage.

SUMMARY

This chapter demonstrated that in the 1960s, it was important for many individuals to reduce the numbers of defendants who were unable to obtain freedom before their trial simply because they did not have the financial resources to do so. The creation of pretrial service agencies at this time was intended to provide accurate information to judicial officers in order to aid them in making informed decisions about who to release back into the community during the pretrial stage.

However, since the initial inception of pretrial agencies in the early 1960s, much has happened during the subsequent decades that have impacted the types of individuals entering into the criminal justice system. Increases in the acknowledgement and reporting of child abuse and domestic violence, the deinstitutionalization movement, the War on Drugs, unavailability of housing and federal housing assistance, U.S. involvement in military conflicts, rising unemployment and poverty rates, and access to quality education are all issues that have shaped the current pretrial population. Therefore, it is possible that pretrial agencies of today do not fully understand contemporary pretrial defendants, nor do they adequately address the needs that may be causing these defendants to enter into the criminal justice system and potentially fail during the pretrial phase.
CHAPTER THREE

METHODOLOGY

Existing research about the needs of offenders has found that some needs are related to community recidivism and institutional misconducts (Andrews & Bonta, 2006; Andrews, Bonta, & Hoge, 1990; Bonta, 1989; Bonta & Motiuk, 1987, 1990, 1992; Kroner & Mills, 2001; Motiuk, Motiuk, & Bonta, 1992; Shields & Simourd, 1991). Furthermore, validation research of a gender-responsive risk/needs assessment tool has discovered that several needs presented in feminist literature are also related to these outcomes (Van Voorhis et al., 2007a; Van Voorhis et al., 2008a; Van Voorhis et al., 2008b; Wright et al., 2008; Van Voorhis et al., 2010). Research in the pretrial realm suggests that pretrial defendants may possess needs that could potentially be associated with pretrial outcomes (i.e., failure to appear for scheduled court appearances and commission of new offenses while in the community). However, very little systematic research has been conducted to discover whether the needs of pretrial defendants are associated with pretrial outcomes. Furthermore, while some studies have surveyed the needs of male and female pretrial defendants, there are few empirical studies that investigate these needs within a gender-responsive framework. This dissertation contributes to the dearth of research on pretrial defendants and to the emerging gender-responsive literature by investigating the needs of male and female pretrial defendants and whether these needs are related to pretrial outcomes. The implications of this study could inform the current practice of pretrial risk/need assessment and the manner in which pretrial agencies address identified needs of male and female pretrial defendants.
RESEARCH DESIGN AND DATA

Data for this investigation were derived from interviews conducted with pretrial defendants in Hamilton County, Ohio. As part of the study, pretrial defendants were interviewed using the Hamilton County, Ohio *Inventory of Need Pretrial Screening Tool*. The questions in this assessment instrument gathered information about the defendants’ residential stability and homeless status, family of origin, children, education, employment and financial status, abuse and trauma, mental health, and substance abuse. Official data on demographic and social characteristics, criminal history, and the Ohio Risk Assessment System (ORAS) (Latessa et al., 2009) scores were obtained for each defendant. Official reports of incidents of failure to appear for scheduled court appearances and new arrests while the defendant was in the community were collected for each individual. While standard protocol at the Department of Pretrial Services allows administration of the Hamilton County, Ohio *Inventory of Need Pretrial Screening Tool* to several subgroups of the pretrial population, participation in this study was voluntary.

*Hamilton County Ohio Inventory of Need Pretrial Screening Tool*

As part of a collaboration project between the National Institute of Corrections (NIC) and the University of Cincinnati (UC), a gender-responsive risk/needs assessment was developed for convicted women offenders in the criminal justice system (Van Voorhis et al., 2010). This instrument was intended to evaluate gender-responsive needs such as child abuse, adult victimization, trauma, loss of personal power in relationships, housing safety, anger/hostility, family support, relationship support, parental stress, family conflict, and current symptoms of depression and psychosis (Van Voorhis et al., 2008b, 2010). Initial discussions during the development of this risk/needs assessment included the desire to implement the instrument at all decision-making stages of the criminal justice system (P. Modley, personal communication,
October 5, 2009). While a pretrial assessment instrument was developed (with the aid of the pretrial personnel at the Hamilton County, Ohio Department of Pretrial Services and staff from the Court Clinic), NIC/UC were not able to conduct construction validation studies at the intended sites of Boulder County, Colorado; Maricopa County, Arizona; and Hamilton County, Ohio. The project shifted focus to assessments for community and institutional settings, and the pretrial component was not funded.

Nonetheless, in April 2007, the Hamilton County, Ohio, Department of Pretrial Services began to use the assessment instrument to aid with program referrals. In addition to the items created by NIC/UC, pretrial staff modified the instrument by adding a few other items that were important in generating a more accurate picture of the clients they served. Not only did they use the instrument for women defendants, the initial intended population, they also administered it to men. The Hamilton County pretrial agency coined the name *Inventory of Need Pretrial Screening Tool* for the instrument. As the name implies, the county used the instrument to focus on needs rather than risk.

Currently, the pretrial agency uses the instrument for assistance in various aspects of case processing. This includes using the information as a screening tool for: 1) case management of diversion clients, 2) release planning for individuals who cannot afford bail, 3) determination of supervision requirements for individuals released on “own recognizance” bonds, and 4) triaging defendants to the Court Clinic who were experiencing significant and immediate mental health issues. The information on the tool, however, is not handed over to judicial officers to aid them.

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9 It should be noted that although items included in the Inventory of Need were initially developed in as part of the NIC/UC collaboration, the items/domains are not the same items/domains used by the Women’s Risk/Needs Assessment developed by Van Voorhis and colleagues.

10 The assessment of needs at the pretrial stage is currently a practice for many pretrial agencies across the country. In a report that presented the results of a national survey of pretrial agencies conducted by the National Association of Pretrial Service Agencies, 58% of the survey respondents reported that they used other assessments in addition to risk assessments or predetermined eligibility criteria to tailor supervision plans and identify the rehabilitative needs.
in their pretrial release decisions. The pretrial service staff recommends certain release conditions or assistance for the defendant based upon the instrument, but court and judicial officers are not allowed access to the information collected by the screening tool.

**DATA COLLECTION**

Data collection for this study was conducted by a research team that administered the Hamilton County *Inventory of Need Pretrial Screening Tool* to pretrial defendants. The data were primarily collected by the author of this dissertation and one other research assistant. Both individuals were graduate students from the University of Cincinnati with appropriate training in interviewing skills, risk/need assessment administration, and human subject research. Approval for this study was obtained from the University of Cincinnati’s Institutional Review Board (IRB) December 17, 2009 (IRB #09-11-02-02).

In an effort to fully represent defendants on pretrial supervision, interviews with defendants took place at either the Hamilton County Office of the Department of Pretrial Services or the intake area in the Hamilton County Jail. When defendants were interviewed at the Office of the Department of Pretrial Services, a member of the research team approached a pretrial defendant and made a recruitment statement to enlist the defendant to participate in the study. Defendants agreeing to participate signed a consent form and the interview was conducted. If the defendant declined, the pretrial staff administered the screening tool and that information was not included in this study. Interviews occurred in a private office.

Another survey conducted by the Pretrial Justice Institute reported that of the programs surveyed (N=151), many pretrial programs reported using additional assessment tools for distinct populations. For example, 42% of programs used a separate tool for substance abuse, 27% for mental health, 13% for those charged with domestic violence, and 5% each for women and juveniles charged as adults (PJI, 2009).
At the Hamilton County Jail, a member of the jail staff introduced a research assistant to each defendant and the researcher recruited that person for the study. Obtaining consent was identical to procedures used in the pretrial office. Interviews at the Hamilton County Jail took place in a private section of the intake area. After each completed interview (at either the pretrial office or the jail), the research assistant made a copy of the screening tool and gave the original to pretrial staff.

Selection criteria for study participants included individuals over the age of 18, those who spoke English, and those who were alleged to have committed a criminal offense (misdemeanor or felony). Individuals who were ineligible for inclusion in the study included juveniles (under the age of 18) and individuals who were: 1) non-English speaking defendants, 2) issued a “no bond” or were ineligible for bail due to the seriousness of their offense, 3) with outstanding warrants from other counties and being held in the Hamilton County Justice Center until they were transferred to another county, 4) sentenced to jail, and 5) in jail and without a criminal charge (e.g., mental health hold or people who were “sobering up”).

Several challenges arose during the process of recruiting individuals for this study. First, there was a limited “sampling frame” from which to draw a sample of participants. While lists of defendants who had appointments with diversion case managers were obtained, it was not possible to obtain a list of all individuals arrested and in jail intake every day. Additionally, some individuals did not appear for their diversion appointments. Therefore, recruitment of the participants for this study was contingent upon who was arrested, who was in the jail intake area, or who appeared in the pretrial office. There was no opportunity to perform random sampling due to the unique circumstances that occur at the pretrial phase (e.g., rapid population turnover, court appointments); therefore, this study employed a convenience sample. This is similar to
practices used in other studies that involve interviews of comparable populations (see Alegmagno, 2001; Fogel & Belyea, 1999; Green et al., 2005; Gover, Brank, & MacDonald, 2007; Johnson et al., 2005; Kane & DiBartolo, 2002; Kucharski, Duncan, Egan, & Falkenbach, 2006; Messina & Grella, 2006; Munetz, Grande, & Chambers, 2001; Neller, Denney, Pietz, & Thomlinson, 2006; Swartz & Lurigio, 1999).

Second, individuals who were released from jail early were advised to appear at the pretrial office prior to their court appearance. This meeting with a member of the pretrial staff was an informative one in which the staff member would advise the defendant about what to expect in court, how to obtain an attorney, and how to access any necessary resources while in the community during the pretrial phase. Although these defendants were advised to meet with pretrial staff, many failed to do so. This is likely due to the fact that this was not a requirement of their release, or they had been arrested before and believed it was not necessary to meet with pretrial staff before their court appearance. Lastly, for many arrested individuals, participating in a research study was not something that they wished to do at a time when they were feeling emotional distress about their current situation. This emotional state could have contributed to their refusal to participate in the study.

Despite these challenges, individuals from several subgroups of pretrial defendants were recruited for this sample. The goal of including several groups of pretrial defendants was to increase opportunities to represent the entire group likely to be on pretrial supervision and out in the community prior to any additional court appearances. For instance, if this research only focused on pretrial diversion clients, there could be insufficient variation in the sample regarding the level of risk of the offenders and the types of crimes they committed. Generally, individuals who qualify for diversion programs tend to be first time offenders, lower risk offenders, or
offenders with less serious offenses (Clark, 2007). Inclusion of other individuals in the sample allowed this research to gather information from several types of pretrial defendants, rather than a small subgroup. The pretrial defendants recruited for this study are represented in the following flow chart (Figure 1). A description of each type of pretrial defendant and how they were recruited follows.
Figure 3-1: Flowchart of Individuals Recruited for the Current Study

Police contact with individual who has broken the law

**Arrest**
Individual is arrested by Hamilton County Sheriff’s Department or Cincinnati Police Department

**Booking**
Arrestee’s picture and fingerprints are taken

**Intake**
Arrestee’s information is gathered by pretrial staff; decision regarding early jail release

**Hamilton County Pretrial Office**
Meets with potential Diversion clients to determine eligibility; meets with “early jail release” individuals to advise them about court and their case

**Early Jail Release**
Release of individual from jail; told to appear at pretrial office and court the next day

**Jail Placement**
Individual is not released* from jail and must appear in court the next day

**Court Appearance**
Individual appears in court to hear alleged charges against him/her

**Diversion Candidate**
Judge determined individual was a good candidate for the Diversion Program

**Own Recognizance**
Judge orders individual to be released from jail in Own Recognizance Bond

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*Individuals may not be released from jail at this time because they cannot pay their bail amount, they are issued a “no bond,” or the sheriff’s department is not willing to place them in the “early jail release” category.
*Diversion*

Individuals in Hamilton County, Ohio can be introduced to the diversion program in one of two ways. First, some police officers in Hamilton County engage in pre-booking diversion. That is, instead of an arrest, a police officer will issue a summons to an individual for diversion. That summons instructs the individual to appear at the pretrial agency’s office for an interview with a diversion case manager. This interview will determine whether the defendant is eligible for the diversion program. Second, a judge may determine that a defendant who has appeared before him or her is a good candidate for diversion. If this is the case, the individual will report to the pretrial office for an initial interview with a diversion case manager to determine eligibility.

Individuals from this “diversion group” were recruited by a member of the research team in the pretrial office. Prior to the defendant’s meeting with the diversion case manager, a researcher approached the individual and recruited him or her for the study. It should be noted that not all individuals in this group were in the diversion program. There were occasions in which a defendant was interviewed by a research assistant and then determined by the pretrial staff to be ineligible for diversion, or the individual decided not to volunteer for the program.

*Early Jail Releases*

Due to jail overcrowding and a lack of resources, the Hamilton County Sheriff’s Department often released some arrestees hours after the booking process was completed. The defendants were expected to appear in court the following day. These individuals were advised to visit the Office of Pretrial Services prior to their court appearance. However, this was not a requirement of their early jail release. Typically, approximately 40% of these “early jail releases” appeared in the pretrial office the day of their court appearance. (W. Niehaus, personal
communication, December 29, 2009). As mentioned earlier, the other 60% likely did not appear at the pretrial office because it was not required as part of their release, or they had been arrested before and did not feel the need to visit the pretrial office because they knew what to expect in court.

Individuals from this group were recruited in two locations. First, paperwork for individuals released from jail the previous day was in the pretrial office each morning. If an individual identified in the paperwork appeared in the pretrial office prior to their court appearance, the person was introduced to a member of the research team by pretrial staff and was recruited for the study. Second, prior to their release from jail, a research assistant in the intake area of the jail approached individuals determined for early jail release and recruited them for the study. Recruiting these individuals in the jail intake was done in an attempt to reach those individuals who were advised to appear at the pretrial office the following day but did not appear.

"Own Recognizance" Bonds

When an individual is arrested and is unable to immediately make bail, he or she may spend the night in jail and appear in court the next day. At this point, the judge determines if the individual would be a good candidate for an own recognizance bond. Own recognizance (OR) bonds are a method of pretrial release that does not rely on financial bail. Therefore, the stipulation of an OR bond is that if released, the individual promises to appear in court for his or her scheduled court appearance.

At the time of this study, the Office of Pretrial Services (as well as the entire state of Ohio) had recently implemented the Ohio Risk Assessment Scale (ORAS) (Latessa et al., 2009). This, and the reception of a new state grant, created new procedures regarding how the pretrial
agency addressed individuals released on OR bonds. When individuals were released on OR bonds through judicial decisions, an ORAS score of five or above dictated the level of supervision. Information gathered by the ORAS, irrespective of the score, determined any “Early Intervention and Community Transition Services” (EICT\(^{11}\)).

In addition to the administration of the ORAS, other defendant issues were evaluated to further inform EICT. This information was discovered in a variety of ways, including 1) the release of information, 2) administration of the Hamilton County Inventory of Need, or 3) curbside evaluations\(^{12}\) (if indicated). The goal of these procedures is to discover any problematic areas that may contribute to the defendant’s future pretrial failure. Once these issues were discovered, the pretrial agency worked to stabilize the defendant while on pretrial release by connecting him or her with appropriate services to ameliorate any troublesome issues. Pretrial supervision of these individuals could be conducted with electronic monitoring only, pretrial monitoring only, EICT only, or a combination of any of these forms of supervision (W. Niehaus, personal communication, May 12, 2010).

Individuals from this pretrial group were recruited by a member of the research team in the jail intake. When defendants returned from court, a member of the pretrial staff was notified that certain persons had been granted an own recognizance bond. That pretrial staff member

\(^{11}\) To be released by the Court Pretrial Early Intervention & Community Transition Project (EICT), a defendant or offender must 1) be eligible for community control, 2) be assessed as moderate or high risk and/or high need, 3) be willing to participate as a condition of pretrial release in accordance with Rule 46 of the Ohio Revised Code, and 4) participate in additional assessments and individualized case planning (ICP) to address targeted risk factors. Defendants are identified immediately following the pretrial investigation; however, defendants can be evaluated for eligibility at any point in criminal case processing. The level of community supervision is determined on an individual basis and requires varying levels of intervention and frequency of contact.

\(^{12}\) Curbside evaluations are for individuals indicating mental health symptoms, and a connection to service for which they are eligible begins at this point. Incarcerated or released detainees, who may or may not be connected to services but demonstrate evidence of need for additional stability and support upon his or her return to the community, are referred for an evaluation by the Court Clinic. All curbside evaluations are voluntary, and depending on priority, are completed within hours or within a designated date. The evaluation includes a comprehensive examination of psychosocial needs and problems, including the severity of mental health, substance use, and conditions associated with the maintenance of these disorders. If concerns of competency, cognitive functioning, danger, or trauma issues surface, more in-depth assessment is then completed.
informed a research assistant about these individuals. While the paperwork was drawn up for the defendant’s release, the research assistant approached the individual and recruited him or her for the study.

SAMPLE

The sample for this study included pretrial defendants who had been arrested in Hamilton County, Ohio between January 11, 2010 and February 26, 2010. A total of 313 individuals were approached to participate in the study. Forty-six individuals opted not to participate, resulting in an acceptable 85% response rate. One individual was eliminated from the study as there was no record of him in the Hamilton County database. The final sample for this study was 266 pretrial defendants.

Table 3-1 presents sample descriptives of the pretrial defendants’ demographic and criminal histories. The mean age of the sample was approximately 29 years old, and slightly over half (53.0%) were non-white. In terms of modal categories, almost half of the sample (47.4%) were involved in a non-marital intimate relationship with a significant other, and over half (51.9%) had children under the age of 18. Regarding education and employment, over two-thirds (68.0%) of the sample had received a high school diploma or GED, while 42.5% were employed full time, were full time students, or provided full time childcare.

A significant percentage of the defendants were arrested for property offenses (33.1%), followed closely by violent offenses (29.3%). Drug offenses were also quite prevalent (16.9%). A majority of the sample were classified by the Ohio Risk Assessment System (ORAS) as medium risk (51.5%). Approximately 18.8% of the sample had prior felonies, and of those felonies, 8.2% involved violence or harm. The proportion of the sample with prior
incarcerations was high, but these incarcerations included both prison and jail\textsuperscript{13}. Approximately 88\% of the sample had a prior incarceration.

\textsuperscript{13} Due to the nature of the data collection performed by the Hamilton county database, these incarcerations could not be differentiated.
<table>
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<tr>
<th>Characteristic</th>
<th>Males</th>
<th>Females</th>
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</tr>
</thead>
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</tr>
<tr>
<td>Age</td>
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<tr>
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<td>21-30 years</td>
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<td>41-50 years</td>
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*Table continues*
Table 3-1: Sample Descriptives: Demographics and Criminal Histories for Pretrial Defendants, continued

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<td>2.1</td>
<td>5</td>
<td>4.9</td>
</tr>
<tr>
<td>Custody of all</td>
<td>16</td>
<td>29.1</td>
<td>38</td>
<td>80.9</td>
<td>54</td>
<td>52.9</td>
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<td>Low (0-2)</td>
<td>53</td>
<td>32.5</td>
<td>52</td>
<td>50.5</td>
<td>105</td>
<td>39.5</td>
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<tr>
<td>Medium (3-5)</td>
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<td>40.8</td>
<td>137</td>
<td>51.5</td>
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<tr>
<td>High (6+)</td>
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<td>8.7</td>
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<td>9.0</td>
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<tr>
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<td>29</td>
<td>28.2</td>
<td>78</td>
<td>29.3</td>
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<tr>
<td>Property</td>
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<td>28.2</td>
<td>42</td>
<td>40.8</td>
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<td>7.8</td>
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<td>6.8</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>125</td>
<td>76.7</td>
<td>91</td>
<td>88.3</td>
<td>216</td>
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<tr>
<td>Two or more</td>
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</tr>
<tr>
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<td>Violence/Harm</td>
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<tr>
<td>Yes</td>
<td>149</td>
<td>90.9</td>
<td>84</td>
<td>81.6</td>
<td>233</td>
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Table 3-1 also illustrates these variables disaggregated by gender. Men were slightly older than women (approximately 31 years old versus 27 years old, respectively). More women were non-white than men (56.3% versus 50.9%, respectively). The marital status of men and women revealed more men were married (12.9%) compared to the women (7.8%). However, more women (54.4%) than men (43.6%) indicated they were involved with a significant other. Almost two-thirds (59.3%) of the women had children under 18, compared to 47.2 % of the men. Regarding education, the majority of both men (68.7%) and women (67.0%) had a high school diploma or GED. As for the employment status of the defendants in this sample, many of these individuals had full time employment, were students,14 or were providing full time childcare: 38.7% of the men and 48.5% of the women were in this category.

Comparisons were also made between the men and women regarding criminal history/status variables. A majority of the women in the sample (44.7%) were diversion volunteers, compared to only a quarter of the men (25.2%). Conversely, more men (32.3%) were from the early jail release population than women (17.5%). Similar percentages of men (42.3%) and women (37.9%) were from the own recognizance population. Approximately half (50.5%) of the women were categorized as “low-risk” by the ORAS, compared to 32.5% of the men. Conversely, almost two-thirds of the men (58.3%) were classified as “medium-risk” by the ORAS, compared to 40.8% of the women. The percentages of “high-risk” defendants were similar between the men and women (9.2% and 8.7%, respectively).

Interestingly, percentages of men and women committing violent offenses were similar (30.1% and 28.2%, respectively). Additionally, men and women had similar rates of drug (17.2% and 16.5%, respectively) and public order (8.6% and 7.8%, respectively) offenses. Women in

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14 Students were included in the “full time” category as many students in this sample went to school full time. That is, they were in high school or attending college full time.
this sample committed more property crimes than men (40.8% versus 28.2%, respectively), while men committed more crimes categorized as “other” than women (16.0% versus 6.8%, respectively). A majority of the men (76.7%) and women (88.3%) had no prior felonies. Of the men who did have prior felonies, 11% had more prior felonies that involved violence or harm than women (3.9%). Men and women also had very high percentages of prior incarcerations, with 90.9% of the men and 81.6% of the women having at least one prior incarceration. As previously noted, however, these included both prison and jail incarcerations.

MEASURES

The conceptualization and operationalization of the measures used for this study are as follows.

*Individual Variables*

The demographic variables used in this study included sex, race, age, marital status, employment status, educational achievement, and ORAS risk levels (Latessa et al., 2009). Research assistants collected information regarding sex, race, age, employment status, and educational achievement during the interview. Employment status and educational achievement were later verified from data obtained from pretrial agency personnel. Additionally, any missing demographic information, as well as marital status and ORAS scores, was also obtained from pretrial agency personnel.

Age was determined by the defendants’ date of birth. Race was self-reported to the research assistant or pretrial personnel. Race was coded into a dichotomous variable (0 = white, 1 = non-white). Marital status was coded into one of three categories: 0 = single, 1 = married, 2 = separated, divorced, or widowed. Employment status in the *Inventory of Need* was indicated as
one of the following: (a) employed full time, (b) employed part time, (c) employed as a temp, (d) full time student, (e) providing full time childcare, (f) disabled, not able to work, and (e) unemployed, but able to work. These items were recoded into a variable indicating three employment statuses (0 = full-time employment, full time student, full time childcare; 1 = part time employment and disabled, not able to work; 2 = unemployed, but able to work [this included employed as a temp]). Defendants reported their highest educational achievement to either the research assistants during the interview or the pretrial staff at intake. Educational achievement was then transformed into a scale indicating 0 = high school diploma, GED, or higher and 1 = did not complete high school.

Hamilton County Inventory of Need Scales

The following section outlines each potential risk/need that was examined in this study. The first section includes risk/needs that could theoretically be categorized as “gender-neutral.” Specifically, these include measures of criminal history, employment and financial status, educational need, and substance abuse. The second section examines risk/needs determined by feminist literature and gender-responsive risk/needs assessment research to be important for women offenders. These “gender-responsive” needs include abuse, trauma, mental health, housing safety, homelessness, and children/parenting issues. An additional “strength” was also examined: family support.

Gender-Neutral Needs

The risk/needs in this section are often referred to as “gender-neutral” variables. That is, research has found them to be predictive of offending behavior for both men and women (Simourd & Andrews, 1994). However, it is possible that these issues work in different ways for
men and women, and that some risk/needs may be more predictive for women than men, or vice versa.

**Criminal History.** Criminal history variables have been some of the best predictors of recidivism. Indeed, in seminal discussions of risk factors, Andrews and Bonta (2006) included criminal history as the only static risk factor among the “Big Four” recidivism predictors. The items included in this scale were variables that are common to most pretrial risk assessment instruments. Specifically, seven items\textsuperscript{15} gathered from Hamilton County’s internal database that tapped into criminal history included: 1) any prior felonies ($0 = \text{no}, 1 = \text{yes}$); 2) number of prior felonies ($0 = \text{none}, 1 = \text{one}, 2 = \text{two or more}$); 3) number of prior misdemeanors ($0 = \text{none}, 1 = \text{one or two}, 2 = \text{three or more}$); 4) number of minor misdemeanors ($0 = \text{none to two}, 1 = \text{three or four}, 2 = \text{four or more}$); 5) number of traffic offenses ($0 = \text{none}, 1 = \text{one to three}, 2 = \text{four or more}$); 6) number of prior incarcerations ($0 = \text{none}, 1 = \text{one}, 2 = \text{two or more}$); and 7) any prior offenses violent ($0 = \text{no}, 1 = \text{yes}$).

**Employment and Financial Status.** Socioeconomic strain is commonly assessed by risk/needs assessment instruments and has been found to be moderately predictive of recidivism (Andrews & Bonta, 2006). One possible explanation for this is that individuals may engage in criminal behavior because of blocked access to financial goals. According to Merton (1938), in a society where there is an emphasis on universal cultural goals (i.e., material success), but there is an unequal class structure, not all individuals are given the opportunity to achieve these goals legitimately. This blocked access to legitimate means of obtaining material success will cause some individuals to engage in criminal behavior to achieve these goals. On an individual level,

\textsuperscript{15} Continuous variables (i.e., number of...) were collapsed into three point scales. This was determined through the examination of bivariate correlations between the continuous variables and the outcomes. All efforts were made to ensure the bivariate correlations of the collapsed scales were similar to the continuous variables.
Agnew’s (1992) General Strain Theory recognizes that economic difficulties are one source of strain that may compel an individual to engage in criminal behavior.

Feminist scholars emphasize that women offenders often experience extreme poverty and economic marginalization, and propose that these circumstances are more prevalent for women than men (Belknap, 2006; Bloom et al., 2003). Furthermore, legislation that has affected welfare assistance (i.e., Personal Responsibility and Work Opportunity Reconciliation Act of 1996) has had a dramatic impact on low-income women and their children (for a detailed discussion, see Chapter Two). Research has discovered evidence that men and women offenders differ in the financial problems they experience. For example, in a study that examined the effects of ethnicity and gender on the LSI-R, Holsinger, Lowenkamp, and Latessa (2003) found that male offenders differed significantly from female offenders in their reliance on social assistance, with women much more likely to receive assistance than men (46% versus 23%, respectively). Furthermore, women had higher composite scores in the LSI-R’s financial subsection than men.

Emerging research has examined the notion that economic status of women offenders is associated with offending behavior. For example, a study by Holtfreter, Reisig, and Morash (2004) examined the role poverty played in the lives of women offenders. It was found that poverty-stricken women had increased odds of rearrest and supervision violations. Additionally, gender-responsive risk assessment research conducted by Van Voorhis and colleagues (2010) discovered that employment and financial problems were strongly correlated with re-arrests and incarcerations of women offenders. Therefore, employment and financial status may be important for both male and female pretrial defendants, but additional research is needed to determine whether this need is more predictive for women than men. That is, this need may occur in equal frequency among male and female offenders but affect women in a different way.
Several items in the *Inventory of Need* asked defendants about their employment and financial status. Individuals were asked their employment status (0 = full time, full time student, full time childcare; 1 = part time, unable to work due to health problems; 2 = unemployed but able to work, employed as a temp) as well as any financial difficulties they had been experiencing recently. Specifically, defendants were asked if within the past six months they had experienced financial difficulties (i.e., eviction from an apartment, repossession of property, cut off utilities, calls from collection agencies, bankruptcy, problems with child support enforcement) (0 = no, 1 = yes); whether they were able to pay their bills without financial help (0 = yes, 1 = no); whether they were able to live independently without financial help (0 = yes, 1 = no); if they received housing assistance (0 = no, 1 = yes); if they received food stamps (0 = no, 1 = yes); if they received disability/SSI (0 = no, 1 = yes); and if they had medical insurance (0 = no, 1 = yes).

*Educational Need.* In American society, education is inextricably linked to financial status. Generally, the higher the education an individual has, the more likely he or she will be obtain employment with higher pay. Therefore, education can often be a barrier to legitimate opportunities (Cloward & Ohlin, 1960). Success in school during the early years of an individual’s life may carry over into adulthood. Struggles in school may decrease self-esteem, attachment to school, and cause an individual to discontinue his or her education (Chen & Kaplan, 2003; Gold, 1978; Hirschi, 1969). This can have tremendous consequences on future opportunities for financial stability. Additionally, low educational status may be a factor that causes individuals to feel strain and potentially engage in offending behavior (Agnew, Cullen, Burton, Evans, & Dunaway, 1996; Hirschi, 1969). Indeed, educational achievement is among the “Central Eight” criminogenic needs related to recidivism for offender samples (Andrews &
Bonta, 2006). It is also included as a risk factor in several dynamic risk/need assessment instruments (Andrews & Bonta, 1995; Brennan, Dieterich, & Ehret, 2009; Brennan, Dieterich, & Oliver, 2006). Therefore, it is an important need to assess for both male and female pretrial defendants.

Although most men and women in the criminal justice system have educational needs, this issue may impact women and men differently. Bloom and colleagues (2003) assert that many women who enter the criminal justice system are either un- or under-educated. Educational needs are another aspect of women’s economic marginalization that contributes to their lives in poverty. This may contribute to their offending behavior. Indeed, Van Voorhis et al.’s (2010) research involving the WRNA found correlations between educational need and recidivism in probation and pre-release samples of women offenders, as well as prison misconducts for women inmates. On the other hand, some research has discovered that education is particularly salient in predicting the offending behavior of men (Benda, 2005; Lochner, 2004; Lochner & Moretti, 2004). For example, in a study by Benda (2005) that compared gender differences in predictors of time in the community without criminal recidivism, it was discovered that the years of education were inversely associated with recidivism for men only. Therefore, education appears to be an important need to examine in this study.

There were three items in this domain that were intended to assess a defendant’s current educational need. These items included whether the defendant had been in special education classes or had an individualized education plan (IEP) (0 = no, 1 = yes), and if the defendant had current problems reading or writing (0 = no, 1 = yes). Additionally, defendants indicated their highest level of education. This included if they had not graduated from high school, if they had a GED, were a high school graduate, were a graduate of a technical program following college,
or were a college graduate. This last item in the education domain was collapsed to indicate the defendants’ educational level (0 = high school diploma/GED or more, 1 = less than a high school diploma).

Substance Abuse. As previously discussed in Chapter Two, a large proportion of offenders enter the criminal justice system with problems related to addiction. Some research has shown that indicators of drug use are a significant predictor of failure to appears and rearrests during the pretrial phase (Smith, Wish, & Jarjoura, 1989). Therefore, many pretrial risk assessment instruments include measures of substance abuse as a factor used to predict pretrial failure (Latessa et al., 2009; Rose & VanNostrand, 2007; Smith et al., 1989; VanNostrand, 2007).

There were several items in the Inventory of Need that allowed for the examination of substance abuse. Items included in the measures of substance abuse tapped into any relationship between substance abuse and offending behavior as well as how drugs and/or alcohol affected the defendants’ lives. Defendants were first asked at what age they started using drugs and/or alcohol. This continuous variable was recoded into a dichotomous item: 0 = 14 and older, 1 = 13 and younger. Defendants were also asked if they had a substance abuse related offense on their record and if they believed drugs and/or alcohol were related to their current offense (0 = no, 1 = yes). Additional items tapped into any social and/or behavioral issues the respondents may had experienced due to their drug and/or alcohol abuse. Specifically, they were asked if family or friends ever expressed concern about their substance abuse; if they had difficulty stopping their use of drugs or alcohol once they start using; if drugs or alcohol ever made it difficult to perform at work or school; if they had experienced any health or emotional problems as a result of drug or alcohol use; if drug or alcohol use had ever resulted in any marital or family fights; if it ever
caused them any financial problems; if they had ever had a positive or diluted drug screen; and if their homelessness was ever a result of their substance abuse. All items were coded 0 = no, 1 = yes.

Gender-Responsive Needs

Abuse and Trauma. Studies of offenders in the criminal justice system, and of jail inmates in particular, indicate that many offenders have histories of abuse (BJS, 1999a, 2004). Many men and women in the criminal justice system report experiences of childhood abuse; however, the victimization of women often continues into adulthood while it ceases for men (BJS, 1999, 2004). Research linking childhood abuse directly to offending has been mixed (Falshaw et al., 1996). However, some studies suggest that childhood abuse increases the likelihood of adult offending behavior (Widom, 1992; Widom & Maxfield, 2001). Furthermore, other research has emerged that suggests that while childhood abuse may not have a direct influence on offending behavior, it may indirectly affect offending through various psychological and behavioral issues (i.e., mental health, substance abuse) (Salisbury & Van Voorhis, 2009; Vaske & Gehring, 2010). For example, consistent with extant research, individuals who have experienced abuse are more likely to experience mental illness and substance abuse problems (BJS, 1999, 2005, 2006b; Coker et al., 2002; Finkelhor, 1990; Green et al., 2005; McClellan et al., 1997; Rohsenow et al., 1988), issues that may be related to offending behavior for some individuals. Regardless of abuse’s direct or indirect relationships with offending, it appears to be important in the etiology of offending behavior for some individuals.

Women in the criminal justice system have higher prevalence rates of trauma and abuse than their male counterparts (Alegmagno & Dickie, 2002; Browne, Miller, & Maguin, 1999; BJS, 1999a; McClellan et al., 1997) and feminist scholars propose that abuse is a major
component in the etiology of female offending (Belknap, 2006; Chesney-Lind, 1997, 2000; Daly, 1992, 1994). Specifically, the argument is abuse is more relevant to female offending behavior than male offending behavior (McClellan et al., 1997). The importance of abuse in the lives of female offenders is often cited in the “pathways perspective,” an emerging theory of female criminality proposed by recent feminist scholars and criminologists (Belknap, 2006; Bloom et al., 2003; Daly, 1992, 1994; Chesney-Lind 1997).

One aspect of the “pathways perspective” holds that abuse is a major “starting point” for many women who find their way into the criminal justice system (Belknap, 2006; Bloom et al., 2003; Daly, 1992, 1994; Chesney-Lind 1997). Most of the research that supports this perspective is qualitative (Chesney-Lind & Rodriguez, 1983; Daly, 1992, 1994; Gilfus, 1992); however, research is emerging that empirically supports this theory of female offending (Salisbury & Van Voorhis, 2009). Validation studies of a gender-responsive risk/needs assessment tool have also discovered abuse experienced as a child and/or an adult is statistically related to institutional misconducts and community recidivism, particularly in institutional samples (Van Voorhis et al., 2007a, 2008, 2010). However, scholars have yet to completely understand the victimization-criminalization “black box” (Daly, 1992). Since much feminist criminological literature asserts that abuse is an important factor in the etiology of female offending, examining abuse histories of both male and female pretrial defendants can allow the determination of whether this is something that is more relevant for female defendants or an important risk factor for both genders.

Abuse. Interviewers asked respondents several questions tapping into abuse experiences. These questions included whether the defendants had experienced 1) physical abuse as a child, 2)
sexual abuse as a child, 3) physical abuse as an adult, 4) sexual abuse as an adult, and 5) any recent physical assaults or threats. These five items were coded 0 = no, 1 = yes.

Trauma. In addition to abuse experiences, items were included in the abuse and trauma section in the Inventory of Need that tapped into symptoms of post-traumatic stress disorder (PTSD). Theoretically, anyone can experience a traumatic event that does not necessarily have to include abuse (e.g., war, a loved one dying). The four items used in this scale were a modified and abbreviated version of The Posttraumatic Diagnostic Scale (see Foa, 1995). The trauma section began by asking the respondent: “In your life have you ever had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH you…” The defendants were then asked in response to this experience, whether they 1) had nightmares about it or thought about it when they did not want to, 2) tried hard not to think about it or went out of their way to avoid situations that reminded them of it, 3) were constantly on guard, watchful, or easily startled, or 4) felt numb or detached from others, activities, or their surroundings. All items were dichotomous (0 = no, 1 = yes).

Mental Health. Mental health factors are typically not measured in static pretrial risk assessments, even though an individual’s mental health status may be related to his or her offense or criminal history (Lamberti & Weisman, 2004). However, this variable does appear on community and institutional risk/need assessment instruments, like the LSI-R (Andrews & Bonta, 1995). In the risk prediction research, it is often subsumed under a composite “personal distress” or “interference” scale which includes several other constructs (e.g., low self-esteem, anxiety, depression, neuroticism, apathy) (Andrews, Bonta, & Hoge, 1990; Gendreau, Little, and Goggin, 1996; Simourd & Andrews, 1994). Traditionally, mental health as defined as “personal
distress” has been dismissed as a major criminogenic need, often becoming defined as a responsivity\textsuperscript{16} issue (Andrews & Bonta, 2006).

As indicated above, “personal distress” as an indicator of mental health is a broad category that does not designate individual and distinct mental illnesses. Therefore, research conducted as “evidence-based practice” may have missed mental health issues particularly prevalent with women, such as mood disorders (i.e., depression, bipolar disorder) and anxiety disorders (i.e., anxiety disorder, post-traumatic stress disorder). Furthermore, since research has shown that women offenders have higher prevalence rates of mental illness than their male counterparts (BJS, 2006b), feminist scholars assert this is an important need for this population. Gender-responsive research interprets this need as a possible consequence of trauma and abuse, as well as a catalyst for self-medicating behavior (Bloom et al., 2003; Covington, 1998). Indeed, emerging research has discovered mental illness symptoms to be a component in a pathway to offending behavior for women (Salisbury & Van Voorhis, 2009).

In Van Voorhis and colleagues’ (2010) research on a gender-responsive risk/needs assessment instrument, evidence suggested that a history of mental illness, current symptoms of depression and anxiety, and current symptoms of psychosis were related to community recidivism and prison adjustment for women offenders. Specifically, current symptoms of depression and anxiety were correlated with recidivism in probation samples. History of mental health issues were important in prison samples, and became even clearer when current symptoms of depression and psychosis were assessed. For pre-release samples, mental health issues

\textsuperscript{16} In the literature regarding effective correctional interventions, responsivity refers to delivering treatment programs in a style and mode that is consistent with the ability of the offender (Andrews & Bonta, 2006). There are two parts to the responsivity principle: general and specific. Specific responsivity takes into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual that may act as “barriers” to successful treatment. In this instance, it is proposed that “personal distress” may fall under the category of specific responsivity. That is, “personal distress” may compromise the effectiveness of a treatment modality because it is affecting the individual in a manner that hinders treatment success.
appeared to be significantly related to recidivism when current and specific forms of mental health problems were considered, especially symptoms of psychosis. Therefore, mental health items appear to be significant predictors for women in both community and institutional settings.

It is also important to examine this need for men, as it should not be assumed that mental health issues are only relevant for women. Fortunately, the *Inventory of Need* tapped into items that indicated a history of mental health problems and not a vague “personal distress” variable in which several different items are subsumed. Collecting mental health information from men as well as women allowed for the determination as to whether mental health was a need related to pretrial outcomes for them (as opposed to a responsivity issue), and if there are any differences between the mental health needs of men and women.

Items in this domain on the *Inventory of Need* tapped into the defendant’s mental health history. Questions asked whether defendants had been involved in counseling/therapy; had ever been in a mental health hospital or unit; had ever seen things or heard voices that weren’t really present; had ever taken prescription medication for an emotional or psychological problem; had ever been diagnosed with a mental illness; and had ever thought about suicide. Another item was taken from the homeless section of the assessment which asked whether the defendant’s homelessness was a result of mental illness. All items were coded 0 = no, 1 = yes.

A follow up question was also asked after the defendant disclosed he or she had been diagnosed with a mental illness as to what the diagnosis was. From this, eight additional variables were created indicating a specific diagnosis (e.g., ADD, ADHD, anxiety, bipolar disorder, depression, PTSD, schizophrenia, personality disorder). These items were coded 0 = they had not been diagnosed with this disorder and 1 = they had been diagnosed with this disorder.
**Housing Safety.** While many risk/needs assessment instruments use traditional measures of accommodations usually intended to capture homelessness or number of residential moves, housing safety measures the defendants’ perception of safety in their homes. Based in the histories of victimization of women offenders, a risk factor of “housing safety” has emerged in the gender-responsive assessment research. That is, housing and accommodations were contextualized in gender-responsive terms during the development of the Women’s Risk/Needs Assessment (WRNA) instrument by NIC/UC. Research with the WRNA has discovered that measuring living conditions with a focus on safety produced a strong correlation with recidivism in community samples (Van Voorhis et al., 2010). It will be helpful to compare a measure of “housing safety” between male and female pretrial defendants to discover whether this is a gender-responsive or gender-neutral need\(^{17}\).

There was no specific section in the assessment tool that focused on housing safety. However, items in the *Inventory of Need* allowed for an examination of this issue for the defendants in this sample. These questions included asking whether defendants felt safe where they lived, had any concerns for their safety in their homes, and had any concerns about the crime in their neighborhood (0 = no, 1 = yes).

**Homelessness/Residential Stability.** Risk assessment instruments typically use measures of accommodations and/or numbers of recent moves to indicate an individual’s “residential stability.” In the pretrial phase, this is generally used to determine an individual’s ties to the community. It is believed that an individual with a stable housing situation is less likely to abscond and therefore more likely to show up for scheduled court appearances. Residential stability is typically measured by asking the number of times an individual has moved during a

\[^{17}\text{It should be noted that the items in the } Inventory of Need \text{ that were used to indicate housing safety are not the same items used by the Women’s Risk/Need Assessment developed by Van Voorhis and colleagues.}\]
specific time period or how long they have lived at their current residence. This domain in the
Inventory of Need tapped into residential stability but also included items on homelessness.

Specifically, interviewers asked respondents if they: 1) had a place to live before they
were arrested (0 = yes, 1 = no); 2) if there were times they were not allowed to stay where they
lived (0 no, 1 = yes); 3) if they lived with others (0 = yes, 1 = no); 4) how many times they had
moved in the past year; 5) during their adult life if they had ever been homeless or lived in a
shelter (0 = no, 1 = yes); and 6) how many times they had been homeless or lived in a shelter, (0
= none, 1 = one or more).

Children. Given that a majority of women under correctional supervision have at least
one child under the age of eighteen (BJS, 1999b), issues related to children may be important for
women entering into the criminal justice system. Almost sixty percent of the women in the
current sample stated that they had children under the age of eighteen. However, this does not
deny the fact that many men are also fathers to minor children. Indeed, 47.2% of the men in the
current sample also had minor children. However, it is possible that since many of these men are
not the primary caregivers to their children, they may not experience child-rearing in a way that
women do. That is, fathers’ experiences with children may or may not be associated with
outcome variables. This is why it is important to examine how children affect both male and
female pretrial defendants.

Several items in the pretrial screening tool asked the defendants information about their
children. Items in the “children” section of the Inventory of Need asked respondents: 1) do you
have any children under 18 (0 = no, 1 = yes); 2) how many children do you have; 3) for how
many children do you have shared or full custody; 4) how many children live with you; 5) have
you ever lost custody of your children (0 = no, 1 = yes); 6) did you ever get your children back in
custody (0 = yes, 1 = no); and 7) for how many children do you have custody. An additional item was taken from the financial section that was also related to children. This item asked whether the defendants provided sole support for their children (0 = no, 1 = yes).

**Parental Stress.** Since women are generally the primary caregivers to minor children, they often face many challenges as single mothers. Of particular interest for criminal justice purposes is the connection between parental stress and crime (Ferraro & Moe, 2003; Ross, Khashu, & Wamsley, 2004). Parental stress has been found to be a risk factor related to women offenders’ community recidivism. For example, in validation research of the Women’s Risk/Needs Assessment tool, Van Voorhis et al. (2010) found parental stress was related to outcomes in three probation samples and one of two pre-release samples. However, parental stress was not related to prison misconducts. This makes intuitive sense, as the women’s children were not with them while they were incarcerated and therefore they were not feeling the stress related to actively parenting their children.

Like housing safety, there was not a specific section in the assessment instrument that focused on parental stress. However, items in the Hamilton County *Inventory of Need* interpreted as indicating parental stress included: 1) are your children with someone you trust right now (0 = yes, 1 = no), 2) do you have any concerns for their safety while you are here (0 = no, 1 = yes), and 3) do you need a safe place for them to stay (0 = no, 1 = yes).

**Gender-Responsive Strengths**

**Family Support.** Feminist scholars suggest that recognizing the relational context of women’s lives (i.e., with family, significant others, children) may provide insight into offending behavior (Bloom et al., 2003; Covington, 1998). One relationship in particular that was captured
by the *Inventory of Need* was the defendant’s relationship with his or her family of origin and how much support he or she received in this relationship.

Van Voorhis et al. (2010) used a measure of family support in their validation research of the WRNA. The evidence suggested women who had high levels of family support were less likely to engage in community recidivism and prison misconducts, and they were less likely to accrue technical violations. This suggested that the investment in these familial relationships, as well as the support received from these relationships, acted as a protective factor that inhibited misconducts and offending behavior. Including a measure of family support in the current study allowed for the examination of this strength in this population and whether it affected pretrial outcomes. Additionally, measuring family support and its effect on male pretrial defendants determined whether this was a protective factor for them as well.

Items indicating family support asked whether the defendants maintained at least monthly contact with any siblings and/or parents (or parent figures) (0 = no, 1 = yes), how often they saw their family (0 = never, 1 = monthly, 2 = weekly, 3 = daily), if their visits with family were positive (0 = no, 1 = yes), and if they had help from family if they needed it (0 = no, 1 = yes).

*Pretrial Outcome Measures*

This study examined three pretrial outcomes: 1) failure to appear for scheduled court appearances (FTA), 2) arrest for a new offense while in the community (hereafter referred to as “new arrests”), and 3) any failure during the pretrial phase. This third outcome measure was a combination of failure to appears and new arrests. These are standard outcome measures found in other pretrial studies (Latessa et al., 2009; Lowenkamp & Bechtel, 2007; Rose & VanNostrand, 2009). Dichotomous outcome measures were developed to capture FTAs (0 = no, 1 = yes), arrests for new offenses (0 = no, 1 = yes), and any failure while on pretrial supervision.
(0 = no, 1 = yes). Prevalence data was used for this analysis (whether the incident happened or not). Incidence data was not used (number of times the incident occurred) due to the presence of outliers.

Data on these outcome variables were downloaded by a pretrial staff member from the Hamilton County, Ohio internal database in July 2010. The follow up time periods for this study were four and six months. These short follow up time periods were justified by the nature of the pretrial phase, as generally a short amount of time elapses between an individual’s arrest and his or her appearance in court. The follow up period began the day the pretrial defendant completed the Hamilton County Inventory of Need Pretrial Screening Tool and ended when four and six months elapsed from the assessment date. An FTA was recorded if a defendant was arrested on a failure to appear warrant18. A new arrest was recorded if the defendant was arrested for a crime prior to his or her scheduled court appearance during that same time period.

DATA ANALYSIS

Several statistical techniques were used to address the research questions in this study. To begin, a number of procedures were used to construct scales. Individual items/questions were transformed into domain scales through an analysis that selected items which predicted outcomes and formed an underlying factor structure. This also involved discarding items which evidenced overly high non-response rates or poor variation. Predictive items were factor analyzed using principal component extraction with varimax rotation to form a single scale. As might be

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18 The manner in which information on FTAs was gathered was done by examining arrest data to discover if the defendant had been arrested for an FTA warrant. It was not possible to get a list of people who had FTAs for two reasons. First, FTA information was stored in the Hamilton County courts’ database, which was separate from the data the pretrial personnel had access to. Therefore, this data was inaccessible. Second, the Hamilton County courts did not keep track of FTAs in a manner that would be conducive to reporting follow up data. Once a person was arrested on an FTA warrant, that FTA was cleared from the system. Therefore, there was no historical data regarding FTAs kept by the Hamilton County court database.
expected, there were some cases where the composition of items in a domain differed for males and females. As such, a given domain could result in three scales, one for the entire sample, one for males, and one for females. Alternatively, a single scale could work well for all three groups.

Using the information gleaned from the factor analysis, cumulative domain scales were created that included the items that loaded on each factor. That is, the items that came together to form a specific scale with an eigen value greater than 1 were summed to form a cumulative domain scale.

Finally, single items which failed to form a scale, by virtue of not evidencing an underlying factor structure, were considered for use as a single measure of a domain in the prediction instrument if found to be predictive of outcome.

Once the domain scales were constructed, the second section of the data analysis for this study was conducted. This included independent (or “two-sample”) t-tests and chi-square analyses which allowed for the determination of the existence of statistically significant differences between the risk/needs of male and female pretrial defendants. The independent t-test was used to compare the statistical significance of a possible difference between the means of two groups on the individual domain scales. This technique examined whether there were differences in the prevalence of the domain scales for men and women. In order to do this, scales created using information for the entire sample were used for these tests. A second comparative analysis utilized chi-square tests to compare differences between individual items found in the domains of the screening tool.

Independent t-tests and chi-square analyses addressed the following research questions:

1. How prevalent are the needs identified by the Hamilton County Inventory of Need Pretrial Screening Tool among Hamilton County pretrial defendants?
2. Are the needs of Hamilton County pretrial defendants and their prevalence the same for males and females?

3. What is the profile of the Hamilton County pretrial female defendant? What is the profile of the Hamilton County pretrial male defendant?

The third portion of the data analysis determined whether the domain scales were statistically related (predictive of) pretrial outcomes. To determine this, Pearson bivariate correlations (Pearson $r$, one-tailed) were used. Each risk/need domain scale was correlated with FTAs, arrests for new offenses, and any pretrial failure. Additional analysis of receiver operating characteristics (and the related area under the curve [AUC]) was also conducted. These statistical analyses are common in risk/need assessment validation research (Barnoski & Aos, 2003; Bechtel et al., 2007; Brennen et al., 2009; Girard & Wormith, 2004; Gottfredson & Snyder, 2005; Lowenkamp & Bechtel 2007; Van Voorhis et al., 2007a, 2007b, 2008a, 2008b, 2010). Pearson correlation coefficients ($r$) and AUCs were reported for the associations between each scale and the outcome variables. These statistics were given for the entire sample and for males and females separately.

In this case, the ROC curve is a graph of true positives$^{19}$ (sensitivity) along the y-axis and false positives$^{20}$ (1-specificity) along the x-axis. In a graph that visually represents the ROC curve, the line running from the lower-left corner of the graph to the top right indicates chance prediction, where true positives (“hits”) are equal to false positives (“false alarms”). A curve above this line, “area under the curve” (AUC), indicates the extent to which the scale improves upon a chance prediction (see Harris & Rice, 2007; Swets, Dawes, & Monahan, 2000).

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$^{19}$ In this study, “true positives” are the proportion of persons with FTAs/recidivists who are correctly predicted to acquire a pretrial failure.

$^{20}$ The proportion of persons without FTAs/non-recidivists incorrectly predicted to have pretrial failures.
The use of ROC analysis and the area under the curve (AUC) statistic has become a common statistical technique used in prediction research (Brennan et al., 2009; Dow, Jones, & Mott, 2005; Ferguson, Ogloff, & Thomson, 2009; Grann, Belfrage, & Tengström, 2000; Rice & Harris, 1995, 2005; Van Voorhis et al., 2007a, 2007b, 2008a, 2008b, 2010). It is typically used to assess the predictive validity of cumulative risk scales. In this study, however, it is used to assess single domain scales as well as the total risk scale. This is done to correct for low base rates on the dependent variables which could distort correlation figures. One of the benefits of using this statistic is that it is generally independent of the base rate (prevalence of individuals who failed during the pretrial phase) and selection ratio (proportion of defendants predicted to fail) (Harris & Rice, 2007; Rice & Harris, 1995; Quinsey, Harris, Rice, & Cormier, 1998). Therefore, this statistical technique is very useful in research involving smaller sample sizes and low base rates.

The fourth analysis for this dissertation, which is also important in determining the predictive validity of the pretrial risk/needs scales, were tests of the predictive validity of the total, cumulative scales. That is, all scales that were determined to be predictive, and not redundant, for a specific group were summed together to generate a total, or final, scale. In this way, risks scales were created for the group as a whole and then optimized for male and female groups. This involved generating optimal gender-neutral and gender-responsive scales, as well as combining the gender-neutral and gender-responsive scales to form a final risk/need scale. Tests of the predictive validity for these total scales were conducted using Pearson’s $r$ as well as the analysis of AUCs.

After the predictive validity of these final scales was presented, an additional statistical technique was conducted for informational purposes. This included a second factor analysis of
the scales to identify any areas of co-occurrence, such as those observed in the literature on
female offending (e.g., Brennan, 2008; Covington, 2000; Salisbury and Van Voorhis, 2009).
The latter provided a view to how risk factors might be related to each other (e.g., abuse co-
occurring with mental health problems) in the etiology of future pretrial failure.

An examination of the predictive merits of each scale would sometimes involve
multivariate analysis of each scale’s independent contribution to a prediction of recidivism.
However, the potential for multicollinearity between the independent variables (i.e., scales) in a
multivariate logistic regression models mars attempts to examine this for dynamic risk/needs
assessments. It is possible, however, to examine the relative importance of higher order factors
emerging from the factor analysis discussed above. Thus, after the determination of these
higher-order factors (above), they were inserted into the multivariate models to assess their
relative importance in predicting pretrial outcomes. The results from the multivariate logistic
regression provided a deeper understanding of how these risk/need factors were working
together to influence outcome variables.

Pearson bivariate correlations, receiver operating characteristic (ROC) analysis, factor
analysis, and multivariate logistic regression allowed for the examination of data related to the
following research questions:

1. Are the needs in the Hamilton County Ohio Inventory of Need Pretrial Screening
   Tool statistically associated with pretrial outcomes (i.e., failure to appear, new arrests,
   any failures)?

2. Which risk/needs are associated with FTA? Which risk/needs are associated with new
   offenses? Which risk/needs are associated with any failures? What are the
   implications of these differences?
3. Do the predictors of pretrial outcomes differ for men and women?

4. How do these risk/needs co-occur? Is their co-occurrence different for men and women?

5. What is the relative importance of needs and clusters of needs in predicting pretrial outcomes? How do findings differ for men and women?

While “gender-neutral” and “gender-responsive” needs seem quite distinct, it is believed that in actuality, elements from both may be important in explaining pretrial failure of both female and male pretrial defendants. For example, it should not be assumed that mental health problems are only troublesome for female pretrial defendants. However, what will be informative is whether these risk/needs differ between the two genders and how they are related to pretrial outcomes.

SUMMARY

Data collected from the Hamilton County Pretrial Screening Tool provided a unique opportunity to explore the risk/needs of pretrial defendants. This chapter detailed the development of the Hamilton County Inventory of Need Pretrial Screening Tool, as well as the data collection procedures and sample characteristics of the current study. A discussion of the measures and data analyses was also presented. Chapter Four proceeds with a discussion of scale construction.
CHAPTER FOUR

SCALE CONSTRUCTION

In order to examine whether the needs on the Hamilton County *Inventory of Need* Pretrial Screening Tool were statistically associated with pretrial outcomes, it was necessary to construct appropriate risk/need scales for measurement purposes. As noted previously, the screening tool was initially generated as part of a larger project in which the National Institute of Corrections and the University of Cincinnati created a gender-responsive risk/needs assessment tool. Questions were formulated by UC researchers and correctional practitioners, including substance abuse counselors, psychologists and the Director of Hamilton County Pretrial Services. The screening tool tapped into both gender-neutral (e.g., employment and financial status, substance abuse) and gender-responsive (e.g., abuse, trauma, mental health) needs. Even though the gender-neutral needs included domains seen in current dynamic risk/need assessments, the creators of the tool spent considerable time discussing how items might be most relevant for women.

In order to determine the items included in the scales for the subsequent analyses, several steps were taken. First, bivariate correlations between all the items/questions in a single domain and the outcomes were examined. If specific items were correlated with any of the outcomes, they were retained to be included in the factor analysis. Second, for purposes of data reduction, predictive items from the various domains in the screening tool were factor analyzed\(^\text{21}\) using

\(^{21}\) Concern was raised regarding the use of primarily dichotomous variables to construct factors, as factor analysis is generally reserved for continuous variables. The author responded to this issue by analyzing the factors in a different statistical application, MPlus, to discover whether coefficients and explained variances generated in that program.
principal components extraction with varimax rotation. As a general rule, items which loaded above 0.40 on each factor determined that these items were to be included in the scale. If any of the predictive items did not load on a factor, they were omitted. Third, the predictive items that formed a factor were summed together to create cumulative domain scales to be used in the statistical techniques in Chapters Five (independent t-tests) and Six.

Finally, as part of the factor analysis, these same items were tested for internal consistency (i.e., Chronbach’s alpha). This process was done for the entire sample, men, and women, respectively. Somewhat lower than standard Chronbach alphas (.70) were occasionally accepted in this research for two reasons. First, since this research is considered exploratory, it is acceptable to decrease the threshold value of alpha to .60 (Hair, Black, Babin, Anderson, & Tatham, 2006). Second, alpha levels are not only affected by the degree of correlation between the items in the scale, they are also affected by the number of items in the scale (Streiner, 1989). Lower alphas may be a reflection of the small number of items (e.g., three) included in each scale. It might have been possible to improve the alpha values by adding items to the assessment, but that would not be desirable in a pretrial tool, given the time limits inherent in the processing of defendants in pretrial settings. Therefore, when scales were generated that evidenced predictive validity but low alpha reliabilities, they were retained and used in the analysis.

There were several instances in which different items/questions correlated with outcomes differently for men and women. Separate scales were generated when this occurred. However, if the items had similar predictive validity for all groups, a single scale was generated for all three groups.

were comparable to the results generated in SPSS. MPlus can take into account the dichotomous nature of the items. Because of this, it is able to use the appropriate estimators (i.e., weighted least squares as opposed to maximum likelihood in SPSS) for these items. The confirmatory factor analysis in MPlus fit the models for the scales relatively well. Therefore, the use of factor analysis in SPSS was determined to be acceptable for these analyses.
The following sections outline the development of each risk/need scale that was explored in the current research. The discussion of each scale begins with gender-neutral scales, and then examines gender-responsive scales.

*Gender-Neutral Scales*

As mentioned in Chapter Three, many of the items in the respective sections in the screening tool were dichotomous (yes/no). Therefore, items were coded in the same direction, with increasing numbers indicating more of a “risk,” “need,” or “strength” in a particular area as recorded by the screening tool.

*Criminal History Scale.* No questions in the Hamilton County *Inventory of Need* Pretrial Screening Tool addressed issues pertaining to criminal history; therefore, items capturing this domain were obtained from the Hamilton County internal database. Seven of these items were correlated with the outcome measures: 1) any prior felonies; 2) number of prior felonies\(^{22}\); 3) number of prior misdemeanors; 4) number of minor misdemeanors; 5) number of traffic offenses; 6) number of prior incarcerations; and 7) any prior violent offenses. As shown in Table 4-1, factor analysis for the entire sample indicated an eigenvalue of 4.04 (explained variance = 57.66%), with a related alpha of .869.

Examination of correlation coefficients for male and female outcomes revealed that the relationship between above items and outcomes did not vary by gender. Factor analysis for men produced an eigenvalue of 3.97 with an explained variance of 56.65%. Cronbach’s alpha for the scale for this segment of the sample was .865. For women, the eigenvalue for the criminal history scale was 3.92 (explained variance = 56.06%). Alpha was .851. There were no

\(^{22}\) As discussed in the previous chapter, variables that were continuous (i.e., indicated a number of occurrences) were collapsed to generate scales in which the bivariate correlations were similar to the uncollapsed variable.
differences between the predictive items for men and women. Therefore, a single criminal history scale was generated for all three groups (See Table 4-1).

*Employment and Financial Status Scale.* There were thirteen items in the “financial” domain of the screening tool. Some of these items were simple questions that were used to discern the employment status of the defendant, while some questions were added by the pretrial agency in order to discover additional information about the defendants’ employment situation. The predictive items failed to coalesce to form factors with adequate internal consistencies to indicate an employment/financial scale (e.g., Chronbach’s alpha was between .200 and .300)\textsuperscript{23}; therefore, a decision was made to use only one item to indicate this construct. The employment/financial scale for this study was the employment status item and it was used for both males and females.

*Educational Need Scale.* In the “education” section of the *Inventory of Need*, three items tapped into the education issues of the defendants. Specifically, the items asked whether the defendant had trouble reading or writing, whether he/she had been in special education classes or had an individualized education program (IEP), and the highest education level achieved. These three items were predictive of outcomes for the entire sample. Therefore, all three items were included in the factor analysis. The education scale’s factor structure for the entire sample was represented by an eigenvalue of 1.59 (explained variance = 52.95%). The alpha reliability was $\alpha = .502$\textsuperscript{24}.

Analysis of these items and their correlations with pretrial outcomes revealed very different results for men and women. For men, the same items that were predictive for the entire sample were predictive of their outcomes. Therefore, these items were used to create an

\begin{footnotesize}
\textsuperscript{23} This is likely due to the fact that the items in this domain were too diverse to coalesce to form a single scale.
\textsuperscript{24} As mentioned previously, these low alphas are likely due to the number of items included in the scale.
\end{footnotesize}
education scale for men. The eigenvalue for the scale constructed with only male cases was 1.58 (explained variance = 52.55%), with an alpha level equaling .513. Conversely, no educational items were predictive of female outcomes. Thus, an education scale was not generated for women. Although the education scales differed for men and women, there was a desire to see if there were group differences in the prevalence rate of this risk/need. Therefore, the factor generated for the entire sample was used for descriptive purposes in determining group differences in educational need in the following chapter.

Substance Abuse. The substance abuse section in the Inventory of Need screening tool was comprised of eleven items. The first item in the section asked at what age the defendant first started using drugs and/or alcohol. The remaining ten dichotomous items from this section reflected criminal and behavioral indicators of substance abuse (i.e., both alcohol and drug use). An additional item originally designed for a homelessness scale was added to the substance abuse items in this analysis, as this item asked whether the defendant’s homelessness was ever due to substance abuse.

Examination of the correlations of these items with outcomes revealed ten items to include in the substance abuse scale for the entire sample. These items were: 1) having a substance abuse related offense on record; 2) would you say the use of drugs/alcohol was involved in the current offense; 3) have family and friends expressed concern about your alcohol/drug use; 4) when you start drinking and using drugs, do you have difficulty stopping; 5) has your drug/alcohol use created health/emotional problems; 6) has your drug/alcohol use caused any family or marital fights; 7) has your drug/alcohol use caused any financial problems; 8) have you ever had a positive or diluted drug screen; 9) when you take prescription medication, do you take more than recommended dose; and 10) was your homelessness caused by substance
abuse. These ten items converged to generate a factor with an eigenvalue of 3.84 that explained 38.67% of the variance ($\alpha = .813$).

Seven substance abuse items important for male outcomes were included in the male substance abuse scale (See Table 4-1). Factor analysis generated a factor with an eigenvalue of 3.16 that explained 45.07% of the variance. Alpha reliability for the men’s substance abuse scale was .753. For women, several more substance abuse items were related to pretrial outcomes for them. In addition to the items that were important for the entire sample (excluding the prescription medication item), two other substance abuse items were predictive for women. These included the age of first drug and/or alcohol use item and whether drugs and alcohol made it difficult to perform at work or school. These eleven items coalesced to form a substance abuse factor for women, that explained 43.82% of the variance (eigenvalue = 4.82, alpha reliability = .847).

Subsequent analysis (i.e., independent t-tests) regarding the comparison of substance abuse between these two groups (Chapter Five) used the factor generated with information from the entire sample. However, since it is clear that several substance abuse items had differing predictive powers for men and women, the substance abuse scales to be included in the final risk scale will vary by gender.
### Table 4-1: Gender-Neutral Risk/Needs Scales: Factor Loadings and Internal Consistencies

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal History Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any felonies on record</td>
<td>.869</td>
<td>.875</td>
<td>.853</td>
</tr>
<tr>
<td>Number of prior felonies</td>
<td>.849</td>
<td>.850</td>
<td>.842</td>
</tr>
<tr>
<td>Prior misdemeanors</td>
<td>.827</td>
<td>.797</td>
<td>.876</td>
</tr>
<tr>
<td>Prior minor misdemeanors</td>
<td>.714</td>
<td>.694</td>
<td>.744</td>
</tr>
<tr>
<td>Prior traffic</td>
<td>.681</td>
<td>.688</td>
<td>.571</td>
</tr>
<tr>
<td>Prior incarcerations</td>
<td>.647</td>
<td>.634</td>
<td>.646</td>
</tr>
<tr>
<td>Any prior offenses violent</td>
<td>.696</td>
<td>.696</td>
<td>.650</td>
</tr>
<tr>
<td>KMO</td>
<td>.811</td>
<td>.800</td>
<td>.757</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>4.036</td>
<td>3.965</td>
<td>3.924</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>57.664</td>
<td>56.648</td>
<td>56.061</td>
</tr>
<tr>
<td>Alpha</td>
<td>.869</td>
<td>.865</td>
<td>.851</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
<tr>
<td><strong>Educational Need Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever been in special education classes or had an IEP</td>
<td>.770</td>
<td>.780</td>
<td>--</td>
</tr>
<tr>
<td>Has trouble reading or writing</td>
<td>.800</td>
<td>.756</td>
<td>--</td>
</tr>
<tr>
<td>Less than a high school diploma</td>
<td>.596</td>
<td>.630</td>
<td>--</td>
</tr>
<tr>
<td>KMO</td>
<td>.583</td>
<td>.597</td>
<td>--</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>1.589</td>
<td>1.576</td>
<td>--</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>52.950</td>
<td>52.546</td>
<td>--</td>
</tr>
<tr>
<td>Alpha</td>
<td>.502</td>
<td>.513</td>
<td>--</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
</tbody>
</table>

*Table continues*
### Table 4-1: Gender-Neutral Risk/Needs Scales: Factor Loadings and Internal Consistencies continued

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Abuse Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and/or alcohol use before age 14</td>
<td>--</td>
<td>--</td>
<td>.503</td>
</tr>
<tr>
<td>Substance abuse related offense on record</td>
<td>.574</td>
<td>--</td>
<td>.602</td>
</tr>
<tr>
<td>Would you say that your use of alcohol/drugs was involved in current</td>
<td>.633</td>
<td>.607</td>
<td>.613</td>
</tr>
<tr>
<td>Family or friends have expressed concern about alcohol/drug use</td>
<td>.735</td>
<td>.747</td>
<td>.768</td>
</tr>
<tr>
<td>Difficulty stopping</td>
<td>.659</td>
<td>.667</td>
<td>.661</td>
</tr>
<tr>
<td>Alcohol/drug use has caused health/emotional problems</td>
<td>.704</td>
<td>.732</td>
<td>.731</td>
</tr>
<tr>
<td>Alcohol/drug use has resulted in family/marital fights</td>
<td>.601</td>
<td>.609</td>
<td>.607</td>
</tr>
<tr>
<td>Alcohol/drug use has resulted in financial problems</td>
<td>.773</td>
<td>.728</td>
<td>.853</td>
</tr>
<tr>
<td>Alcohol/drug use has effected work/school performance</td>
<td>--</td>
<td>--</td>
<td>.704</td>
</tr>
<tr>
<td>Had a positive or diluted drug screen</td>
<td>.552</td>
<td>.589</td>
<td>.447</td>
</tr>
<tr>
<td>Take more than prescribed dose of medication</td>
<td>.431</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Was homelessness due to substance abuse</td>
<td>.433</td>
<td>--</td>
<td>.691</td>
</tr>
<tr>
<td><strong>KMO</strong></td>
<td>.840</td>
<td>.809</td>
<td>.799</td>
</tr>
<tr>
<td><strong>Eigenvalue</strong></td>
<td>3.837</td>
<td>3.155</td>
<td>4.820</td>
</tr>
<tr>
<td><strong>% Variance Explained</strong></td>
<td>38.365</td>
<td>45.067</td>
<td>43.820</td>
</tr>
<tr>
<td><strong>Alpha</strong></td>
<td>.813</td>
<td>.753</td>
<td>.847</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
</tbody>
</table>
Gender-Responsive Needs

Abuse Scale. Several items in the Inventory of Need tapped into the respondents’ abuse experiences. Examining these items for the entire sample revealed only one item to be modestly correlated with outcomes (physical abuse as a child). Since a factor and scale was not generated, this one item became the abuse scale for tests of predictive validity for the entire sample. However, in order to discover whether group differences existed, a decision was made to generate an abuse scale for descriptive purposes. This scale included items indicating whether the defendants experienced physical or sexual abuse as a child and physical and sexual abuse as an adult. The factor structure for this descriptive scale was represented by an eigenvalue of 2.08 (explained variance = 52.10%). The alpha reliability was $\alpha = .661$.

Examination of these abuse items by gender revealed very different results. No abuse items were related to outcomes for men. Since abuse was not a risk factor for men, no abuse scale was generated for them. Conversely, three items were correlated with pretrial outcomes for women: 1) physical abuse as a child, 2) sexual abuse as a child, and 3) sexual abuse as an adult. These items were combined to create an abuse scale for women. This scale’s factor explained 63.23% of the variance (eigenvalue of 1.90). The alpha reliability was $\alpha = .706$.

Trauma Scale. In addition to the child and adult abuse items, there were four items in the “Trauma” section of the screening tool that indicated symptoms of post-traumatic stress disorder (PTSD). As mentioned in Chapter Three, the four items used in this scale were a modified and abbreviated version of The Posttraumatic Diagnostic Scale (see Foa, 1995). Since these symptoms could result from traumatic events other than childhood abuse or adult victimization, these items were analyzed separately from the abuse scale. For the entire sample, two of the four items were related to outcomes. However, a decision was made to include all items, regardless of
predictive power, in the trauma scale in order to retain the integrity of the scale. The eigenvalue for the scale constructed for the entire sample was 1.78 (explained variance = 59.38%), with an alpha level equaling .783. Alpha values for males and females were .730 and .822, respectively.

*Mental Health Scale.* There were eight dichotomous items in the mental health section of the screening tool that tapped into various aspects of a person’s mental health history and status. Furthermore, as outlined in Chapter Three, eight additional items were generated to describe specific mental illness diagnoses. One item in the mental health section of the tool that asked if the individual had ever been in special education classes was removed from the analysis, as this item was already included in the educational need scale. An item from the homelessness section was added to the examination of mental health variables. This item asked the defendants whether their homelessness was a result of mental illness.

For the entire sample, five of the mental health items were related to outcomes and coalesced to generate a mental health scale. Factor analysis produced an eigenvalue of 2.58, (explained variance = 51.63%). Items retained in the scale included whether the defendants 1) had been hospitalized or placed in a mental health unit; 2) had seen things or heard voices that weren’t really present; 3) had taken prescription medication to make them feel better emotionally; 4) had been diagnosed with a mental illness; and 5) homelessness was a result of a mental illness. Alpha reliability for the scale was .756.

Of the mental health items, five were related to outcomes for men: 1) homelessness due to mental illness, and diagnoses of 2) schizophrenia, 3) personality disorder, 4) PTSD and 5) ADD. Only three of these items (diagnosis of schizophrenia or personality disorder, and homelessness due to mental illness) converged to generate a factor with an eigenvalue of 1.49.

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25 Recall that each of the four items was a response to the same question: “In your life have you ever had any experienced that was so frightening, horrible, or upsetting that IN THE PAST MONTH you (check all that apply).”
that explained 49.77% of the variance ($\alpha = .478$). This scale is not ideal, and it is somewhat surprising that none of the historical items assisted in the prediction scale formation.

Women, on the other hand, had seven mental health items related to their outcomes. In addition to the four items from the scale for the entire sample (excluding the prescription medication variable), three other diagnostic variables were predictive for this group. These included whether they had been diagnosed with ADHD, bipolar disorder, or PTSD. A factor was generated that explained 42.33% of the variance (eigenvalue = 2.96) with a related alpha reliability of .761.

Since analysis of these mental health items revealed this scale varied by gender, the scale generated for the entire sample was used in the analysis of group differences. The final risk scales, on the other hand, were comprised of differing mental health scales for men and women.

*Housing Safety Scale.* As previously mentioned, there was no section in the *Inventory of Need* that specifically focused on housing safety. However, there were several items that asked defendants whether they felt safe in particular circumstances that were related to their home environment. Examination of these items revealed that they were not correlated with outcomes for the sample, or for males or females. As a result, a decision was made to omit this scale from further consideration. However, these items were retained and used in the chi-square analysis of group differences of individual variables.

*Homelessness Scale.* The *Inventory of Need* Pretrial Screening Tool included a section in which information about the defendant’s residence was gathered. In this section, questions tapped into residential stability (e.g., how many times have you moved in the past year?) and homelessness (e.g., before you came here, did you have a place to live?). There were several items in this section, with six of those items tapping specifically into the homeless issues of the
defendants. Four of these six items were predictive and combined to form the final homeless scale. Current homeless status, whether they lived with others, history of being homeless or living in a shelter, and number of times the defendant was homeless or lived in a shelter were included in this scale (eigenvalue = 2.37, explained variance = 59.19%). The alpha for this scale was $\alpha = .720$.

These four items were also correlated for outcomes for both men and women. The eigenvalue for the homeless scale for men was 2.46 with an explained variance of 61.44%. Alpha reliability for the scale for men equaled .740. For females, the homeless scale produced an eigenvalue of 2.14 (explained variance = 53.38%), with an alpha reliability of $\alpha = .664$. Since these items were correlated with outcomes for all three groups, only one homelessness scale was generated.

*Children/Parenting Scale.* This analysis was limited to defendants who had custody of children. This involved 80 defendants, or 30.1% of the entire sample, and 33 (19.6%) of the men and 48 (46.6%) of the women. There were five items in the “children” section of the *Inventory of Need* screening tool. An additional item found in the “financial” section was also included, as this was also related to children (do you provide sole support for your children). Only one item emerged as risk factor for all three groups: if the defendant had ever lost custody of his/her children. Several other items were significantly related to outcomes but in negative directions (e.g., sole support of children, number of children). When the results were disaggregated by gender, similar findings were observed among the 33 men but none of the parental variables were related to outcomes for women. As a result, a risk scale for parenting issues was not created. This reflected a decision to exclude the one significant item, lost custody, because it was

---

26 The other two items were previously discussed and included in the substance abuse and mental health scales.
seen to be a proxy for a number of individual attributes, other than parenting per se. However, these individual items were used in the subsequent chi-square analysis of group differences on single items.

\[\text{Note: Results were not different when an analysis for the entire sample was conducted (giving non-parents a score of 0).}\]
Table 4-2: Gender-Responsive Risk/Needs Scales: Factor Loadings and Internal Consistencies

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced physical abuse as child</td>
<td>.570</td>
<td>--</td>
<td>.693</td>
</tr>
<tr>
<td>Experienced sexual abuse as child</td>
<td>.839</td>
<td>--</td>
<td>.857</td>
</tr>
<tr>
<td>Experienced physical abuse as an adult</td>
<td>.674</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Experienced sexual abuse as adult</td>
<td>.776</td>
<td>--</td>
<td>.826</td>
</tr>
<tr>
<td>KMO</td>
<td>.674</td>
<td>--</td>
<td>.628</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>2.084</td>
<td>--</td>
<td>1.897</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>52.101</td>
<td>--</td>
<td>63.233</td>
</tr>
<tr>
<td>Alpha</td>
<td>.661</td>
<td>--</td>
<td>.706</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
<tr>
<td><strong>Trauma Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had nightmares about it or thought about it</td>
<td>.806</td>
<td>.772</td>
<td>.830</td>
</tr>
<tr>
<td>Tried hard not to think about it or avoid</td>
<td>.791</td>
<td>.772</td>
<td>.806</td>
</tr>
<tr>
<td>situations that reminded you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constantly on guard, watchful, or easily</td>
<td>.729</td>
<td>.662</td>
<td>.789</td>
</tr>
<tr>
<td>startled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numb or detached from others, activities, or</td>
<td>.789</td>
<td>.769</td>
<td>.803</td>
</tr>
<tr>
<td>surroundings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KMO</td>
<td>.673</td>
<td>.575</td>
<td>.751</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>2.426</td>
<td>2.222</td>
<td>2.607</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>60.649</td>
<td>55.542</td>
<td>65.183</td>
</tr>
<tr>
<td>Alpha</td>
<td>.783</td>
<td>.730</td>
<td>.822</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
</tbody>
</table>

*Table continues*
Table 4-2: Gender-Responsive Risk/Needs Scales: Factor Loadings and Internal Consistencies continued

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever been hospitalized for a mental health problem</td>
<td>.774</td>
<td>--</td>
<td>.811</td>
</tr>
<tr>
<td>Ever seen things or heard voices not there</td>
<td>.588</td>
<td>--</td>
<td>.480</td>
</tr>
<tr>
<td>Ever taken prescription medication to feel better emotionally</td>
<td>.798</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ever been diagnosed with a mental illness</td>
<td>.810</td>
<td>--</td>
<td>.755</td>
</tr>
<tr>
<td>Was homelessness due to mental illness</td>
<td>.586</td>
<td>.665</td>
<td>.618</td>
</tr>
<tr>
<td>Diagnosed with ADHD</td>
<td>--</td>
<td>--</td>
<td>.445</td>
</tr>
<tr>
<td>Diagnosed with Bipolar Disorder</td>
<td>--</td>
<td>--</td>
<td>.787</td>
</tr>
<tr>
<td>Diagnosed with PTSD</td>
<td>--</td>
<td>--</td>
<td>.553</td>
</tr>
<tr>
<td>Diagnosed with Schizophrenia</td>
<td>--</td>
<td>.871</td>
<td>--</td>
</tr>
<tr>
<td>Diagnosed with Personality Disorder</td>
<td>--</td>
<td>.553</td>
<td>--</td>
</tr>
</tbody>
</table>

KMO                                           | .670              | .440            | .767              |
Eigenvalue                                    | 2.582             | 1.493           | 2.963             |
% Variance Explained                          | 51.631            | 49.768          | 42.327            |
Alpha                                         | .756              | .478            | .761              |
N                                             | 266               | 163             | 103               |

Table continues
Table 4-2: Gender-Responsive Risk/Needs Scales: Factor Loadings and Internal Consistencies continued

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently had a place to live</td>
<td>.639</td>
<td>.669</td>
<td>.505</td>
</tr>
<tr>
<td>Do you live with others</td>
<td>.594</td>
<td>.624</td>
<td>.454</td>
</tr>
<tr>
<td>Ever been homeless or lived in a shelter</td>
<td>.883</td>
<td>.889</td>
<td>.903</td>
</tr>
<tr>
<td>Number of times homeless or lived in a shelter</td>
<td>.910</td>
<td>.911</td>
<td>.926</td>
</tr>
<tr>
<td>KMO</td>
<td>.580</td>
<td>.601</td>
<td>.526</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>2.328</td>
<td>2.458</td>
<td>2.135</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>59.190</td>
<td>61.444</td>
<td>53.367</td>
</tr>
<tr>
<td>Alpha</td>
<td>.720</td>
<td>.740</td>
<td>.664</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
</tbody>
</table>
Gender-Responsive Strengths

Examination of therapeutic, feminist, and correctional literatures illustrate many advocates of devoting attention to strengths of the client (see also, Sorbello, Eccleston, Ward, & Jones, 2002; Van Wormer, 2001). Therefore, this research not only examined scales that were categorized as “risk factors” for pretrial failure, but also a domain that could likely act as an important protective factor against future pretrial failure. This research does not exhaust the full array of such strengths\textsuperscript{28} (see, Ward & Brown, 2004); however, a measure of family support was set forward as a test variable. In the calculation of a final risk scale, this strength was subtracted from the sum of risk factors.

Family Support Scale. This scale included items reflecting good relationships with the defendants’ family of origin. This included frequent contact with family members, these contacts being “positive” (as opposed to conflictual), and whether the defendants could receive help from family if needed. Three items converged to create a scale for the entire sample: 1) how often do you see your family; 2) when you see your family, is it a positive visit; and 3) do you have help from your family if you need it. The eigenvalue associated with this scale was 1.84, with 61.29% of the variance explained ($\alpha = .489$).

When this scale was examined for men and women, only one item was predictive of outcomes. For men, receiving help from their family when needed was related to outcomes. Whether or not the visit with family was a positive one was important for women. Because only one item was important for each gender, single item family support scales were generated for men and women and these respective items were included in final risk scales (Chapter 6). The

\textsuperscript{28} There were some items in the Inventory of Need that tapped into relationship issues with significant others. However, analysis revealed none of these items to be related to outcomes; therefore, no relationship scale was generated for this analysis.
scale generated with the entire sample was retained for descriptive purposes in subsequent data analysis in Chapter Five.
Table 4-3: Gender-Responsive Strengths Scale: Factor Loadings and Internal Consistencies

<table>
<thead>
<tr>
<th>Items</th>
<th>Loadings (Sample)</th>
<th>Loadings (Male)</th>
<th>Loadings (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support Scale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you see family</td>
<td>.712</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Positive visit when sees family</td>
<td>.802</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Help from family when needed</td>
<td>.829</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>KMO</td>
<td>.641</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>1.839</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>% Variance Explained</td>
<td>61.287</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Alpha</td>
<td>.489</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>N</td>
<td>266</td>
<td>163</td>
<td>103</td>
</tr>
</tbody>
</table>
Table 4-4 provides the descriptives for each scale for the sample, including the mean, median, standard deviation, as well as the minimum and maximum values.
| Risk/Need Scale            | Entire Sample |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |
|----------------------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|            |
|                            | Mean | Median | Standard Deviation | Min-Max | Mean | Median | Standard Deviation | Min-Max | Mean | Median | Standard Deviation | Min-Max |            |            |            |            |            |
| Criminal History           | 3.37 | 2.00  | 3.36         | 0-13    | 4.04 | 3.00  | 3.58         | 0-13    | 2.32 | 1.00  | 2.68         | 0-11    |            |            |            |            |            |
| Employment and Financial Status | 0.91 | 1.00  | 0.87         | 0-2     | 0.97 | 1.00  | 0.86         | 0-2     | 0.83 | 1.00  | 0.88         | 0-2     |            |            |            |            |            |
| Educational Need           | 0.57 | 0.00  | 0.81         | 0-3     | 0.57 | 0.00  | 0.82         | 0-3     | --   | --    | --          | --      |            |            |            |            |            |
| Substance Abuse            | 2.18 | 2.00  | 2.35         | 0-9     | 1.88 | 1.00  | 2.02         | 0-7     | 1.90 | 1.00  | 2.62         | 0-10    |            |            |            |            |            |
| Abuse                      | 0.62 | 0.00  | 1.00         | 0-4\(^{30}\) | --   | --    | --          | --      | 0.66 | 0.00  | 0.99         | 0-3     |            |            |            |            |            |
| Trauma (PTSD)              | 0.94 | 0.00  | 1.32         | 0-4     | 0.76 | 0.00  | 1.17         | 0-4     | 1.23 | 0.00  | 1.50         | 0-4     |            |            |            |            |            |
| Mental Health              | 0.94 | 0.00  | 1.32         | 0-5     | 0.10 | 0.00  | 0.37         | 0-3     | 0.94 | 0.00  | 1.47         | 0-5     |            |            |            |            |            |
| Homelessness               | 0.80 | 0.00  | 1.37         | 0-5     | 0.90 | 0.00  | 1.47         | 0-5     | 0.64 | 0.00  | 1.17         | 0-5     |            |            |            |            |            |
| Family Support             | 3.87 | 4.00  | 1.41         | 0-5     | 0.85 | 1.00  | 0.36         | 0-1\(^{30}\) | 0.81 | 1.00  | 0.38         | 0-1\(^{31}\) |            |            |            |            |            |

\(^{29}\) Scales generated for descriptive purposes.

\(^{30}\) One item, do you have help from your family if you need it, was related to outcomes for men.

\(^{31}\) One item, when you see your family is it a positive visit, was related to outcomes for women.
SUMMARY

This section outlined the development of the risk/needs scales that were used in the data analyses in this study. Bivariate correlations were used to determine which items from each domain in the *Inventory of Need* were correlated with outcomes for three groups in this study (i.e., entire sample, men, and women, respectively). Factor analysis was used to determine the factor structures for the items that were predictive, and scales were generated with these items. Criminal history, employment/financial status, trauma, and homelessness scales were the same across the three groups, while the other domains manifested different scales depending upon the group examined. Chapter Five proceeds with the results of the comparisons of risk/needs between male and female pretrial defendants.
CHAPTER FIVE

EXAMINATION OF GENDER DIFFERENCES

INTRODUCTION

Recall that the research questions of this dissertation involved the empirical investigation of whether the needs of male and female pretrial defendants differed, and whether these needs were related to pretrial outcomes. The research questions addressed in this section relate to whether pretrial needs vary by gender. Specifically, the research questions are: 1) how prevalent are the needs identified by the Hamilton County Inventory of Need Pretrial Screening Tool among Hamilton County pretrial defendants, 2) are these prevalences the same for males and females, 3) what is the profile of the Hamilton County pretrial female defendant, and 4) what is the profile of the Hamilton County pretrial male defendant.

The results in this chapter are structured according to the procession of the statistical analyses proposed in Chapter Three. Independent t-tests were used to discover whether there were differences between men and women for the scales created from the items in the screening tool (see Chapter Four). In cases, where a single item and not a scale was use (e.g., employment/financial status), a chi-square test of group differences was conducted.

The conventional guidance on research methodology would assert that a simple comparison of group scale means would provide a strong comparison of the needs of men and women. In this case, however, chi-square analyses were also performed on single items within a domain to determine whether any differences existed between men and women for specific items
found in the Hamilton County *Inventory of Need* Pretrial Screening Tool. This was done in order to develop a richer understanding of the specific details of these differences.

**COMPARING THE NEEDS OF MALE AND FEMALE PRETRIAL DEFENDANTS**

*Independent T-test Analyses: Gender-Neutral Scales*

In the first portion of the comparison of needs, independent t-tests\(^{32}\) were employed to discover whether there were significant differences between men and women for each scale. Scales\(^{33}\) that were generated using information from the entire sample were the variables used in these analyses. The results for the tests of the gender-neutral scales are depicted in Table 5-1. The gender-responsive scale comparisons are shown in Table 5-2.

*Criminal History Scale.* There was a statistically significant difference between men and women for the criminal history scale, with men having a higher mean score for the criminal history scale ($M = 4.04$, $SD = 3.58$) than women ($M = 2.32$, $SD = 2.68$), $t(257) = 4.46, p = .000$). This suggests that even though the criminal scales for men and women were the same (i.e., the same items were predictive for both genders), men in this sample had more extensive criminal histories than women. This is not surprising, as traditionally men have more involvement in criminal activity than women.

*Educational Scale.* T-test results comparing the educational need of the defendants showed no significant differences in regards to this scale. Men and women had the same mean,

\(^{32}\) Due to the dichotomous nature of a majority of the variables in the dataset, as well as the use of dichotomous variables to construct factors, there was concern that an independent t-test assumption was violated (i.e., the dependent variable must be an interval or ratio variable). Therefore, an additional test was conducted to compare the means of men and women for each scale. The Mann-Whitney U-test, a non-parametric test, is useful for determining if the mean of two groups are different from each other. The Mann Whitney U test is often used when the assumptions of the t-test have been violated. The results of the Mann Whitney U-tests did not yield consequential differences from the results of the independent t-tests. Therefore, the results from the independent t-tests are reported here.

\(^{33}\) These were cumulative domain scales in which all predictive items from a specific domain were summed together to create a scale.
0.57, which indicated that all participants in the study had similar characteristics regarding educational need.

Substance Abuse Scale. It had been discussed in Chapter Two that substance abuse was problematic for individuals in the criminal justice system. Some discussion was also presented as to whether this issue was more prevalent for one gender compared to the other. Results from the t-test comparing substance abuse between men and women revealed differences between these two groups that were significant, \( t(264) = 2.76, p = .006 \). Men had a higher mean score (\( M = 2.50, SD = 2.33 \)) than women (\( M = 1.69, SD = 2.30 \)) for this scale. This suggests that substance abuse is more prevalent for men in this sample than for women.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Males Mean</th>
<th>SD</th>
<th>Females Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History Scale</td>
<td>4.04</td>
<td>3.58</td>
<td>2.32</td>
<td>2.68</td>
<td>4.46†</td>
<td>257</td>
<td>.000</td>
</tr>
<tr>
<td>Educational Need Scale</td>
<td>0.57</td>
<td>.816</td>
<td>0.57</td>
<td>.800</td>
<td>-.022‡</td>
<td>264</td>
<td>n.s.</td>
</tr>
<tr>
<td>Substance Abuse Scale</td>
<td>2.50</td>
<td>2.33</td>
<td>1.69</td>
<td>2.30</td>
<td>2.76‡</td>
<td>264</td>
<td>.006</td>
</tr>
</tbody>
</table>

†Equal variances not assumed
‡Equal variances assumed

Independent T-test Analyses: Gender-Responsive Scales

Abuse Scale. Previous discussion in this dissertation presented evidence that women in the criminal justice system have extensive histories of abuse. The independent t-test for the abuse

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\[34\] The Levene’s Test for Equality of Variances was used to determine whether the variances were equal or unequal for each t-test. Determination of this affected which t-value and significance level were reported for each analysis. If the Levene’s Test was significant (the value under “sig.” was less than .05), the two variances were significantly different. In this case, the results from the row labeled “Unequal Variances Assumed” in the SPSS output were reported. If the Levene’s Test was not significant (“sig.” was greater than .05), the two variances were not significantly different. When this occurred, the results from the row labeled “Equal Variances Assumed” were presented (Williams, 2009).
scale produced results that supported this, as there were significant differences between men and women. Women had a higher mean score for the abuse scale ($M = 0.66, SD = .986$) than men ($M = 0.23, SD = .528$), $t(139) = -4.05, p = .000$. These results reflect past research that consistently shows women, both in the general population and the criminal justice system, are more likely to be victims of abuse than men (Bureau of Justice Statistics, 1999; Center for Disease Control and Prevention, 2010; Finkelhor, 1994; Gorey & Leslie, 1997).

**Trauma Scale.** To capture symptoms associated not only with abuse experiences but also with traumatic events, the trauma scale tapped into items that were indicators of post-traumatic stress disorder (PTSD). Analysis of the trauma scale revealed women evidenced a significantly higher mean score ($M = 1.23, SD = 1.50$) than men ($M = 0.76, SD = 1.17$), $t(179) = -2.72, p = .007$. While both men and women admitted experiencing trauma in their lives, a higher mean score for women indicated that they had experienced more symptoms of PTSD than men.

**Mental Health Scale.** Much discussion has been devoted to the issue of the mental health of offenders in the criminal justice system. Due to the desinstitutionalization movement and reductions in spending for public mental health services (see Chapter Two), many mentally ill individuals have made their way into the criminal justice system. Furthermore, some scholars have proposed that women in the criminal justice system have more mental health issues than men. The results here, however, found no significant differences between men and women on this scale.

**Homelessness Scale.** Homelessness is a problem that can be assumed to be important for both men and women. However, feminist scholars have proposed that homelessness is compounded by other issues unique to women (i.e., being primary caregivers to minor children, economic marginalization). The independent t-test for this scale revealed that while men had
higher scale means than women, group differences were not statistically significant, $t(250) = 1.56, p = .119$.

*Family Support Scale.* Based on the research presented in this study, an assumption was not made that one gender or the other would have more family support. Therefore, the results from the comparison of group differences were not surprising, as it was revealed that there were no statistically significant differences between men and women for this scale $t(264) = -.138, p = .890$.

**Table 5-2: Independent T-Test Results of Gender-Responsive Scale Comparisons for Males and Females**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Males Mean</th>
<th>SD</th>
<th>Females Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse Scale</td>
<td>0.23</td>
<td>.528</td>
<td>0.66</td>
<td>.986</td>
<td>-4.05†</td>
<td>139</td>
<td>.000</td>
</tr>
<tr>
<td>Trauma Scale</td>
<td>0.76</td>
<td>1.17</td>
<td>1.23</td>
<td>1.50</td>
<td>-2.72†</td>
<td>179</td>
<td>.007</td>
</tr>
<tr>
<td>Mental Health Scale</td>
<td>0.86</td>
<td>1.27</td>
<td>1.08</td>
<td>1.38</td>
<td>-1.30‡</td>
<td>203</td>
<td>n.s.</td>
</tr>
<tr>
<td>Homelessness Scale</td>
<td>0.90</td>
<td>1.47</td>
<td>0.64</td>
<td>1.17</td>
<td>1.49‡</td>
<td>264</td>
<td>n.s.</td>
</tr>
<tr>
<td>Family support</td>
<td>3.86</td>
<td>1.41</td>
<td>3.86</td>
<td>1.42</td>
<td>-.138‡</td>
<td>215</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

†Equal variances not assumed
d‡Equal variances assumed

This portion of the analysis sought to discover whether the needs of pretrial defendants varied by gender. It was determined that men had higher mean scores for criminal history and substance abuse, indicating that these issue were more prevalent for them. For women in this sample, there were higher mean scores for the abuse and trauma scales. The results for educational need, mental health, homelessness, and family support suggest that the prevalence of these needs were similar for both genders in this study.

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35 See previous footnote.
Chi-Square Analyses: Gender-Neutral Variables

Although the previous analysis illustrated gender differences in the prevalence of certain needs measured by the *Inventory of Need Pretrial Screening Tool*, an additional analysis was performed in order to develop a better understanding of these differences. The results from the chi-square analyses are divided into twelve sections. The first section describes differences in criminal history variables and the following eleven include items that reflect gender-neutral needs (e.g., employment/financial status, educational need, substance abuse) and gender-responsive measures (e.g., abuse, trauma, mental health, housing safety, homelessness, children, parental stress, and family support).

Criminal history variables. Table 5-3 presents results of chi-square analyses for the criminal history variables. There were significant differences between the two genders for eleven of the fifteen criminal history variables examined. Men were more likely than women to have prior felonies, a higher number of prior felonies, prior misdemeanors, prior minor misdemeanors, prior traffic offenses, prior incarcerations, and prior violent offenses.

Regarding the current offense, women were more likely than men to be arrested for property offenses ($\chi^2=4.495, p \leq .05; 41\%$ versus $28\%$ respectively), while men were more likely than women to be arrested for “other” offenses ($\chi^2=4.868, p \leq .05; 16\%$ versus $7\%$ respectively). Surprisingly, there were no significant differences between the two genders regarding violent, drug, and public order offenses. Women were more likely to be classified as low risk compared to men ($\chi^2=8.934, p \leq .01; 51\%$ versus $33\%$ respectively) while men were more likely to be classified as medium risk than women ($58\%$ and $41\%$ respectively). There were no differences between the high risk individuals in this sample. Although it was learned in the previous section

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36 “Other” offenses included such offenses as “arrest of a probationer,” “driving under suspension,” “driving without a valid license,” “falsification,” and “income tax offenses.”
that men and women differed regarding the criminal history scale, these results illustrate the nature of these differences.

Table 5-3: Chi-square analyses of criminal history variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Prior felonies</td>
<td>38</td>
<td>23.4</td>
<td>12</td>
<td>11.7</td>
</tr>
<tr>
<td>Number prior felonies</td>
<td>38</td>
<td>23.4</td>
<td>12</td>
<td>11.7</td>
</tr>
<tr>
<td>Prior misdemeanors</td>
<td>85</td>
<td>52.1</td>
<td>27</td>
<td>26.2</td>
</tr>
<tr>
<td>Prior minor misdemeanors</td>
<td>37</td>
<td>21.4</td>
<td>8</td>
<td>7.8</td>
</tr>
<tr>
<td>Prior traffic</td>
<td>62</td>
<td>38.0</td>
<td>24</td>
<td>23.3</td>
</tr>
<tr>
<td>Prior incarcerations</td>
<td>149</td>
<td>91.4</td>
<td>84</td>
<td>81.5</td>
</tr>
<tr>
<td>Any prior offenses violent</td>
<td>37</td>
<td>22.7</td>
<td>10</td>
<td>9.7</td>
</tr>
<tr>
<td>Violent offense</td>
<td>49</td>
<td>30.1</td>
<td>29</td>
<td>28.2</td>
</tr>
<tr>
<td>Property offense</td>
<td>46</td>
<td>28.2</td>
<td>42</td>
<td>40.8</td>
</tr>
<tr>
<td>Drug offense</td>
<td>28</td>
<td>17.2</td>
<td>17</td>
<td>16.5</td>
</tr>
<tr>
<td>Public order offense</td>
<td>14</td>
<td>8.6</td>
<td>8</td>
<td>7.8</td>
</tr>
<tr>
<td>Other offense</td>
<td>26</td>
<td>16.0</td>
<td>7</td>
<td>6.8</td>
</tr>
<tr>
<td>ORAS Low Risk</td>
<td>53</td>
<td>32.5</td>
<td>52</td>
<td>50.5</td>
</tr>
<tr>
<td>ORAS Medium Risk</td>
<td>98</td>
<td>58.3</td>
<td>42</td>
<td>40.8</td>
</tr>
<tr>
<td>ORAS High Risk</td>
<td>15</td>
<td>9.2</td>
<td>8</td>
<td>8.7</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

Employment/financial status variables. Recall in Chapter Four that an employment/financial scale was not generated for this study as there was considerable difficulty in discovering items that correlated with outcomes and coalesced to form a scale. To address this,

37 Three or more minor misdemeanors.
only one item, employment status, was used to measure the defendants’ employment/financial need. With only one item, it was inappropriate to perform a t-test for this scale. Therefore, discovery of any group differences is illustrated by the chi-square analyses of the employment/financial items.

In addition to this, there were several items in the Inventory of Need that collected information regarding the defendants’ employment and financial situations. Comparing the employment and financial items for male and female pretrial defendants revealed very few statistically significant differences for these items. The only differences between the two genders were receiving housing assistance ($\chi^2=2.652, p\leq.10$), receiving food stamps ($\chi^2=8.414, p\leq.01$), and having medical insurance ($\chi^2=10.556, p\leq.001$). Almost twice as many women (12.6%) than men (6.7%) were receiving housing assistance and approximately 45% of the women and 28% of the men received food stamps. Sixty-seven percent of the women and 47% of the men had health insurance. There were no significant differences for the defendants’ unemployment status; their financial problems in the past six months; their ability to pay bills without help; their ability to live independently without help; whether they were receiving disability/ssi; and their ability to pay bail or fines and restitution. Table 5-4 presents the chi-square results for the employment and financial variables.
Table 5-4: Chi-square analyses of employment and financial variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Unemployed</td>
<td>58</td>
<td>35.6</td>
<td>32</td>
<td>31.1</td>
</tr>
<tr>
<td>Problems past 6 months</td>
<td>64</td>
<td>39.3</td>
<td>39</td>
<td>37.9</td>
</tr>
<tr>
<td>Not able to pay bills</td>
<td>75</td>
<td>46.0</td>
<td>51</td>
<td>49.5</td>
</tr>
<tr>
<td>Not able to be independent</td>
<td>80</td>
<td>49.1</td>
<td>61</td>
<td>59.3</td>
</tr>
<tr>
<td>Receives housing assistance</td>
<td>11</td>
<td>6.7</td>
<td>13</td>
<td>12.6</td>
</tr>
<tr>
<td>Receives food stamps</td>
<td>46</td>
<td>28.2</td>
<td>47</td>
<td>45.6</td>
</tr>
<tr>
<td>Receives disability/SSI</td>
<td>25</td>
<td>15.3</td>
<td>23</td>
<td>22.3</td>
</tr>
<tr>
<td>Not able to pay bail/fine</td>
<td>23</td>
<td>14.1</td>
<td>17</td>
<td>16.5</td>
</tr>
<tr>
<td>Has medical insurance</td>
<td>76</td>
<td>46.6</td>
<td>69</td>
<td>67.0</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

*Educational need variables.* Echoing the results from the previous analysis, there were no significant differences between men and women regarding individual items indicating educational need. Men and women were equally likely to have been in special education classes, have trouble reading or writing, or not to have completed high school (see Table 5-5). It should be noted that although there were no significant differences, a considerable portion of the sample did not complete high school.
Table 5-5: Chi-square analyses of educational need variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble reading/writing</td>
<td>14</td>
<td>7</td>
<td>21</td>
<td>n.s.</td>
</tr>
<tr>
<td>Been in special ed. classes</td>
<td>28</td>
<td>18</td>
<td>46</td>
<td>n.s.</td>
</tr>
<tr>
<td>Did not complete HS</td>
<td>47</td>
<td>27</td>
<td>74</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

Substance abuse variables. The previous analysis revealed results that suggested men had a slightly higher prevalence of substance abuse than women. Table 5-6 illustrates what those differences are. Men were more likely than women to have a substance abuse related offense on their record (χ²=20.366, p ≤ .001; 56.4% and 28.2%, respectively), to have family or friends express concern about their alcohol or drug use (χ²=8.778, p ≤ .01; 39.9% and 23.3%, respectively), to have difficulty stopping once they began their use of drugs and/or alcohol (χ²=2.889, p ≤ .10; 18.4% and 10.7%, respectively), to have experienced financial problems as a result of drug and/or alcohol use (χ²=2.983, p ≤ .10; 39.9% and 23.3%, respectively), and to have a positive or diluted drug screen (χ²=6.688, p ≤ .01; 22.1% and 13.6%, respectively). There were no significant differences for age of first use, whether substance abuse was involved in the current offense, prescription medication abuse, and whether substance abuse caused any 1) difficulties with work/school, 2) health or emotional problems, 3) marital fights, and 4) homelessness (see Table 5-6).
### Table 5-6: Chi-square analyses of substance abuse variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males N</th>
<th>Males Percent</th>
<th>Females N</th>
<th>Females Percent</th>
<th>Total N</th>
<th>Total Percent</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at first use (under 14)</td>
<td>21</td>
<td>12.9</td>
<td>14</td>
<td>13.6</td>
<td>35</td>
<td>13.2</td>
<td>n.s.</td>
</tr>
<tr>
<td>SA-related offense</td>
<td>92</td>
<td>56.4</td>
<td>29</td>
<td>28.2</td>
<td>121</td>
<td>45.4</td>
<td>20.366***</td>
</tr>
<tr>
<td>SA in present offense</td>
<td>69</td>
<td>42.3</td>
<td>34</td>
<td>33.0</td>
<td>103</td>
<td>38.7</td>
<td>n.s.</td>
</tr>
<tr>
<td>Family/friends concern</td>
<td>65</td>
<td>39.9</td>
<td>23</td>
<td>22.3</td>
<td>88</td>
<td>33.1</td>
<td>8.778***</td>
</tr>
<tr>
<td>Difficulty stopping</td>
<td>30</td>
<td>18.4</td>
<td>11</td>
<td>10.7</td>
<td>41</td>
<td>15.4</td>
<td>2.889*</td>
</tr>
<tr>
<td>Prescription med abuse</td>
<td>23</td>
<td>14.1</td>
<td>9</td>
<td>8.7</td>
<td>32</td>
<td>12.0</td>
<td>n.s.</td>
</tr>
<tr>
<td>Difficulty at work/school</td>
<td>18</td>
<td>11.0</td>
<td>8</td>
<td>7.8</td>
<td>26</td>
<td>9.8</td>
<td>n.s.</td>
</tr>
<tr>
<td>Health/emotional problems</td>
<td>24</td>
<td>14.7</td>
<td>18</td>
<td>17.5</td>
<td>42</td>
<td>15.8</td>
<td>n.s.</td>
</tr>
<tr>
<td>Caused fights</td>
<td>35</td>
<td>21.5</td>
<td>23</td>
<td>22.3</td>
<td>58</td>
<td>21.8</td>
<td>n.s.</td>
</tr>
<tr>
<td>Caused financial problems</td>
<td>36</td>
<td>22.1</td>
<td>14</td>
<td>13.6</td>
<td>50</td>
<td>18.8</td>
<td>2.983*</td>
</tr>
<tr>
<td>Positive drug screen</td>
<td>48</td>
<td>29.4</td>
<td>16</td>
<td>15.5</td>
<td>64</td>
<td>24.1</td>
<td>6.688***</td>
</tr>
<tr>
<td>Homeless caused by SA</td>
<td>8</td>
<td>4.9</td>
<td>6</td>
<td>5.8</td>
<td>14</td>
<td>5.3</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

* *p ≤ .10 ** *p ≤ .05 *** *p ≤ .01 **** *p ≤ .001

**Chi-square analyses: Gender-Responsive Variables**

**Abuse variables.** Chi-square analysis of the abuse items revealed results consistent with the previous t-test. On every abuse item but one, women were significantly more likely to have had that particular abuse experience. Table 5-7 shows that women were more likely than men to experience sexual abuse as a child ($\chi^2=26.406, p ≤ .001; 28.2\%$ and $5.5\%$, respectively). The comparison between males and females for this item is striking. However, both genders were equally likely to have experienced physical abuse as a child.

Recall in Chapter Two it was proposed that women’s experiences of abuse continued into adulthood while men were less likely to have this happen to them. Analysis of the items
indicating adult abuse reflected this, as women were more likely than men to experience all three of the indicators of adult victimization. Women were more likely than men to have experienced physical abuse as an adult ($\chi^2=55.966, p \leq .001$; 45.6% and 6.7%, respectively), sexual abuse as an adult ($\chi^2=32.381, p \leq .001$; 18.4% and 0.0%, respectively), and recent physical assaults or threats ($\chi^2=5.856, p \leq .05$; 32.0% and 19.0%, respectively). These results not only support the t-test finding, but they present a more complete picture of the abuse the women in this sample have experienced.

**Table 5-7: Chi-square analyses of abuse variables for male and female pretrial defendants**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Sexual abuse as a child</td>
<td>9</td>
<td>5.5</td>
<td>29</td>
<td>28.2</td>
</tr>
<tr>
<td>Physical abuse as a child</td>
<td>29</td>
<td>17.8</td>
<td>20</td>
<td>19.4</td>
</tr>
<tr>
<td>Physical abuse as an adult</td>
<td>11</td>
<td>6.7</td>
<td>47</td>
<td>45.6</td>
</tr>
<tr>
<td>Sexual abuse as an adult</td>
<td>0</td>
<td>0.0</td>
<td>19</td>
<td>18.4</td>
</tr>
<tr>
<td>Recent physical assaults</td>
<td>31</td>
<td>19.0</td>
<td>33</td>
<td>32.0</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

**Trauma variables.** Following from the previous analysis in which women were found to experience abuse more than men, the examination of the individual trauma items revealed that women were also more likely to experience symptoms that indicated trauma. Approximately 30-35% of the women in this sample experienced one trauma symptom or another. Specifically, women were more likely than men to experience nightmares or to think about a traumatic event when they did not want to ($\chi^2=8.652, p \leq .01$; 32.0% versus 16.6%), to try hard not to think about a traumatic event or went out of their way to avoid situations that reminded them of it ($\chi^2=6.258, p \leq .01$; 34.0% versus 20.2%), to be on guard, watchful, or easily startled ($\chi^2=2.754, p \leq .10$;
29.1% versus 20.2%), and to feel numb or detached from their surroundings ($\chi^2=3.016, p \leq .10$; 28.2% versus 19.0%). The previous t-test analysis illustrated that trauma was more prevalent for women, and these current results illustrate just how prevalent these items were.

Table 5-8: Chi-square analyses of trauma variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Nightmares/Didn’t want to</td>
<td>27</td>
<td>16.6</td>
<td>33</td>
<td>32.0</td>
</tr>
<tr>
<td>Not to think/Avoid</td>
<td>33</td>
<td>20.2</td>
<td>35</td>
<td>34.0</td>
</tr>
<tr>
<td>On guard/watchful/startled</td>
<td>33</td>
<td>20.2</td>
<td>30</td>
<td>29.1</td>
</tr>
<tr>
<td>Numb or detached</td>
<td>31</td>
<td>19.0</td>
<td>29</td>
<td>28.2</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

Mental health variables. The mental health items analyzed included those that made up the mental health scale, as well as several that were created to indicate the types of mental illness diagnoses these individuals claimed to have received. The analysis revealed there were no differences between the genders regarding many of the mental health variables included in the scale generated for the entire sample. The differences that did emerge indicated that women were more likely than men to have been hospitalized and to have taken prescription medication to feel better emotionally. These differences approached significance at the .10 level (see Table 5-9).

Interestingly, significant differences emerged when the types of mental illness diagnoses were examined. There were notable differences between the two genders, with women being more likely to be diagnosed with bipolar disorder ($\chi^2=4.186, p \leq .05; 36.8\%$ versus $17.6\%$), depression ($\chi^2=4.495, p \leq .05; 57.9\%$ versus $35.3\%$), and PTSD ($\chi^2=5.605, p \leq .05; 26.3\%$ versus $7.8\%$). Furthermore, women were more likely to have suicidal ideation (34.0%) than men.
(16.6%) ($\chi^2=10.710, p \leq .001$). These results support the earlier discussion in which research illustrated that women offenders are more likely to suffer from mood and anxiety disorders.

Table 5-9: Chi-square analyses of mental health variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever seen a counselor, psychologist, psychiatrist</td>
<td>77 47.2</td>
<td>56 54.4</td>
<td>133 50.0</td>
<td>n.s.</td>
</tr>
<tr>
<td>Ever been hospitalized</td>
<td>21 12.9</td>
<td>21 20.4</td>
<td>42 15.8</td>
<td>2.674*</td>
</tr>
<tr>
<td>Ever seen things/heard voices not really there</td>
<td>11 6.7</td>
<td>8 7.8</td>
<td>19 7.1</td>
<td>n.s.</td>
</tr>
<tr>
<td>Ever taken prescription medication to feel better</td>
<td>49 30.1</td>
<td>42 40.8</td>
<td>91 34.2</td>
<td>3.220*</td>
</tr>
<tr>
<td>Ever been diagnosed</td>
<td>53 32.5</td>
<td>36 35.0</td>
<td>89 33.5</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diagnosed ADD</td>
<td>6 11.3</td>
<td>2 5.6</td>
<td>8 9.0</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diagnosed ADHD</td>
<td>13 24.5</td>
<td>4 11.1</td>
<td>17 19.1</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diagnosed bipolar</td>
<td>9 17.0</td>
<td>14 38.9</td>
<td>23 25.8</td>
<td>5.369**</td>
</tr>
<tr>
<td>Diagnosed depression</td>
<td>18 34.0</td>
<td>21 58.3</td>
<td>39 43.8</td>
<td>5.172**</td>
</tr>
<tr>
<td>Diagnosed PTSD</td>
<td>4 7.5</td>
<td>10 26.3</td>
<td>14 15.7</td>
<td>6.619***</td>
</tr>
<tr>
<td>Diagnosed anxiety</td>
<td>10 18.9</td>
<td>10 27.8</td>
<td>20 22.5</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diagnosed schizophrenia</td>
<td>9 17.0</td>
<td>2 5.6</td>
<td>11 12.4</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diagnosed personality dis</td>
<td>1 1.9</td>
<td>4 11.1</td>
<td>5 1.9</td>
<td>3.440*</td>
</tr>
<tr>
<td>Homeless caused by MI</td>
<td>6 3.7</td>
<td>4 3.9</td>
<td>10 3.8</td>
<td>n.s.</td>
</tr>
<tr>
<td>Ever thought about suicide</td>
<td>27 16.6</td>
<td>35 34.0</td>
<td>62 23.3</td>
<td>10.710****</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

Housing safety variables. Keeping with the tradition of the emerging gender-responsive risk/needs assessments (Van Voorhis et al., 2010), examination of housing safety and its effects on the pretrial failure of defendants was conducted for this research. As mentioned in Chapter
Four, a housing safety scale was not generated for this study. However, a decision was made to examine individual items related to housing safety to determine whether there were gender differences. This analysis showed that women were more likely to feel unsafe where they lived ($\chi^2=6.274, p \leq .001$) and were more likely to have concerns about the crime in their neighborhood ($\chi^2=2.853, p \leq .10$).

Table 5-10: Chi-square analyses of housing safety variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Feel unsafe where you live?</td>
<td>8</td>
<td>4.9</td>
<td>29</td>
<td>28.2</td>
</tr>
<tr>
<td>Concerns about safety in home</td>
<td>29</td>
<td>17.8</td>
<td>20</td>
<td>19.4</td>
</tr>
<tr>
<td>Concerns about crime in neighborhood</td>
<td>31</td>
<td>19.0</td>
<td>33</td>
<td>32.0</td>
</tr>
</tbody>
</table>

*p \leq .10  **p \leq .05  ***p \leq .01  ****p \leq .001

**Homelessness variables.** Many individuals who negotiate the pretrial phase often struggle with homelessness. The t-test of the homeless scale suggested this issue was equally prevalent for both men and women, and analysis of the single items produced similar results. Three of the four homeless items were invariant for men and women; however, one item—whether the defendants lived with others—indicated that men were more likely to live alone.
Table 5-11: Chi-square analyses of homeless variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Currently homeless</td>
<td>7</td>
<td>4.3</td>
<td>1</td>
</tr>
<tr>
<td>Does not live with others</td>
<td>27</td>
<td>16.6</td>
<td>6</td>
</tr>
<tr>
<td>Ever been homeless</td>
<td>42</td>
<td>25.8</td>
<td>24</td>
</tr>
<tr>
<td>Number of times homeless</td>
<td>42</td>
<td>25.8</td>
<td>24</td>
</tr>
</tbody>
</table>

*p ≤ .10  **p ≤ .05  ***p ≤ .01  ****p ≤ .001

*Children variables.* The *Inventory of Need* asked several questions of the defendants regarding their children. This provided an opportunity to examine whether issues with children differed between men and women. The results of the analysis are presented in Table 5-12. Chi-square analysis revealed statistically significant differences between men and women whether they had children under the age of 18 ($\chi^2=3.271, p \leq .10$), for how many children they had custody ($\chi^2=25.024, p \leq .001$), whether they had lost custody of their children ($\chi^2=3.258, p \leq .10$), and whether they provided sole support for their children ($\chi^2=31.594, p \leq .001$). Nearly 60% of the women in the sample were mothers to minor children, compared to approximately 48% of the men. Twenty-one percent of the female parents interviewed did not have custody of any of their children compared to two-thirds (59.0%) of the male parents. Approximately 17% of the male parents had lost custody of their children, while almost 30% of female parents had this happen to them. Almost 30% of the female parents provided sole support for their children, compared to only 11.5% of male parents. These results suggest that the female parents in this study have more involvement and responsibility for their children than the male parents.

[165]
Table 5-12: Chi-square analyses of children variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Children under 18</td>
<td>78</td>
<td>47.9</td>
<td>61</td>
<td>59.2</td>
</tr>
<tr>
<td>Does not have custody of any children</td>
<td>46</td>
<td>59.0</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>Lost custody of children</td>
<td>13</td>
<td>16.7</td>
<td>17</td>
<td>27.9</td>
</tr>
<tr>
<td>Provide sole support</td>
<td>9</td>
<td>11.5</td>
<td>32</td>
<td>52.5</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001

Parental stress variables. Like housing safety, parental stress is also a variable that has been examined in gender-responsive risk/needs assessments (Van Voorhis et al., 2010). It was established in Chapter Four that items related to children, including parental stress, did not coalesce to form a scale. However, a decision was made to examine these individual items to determine the degree, if any, some parents indicated stress they might have felt about their children at the time of the interview. Chi-square analysis examined only those defendants who indicated that they had children under the age of 18 (N = 139). There were no statistically significant differences between men and women for these items (see Table 5-13).

Table 5-13: Chi-square analyses of parental stress variables for male and female pretrial defendants (N=139)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Child(ren) are not with someone you trust?</td>
<td>4</td>
<td>5.1</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Concerns for their safety?</td>
<td>5</td>
<td>6.4</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Need a safe place for them?</td>
<td>1</td>
<td>1.3</td>
<td>1</td>
<td>1.6</td>
</tr>
</tbody>
</table>

*p ≤ .10 **p ≤ .05 ***p ≤ .01 ****p ≤ .001
Family support variables. In the gender-responsive risk/needs assessment literature, family support has emerged as an important protective factor for women offenders. That is, the more family support an individual had, the less likely she was to recidivate. There was a section in the screening tool that specifically examined the defendants’ relationship with their families. Specifically, questions asked about the frequency of contact, if the visits were positive, and if the defendants could count on their family for help if needed. Table 5-13 presents the results from the chi-square analysis. One item emerged that differed between the two genders. This regarded visits with their family were positive ($\chi^2=6.639, p \leq .001$). Men (91.4%) were more likely to have positive visits with family than women (80.6%).

Table 5-14: Chi-square analyses of family support variables for male and female pretrial defendants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain at least monthly contact with family</td>
<td>N 146 89.6</td>
<td>N 92 89.3</td>
<td>N 238 89.5</td>
<td>n.s.</td>
</tr>
<tr>
<td>How often sees family (daily)</td>
<td>N 80 49.1</td>
<td>N 56 54.4</td>
<td>N 136 52.1</td>
<td>n.s.</td>
</tr>
<tr>
<td>Positive visit (yes)</td>
<td>N 149 91.4</td>
<td>N 83 80.6</td>
<td>N 232 87.2</td>
<td>6.639***</td>
</tr>
<tr>
<td>Help from family if needed</td>
<td>N 138 84.7</td>
<td>N 90 87.4</td>
<td>N 228 85.7</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

*p ≤ .10  **p ≤ .05  ***p ≤ .01  ****p ≤ .001
CHARACTERISTICS AND PROFILES OF HAMILTON COUNTY PRETRIAL DEFENDANTS

Information discovered in the current and previous chapters (Chapter Three) can be used to generate profiles of the men and women defendants in the current study. These profiles may provide a more accurate picture of individuals who negotiate the pretrial phase in Hamilton County, Ohio.

Demographics

In this study, the men’s average age was thirty and ranged from eighteen to sixty-seven years. Of the one hundred sixty-three men, their racial backgrounds were evenly distributed between white (49.1%) and non-white (50.9%). A majority of the men in this sample were involved in an intimate relationship; they were either married (12.9%) or were involved with a significant other (43.6%). The average age of women in this sample was twenty-seven and ranged from eighteen to fifty-six years. Slightly more women were non-white (56.3%) than white (43.7%). A majority of the women in this sample were involved in an intimate relationship; they were either married (7.8%) or were involved with a significant other (53.4%).

Criminal History

The men in this study had extensive criminal histories. Over half had prior misdemeanors and almost a quarter had prior felonies. A majority of them (91.4%) had a prior prison or jail incarceration. They were typically categorized as medium risk by the Ohio Risk Assessment System and many of them had committed violent (30.1%) or property (28.2%) offenses. Several of the men also had committed violent offenses in the past (22.7%).

Conversely, the women in this sample had relatively limited criminal histories. There were notable percentages that had prior misdemeanors (26.2%) and traffic offenses (23.3%), but this was the extent of any serious law-breaking. However, a significant number of women had a
prior prison or jail incarceration (81.5%). As for their current offense, a majority of the women interviewed had been arrested for a property offense (40.8%) while a considerable number had also been involved in a violent offense (28.2%). The majority of these violent offenses were categorized as domestic violence. Due to their limited criminal histories, it is not surprising that half of the women were classified as low risk (50.5%).

_Socioeconomic Level_

Analysis of the educational achievements of the male and female pretrial defendants revealed that approximately a third of these individuals did not have a high school diploma or GED (31.1% and 33.0%, respectively). Furthermore, a similar proportion of men and women were unemployed at the time of the interview: 35.6% of men and 31.1% of women. However, the women in this sample reported more of a reliance on public assistance, as more women utilized housing assistance, food stamps, and medical insurance that was provided by a non-profit, public-sector, managed care company.

_Substance Abuse_

Substance abuse was an issue that was shared by both male and female pretrial defendants; however, this problem was more prominent for the men in this sample. Men had higher prevalence rates for substance abuse, and there were several individual indicators that implied this issue was more problematic for them. The typical male pretrial defendant had substance abuse related offenses on his record (56%) and had positive drug screen at some point in his life (29%). Furthermore, he experienced other events related to substance abuse that revealed it was causing problems in his daily functioning (e.g., friends and family expressing concern about use, difficulty stopping, and financial problems).
Examination of childhood and adulthood physical and sexual abuse revealed that many of these experiences were noticeably absent for men. However, violence in the lives of female pretrial defendants appeared to be an unfortunate fact. Many of the women interviewed disclosed they were abuse survivors. Twenty-eight percent of the women interviewed had been sexually abused as children, and for 18% of the women, this sexual abuse continued in adulthood. Although men and women experienced childhood physical abuse almost equally (18% and 19%, respectively), an alarming 46% of the female respondents were victims of physical abuse as adults. Following from these abuse experiences, the typical female pretrial defendant also evidenced a higher prevalence of trauma and feeling unsafe where they lived compared to the male defendants.

The deinstitutionalization movement and reduced funding for the mental health system have caused many individuals who suffer from mental illness or emotional problems to enter into the criminal justice system due a lack of appropriate alternative services. This is reflected in the fact that 47% of the men and 54% of the women interviewed for this study had seen a counselor, psychologist, or psychiatrist and that similar percentages of the respondents had been diagnosed with a mental illness (32.5% and 35% respectively). However, considerable differences emerged when specific diagnoses were examined. The major diagnoses for women were depression (58%), bipolar disorder (39%), anxiety (28%), and post-traumatic stress disorder (26%). While men were diagnosed with these same disorders, their percentages were much lower. However, more men were diagnosed with ADHD and schizophrenia than women.

In addition to these mental illness diagnoses, female pretrial defendants evidenced other events that spoke to the severity of their emotional disturbance. Forty-one percent of women
(compared to 30% of men) had taken prescription medicine to feel better, and 20% of the women had been hospitalized due to mental health issues (compared to 13% of men). Furthermore, a considerable percentage of women experienced suicidal ideation in their lifetime (34%) compared to men (17%). These differences illustrate that mental health issues are more salient for the female pretrial defendants in this sample.

Examination of abuse, trauma, and mental health problems revealed these were prominent issues for women in this sample. Histories of abuse, both as children and adults, indicated that many of these women had been terrorized for much of their life. The fact that many claimed experiences that were symptomatic of trauma underscores the distressing and painful events they lived through. It could also be suggested that the prevalence of mental health problems, the higher percentage of diagnoses of mood and anxiety disorders, and suicidal ideation could be the collateral consequences of the abuse and trauma these women experienced throughout their lives.

Children

Fifty-nine percent of the women in this study were mothers of young children compared to 47% of the men. Of these parents, only 29% of the men were single fathers with custody of all their children compared to 81% who were single mothers. In actuality, a majority of the fathers did not have custody of any of their children (59%). The information gathered in this study clearly shows that the female pretrial defendants were the primary caregivers to the children in their lives, and many of them were doing it as a single parent.
SUMMARY

Very little is known about pretrial defendants and the unique circumstances they experience while they are negotiating the pretrial stage. Of the information that is known, much of the data relates to static characteristics, with few discussions of needs. Gender differences are often discussed, but little attention is given to any differences in needs that may be affecting an individual at the pretrial stage. Examination of the needs of male and female pretrial defendants in this chapter allowed for a better understanding of who the Hamilton County Pretrial Agency encountered on a daily basis. It was discovered that there were differences in the prevalence of several of the needs scales that had been discussed in this dissertation. The prominent issues associated with the typical male pretrial defendant were related to criminal history and substance abuse, variables that are generally labeled as gender-neutral. For the typical female pretrial defendants, however, the gender-responsive variables (i.e., abuse, trauma, mental health, and children) were generally more characteristic of them.

Chapter Six continues with results that examined whether these needs were related to pretrial outcomes. Specifically, the results from bivariate correlations, receiver operating characteristics (and accompanying areas under the curve [AUCs]), and multivariate analysis will be presented.
CHAPTER SIX

PREDICTION OF PRETRIAL OUTCOMES

INTRODUCTION

This chapter continues with the examination of the research questions presented in Chapters One and Three. Specifically, this chapter will examine whether the scales discussed in Chapters One through Five are related to the pretrial outcomes of failure to appear, new arrests, and any failure during the pretrial stage. The specific research questions addressed in this section are: 1) are the needs in the Hamilton County Ohio Inventory of Need Pretrial Screening Tool statistically associated with pretrial outcomes (i.e., failure to appear, new arrest, any failure), 2) which needs are associated with FTAs, new arrests, and any failures, and 3) do the predictors of pretrial outcomes differ for males and females?

This chapter presents statistical analyses that test the predictive validity of each need domain scale and of cumulative summaries of scales found to be predictive of outcomes. The results will begin with the presentation of the results of the bivariate correlations and receiver operation characteristics (and related areas under the curve [AUCs]) of each domain scale and the outcome variables.

As discussed in Chapters Three and Four, several steps were taken to develop optimal domain scales for each group in this sample. First, bivariate correlations were conducted between outcomes and items in a specific section of the Inventory of Need to determine which variables were correlated with these outcomes. This was done for the entire sample as well as for men and...
women separately. Second, the items that were predictive for a specific group were entered into a factor analysis to determine if they converged to indicate a latent construct (e.g., substance abuse, mental health). If they did coalesce to form a factor, a third step was performed in which these items were summed together to form a cumulative measure (scale) for each need domain. In this way, domain scales were optimized for three distinct groups, the entire sample, men, and women. These scales were then used in the current chapter to examine bivariate correlations and AUCs for these scales and outcomes.

Following this, a number of analyses were conducted to sum the predictive and distinct risk/needs domain scales into a cumulative scale measuring overall risk. This involved examining correlation matrices for areas of redundancy between the domains and to determine if redundant domain scales needed to be removed from further consideration in the final risk scale. Final pretrial risk scales were generated by summing all of the predictive and non-redundant scales together to form a cumulative scale. Once the final scales were constructed, additional bivariate correlations and receiver operating characteristic analysis (and the related area under the curve [AUC]) were examined to assess the predictive validity of the cumulative summary scales. Cumulative scales were distinct to each of the three groups (all defendants, males and females).

Finally, factor analyses were conducted with the individual domains to discover if they coalesced to form higher-order factors for men and women. Recall that there is a literature developing around the issues of co-occurrence of needs for women offenders (e.g. Covington, 2002; Brennan, Breitenbach, Dieterich, Salisbury and Van Voorhis, in review; Salisbury and Van Voorhis, 2009). The issue has not been sufficiently examined among males. These higher-order
factors were then inserted into a multivariate analysis in order to determine if and how the scales came together to influence outcomes.

THE RELATION OF NEEDS TO PRETRIAL OUTCOMES

Outcome Measures

Before discussing the results of the data analyses, it is prudent to mention the number of failure to appears, new arrests, and any failures accrued by the pretrial defendants in this sample. Taking the sample as a whole, 23 (8.6%) of the 266 individuals had at least one FTA in a four month period, while that number increased to 26 (9.8%) after a six month period. For new arrests, 25 (9.4%) of the individuals in the sample accrued at least one new arrest during a four month period, while that number increased to 36 (13.5%) after six months. Thirty-nine (14.7%) individuals had any failure after four months; after six months, this increased to 54 people (20.3%).

Disaggregation of the sample revealed that 16 (9.8%) of the 163 men had an FTA at four months, and this number increased to 19 (11.7%) after six months. Twenty men (12.3%) were rearrested after four months, and 30 (18.4%) were rearrested after six. A total of 30 men (18.4%) accumulated a pretrial failure at the four month follow up time period, and after six months, this number increased to forty-four (27.0%). Variations on these outcome variables were considerably more limited for women. Seven women (6.8%) had an FTA in four months, and this number did not change after six months. Five women (4.9%) were arrested after four months, and this number increased by one at the six month follow up time period (5.8%). After four months, nine of the women (8.7%) had experienced some sort of failure during the follow up period, and this number increased to 10 (9.7%) after six months. Low base rates required
AUCs are less vulnerable to problems with low base rates.

**Bivariate Correlations and Area Under the Curve**

Pearson bivariate correlations (Pearson \( r \), one-tailed) and receiver operating characteristics were conducted to measure the predictive validity of each risk/need/strength area that was created in Chapter Four. Specifically, the statistics were used to examine the scales and their relation to FTAs, new arrests, and any failures for the entire sample and the disaggregated sample, respectively. The results of the bivariate correlations and AUCs for the gender-neutral and gender-responsive risk/needs scales are shown in Tables 6-1 through 6-3. An overview of the three tables shows a somewhat different pattern of findings for each group. Therefore, the findings for each are discussed separately.

**Entire Sample.** Pearson \( r \) bivariate correlations and AUCs for the gender-neutral risk/need scales\(^{38}\) and the four- and six-month outcome measures\(^ {39}\) are presented in Table 6-1. Not surprisingly, most of the gender-neutral factors were significantly correlated with the pretrial outcomes. However, the strongest bivariate correlations were seen for criminal history and substance abuse. The employment/financial scale was also significantly associated with these outcomes, however the magnitude of the coefficients was slightly less than the previous two mentioned. Interestingly, the association of educational need varied by the outcome examined. This scale was not related to FTAs, four month new arrests, and four month any failures.

\(^{38}\) Initially, a decision was made to center these scales. This was to ensure that scales with greater ranges would not have stronger or weaker correlations with the outcomes compared to scales that had fewer items. Upon centering the scales, however, it was discovered that this technique did not affect the estimates. That is, the results for the correlations between the centered scales and the cumulative scales were identical. Therefore, cumulative scales were used for the current analysis.

\(^{39}\) Prevalence data was used for this analysis (whether the incident happened or not). Incidence data was not used (number of times the incident occurred) due to the presence of outliers.
However, it was modestly associated with six month new arrests \( (r = .17, p \leq .01, \text{AUC} = .60) \) and any failures \( (r = .13, p \leq .05, \text{AUC} = .56) \).

As illustrated in Table 6-1, several of the gender-responsive scales were significantly associated with outcomes for the sample as a whole. For FTAs, these included 1) trauma, 2) mental health, 3) homelessness, and 4) family support. Furthermore, the strength of the correlations between several of these gender-responsive scales (i.e., mental health, homelessness) and FTAs were similar to the correlations for criminal history and substance abuse. Only one gender-responsive variable, abuse\(^{40}\), was related to new arrests, and two scales (mental health and homelessness) were associated with any failures. The single gender-responsive scale associated with new arrests could suggest that gender-responsive issues are not adequate predictors of new arrests for the individuals in this study. If the sample was never disaggregated, this might be a logical conclusion. However, the following analyses illustrate the importance of examining the predictive power of these scales by gender.

\(^{40}\) One item: physical abuse as a child.
Table 6-1: Bivariate Correlations (Pearson's $r$, one-tailed) and AUCs for Risk/Need Scales, Strengths, and Outcomes, Entire Sample

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>FTA</th>
<th>New Arrests</th>
<th>Any Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 Mo AUC</td>
<td>6 Mo AUC</td>
<td>4 Mo AUC</td>
</tr>
<tr>
<td>Gender-Neutral scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal History</td>
<td>.33***</td>
<td>.79</td>
<td>.35***</td>
</tr>
<tr>
<td>Employment/Financial</td>
<td>.12**</td>
<td>.62</td>
<td>.08</td>
</tr>
<tr>
<td>Educational Need</td>
<td>-.04</td>
<td>.46</td>
<td>-.05</td>
</tr>
<tr>
<td>Substance abuse$^a$</td>
<td>.23***</td>
<td>.70</td>
<td>.27***</td>
</tr>
<tr>
<td>Gender-Responsive scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse$^b$</td>
<td>-.00</td>
<td>.49</td>
<td>-.03</td>
</tr>
<tr>
<td>Trauma</td>
<td>.14**</td>
<td>.62</td>
<td>.14**</td>
</tr>
<tr>
<td>Mental Health$^c$</td>
<td>.22***</td>
<td>.66</td>
<td>.20***</td>
</tr>
<tr>
<td>Homelessness</td>
<td>.34***</td>
<td>.75</td>
<td>.30***</td>
</tr>
<tr>
<td>Strengths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support$^d$</td>
<td>-.14**</td>
<td>-.16***</td>
<td>-.03</td>
</tr>
</tbody>
</table>

Note. Substance abuse, abuse, mental health, and family support scales were optimized for the entire sample. See below for items included in each scale.

$^a$Substance abuse related offense on record; alcohol/drugs involved in current offense; family/friends expressed concern; difficulty stopping; health/emotional problems; family marital fights; financial problems; positive/diluted drug screen; more than prescribed dose of medication; homelessness due to SA.

$^b$Physical abuse as a child.

$^c$Hospitalized for MH problem; seen/heard things not there; taken prescription medication to feel better; diagnosed with mental illness; homelessness due to MI.

$^d$How often do you see family; positive visit; help from family when needed.

* $p \leq .10$, ** $p \leq .05$, *** $p \leq .01$
**Male Defendants.** Several interesting results emerged when the influence of these scales were examined for men’s outcomes. To begin, criminal history was a strong predictor for FTAs, but the three other gender-neutral scales range from modest predictors (substance abuse) to not being predictive of this outcome (employment/financial and educational need). For new arrests, criminal history was strongly associated with this outcome, while employment/financial, educational need, and substance abuse were modest predictors. Results for the last outcome, any failures, illustrated prediction differences in these scales as well. Criminal history and substance abuse were strongly associated with this outcome, while educational need was a modest predictor. However, the employment/financial scale was a weak predictor of this outcome, with correlations approaching significance ($p \leq .10$) and AUCs not exceeding .60. This suggests that while these scales are adequately capturing future arrests and failures, taken together they are not all tapping into FTAs.

The gender-responsive scales appear to make up for any inadequacies the gender-neutral scales had in predicting FTAs. Trauma, mental health, homelessness, and family support were all moderately to strongly correlated with this outcome. However, AUCs for these scales ranged from strong (.73) to weak (.53). None of the gender-responsive scales were related to new arrests, which is similar to the results to the entire sample. These scales became modest predictors of any failures, as trauma (four and six month), mental health (six month only), homelessness (four and six month), and family support (four and six month) were related to this outcome. However, the correlations and AUCs of these scales and any failures were modest to weak, with four of the seven correlations approaching significance and none of the AUCs exceeding .60 (see Table 6-2).
Table 6-2: Bivariate Correlations (Pearson's $r$, one-tailed) and AUCs for Risk/Need Scales, Strengths, and Outcomes, Men Only

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>FTA 4 Mo AUC</th>
<th>New Arrests 4 Mo AUC</th>
<th>6 Mo AUC</th>
<th>Any Failure 4 Mo AUC</th>
<th>6 Mo AUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-Neutral scales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal History</td>
<td>.30*** .76</td>
<td>.33*** .76</td>
<td>.20*** .70</td>
<td>.20*** .68</td>
<td>.32*** .73</td>
</tr>
<tr>
<td>Employment/Financial</td>
<td>.08 .58</td>
<td>.01 .51</td>
<td>.12* .60</td>
<td>.15** .60</td>
<td>.13* .59</td>
</tr>
<tr>
<td>Educational Need</td>
<td>-.05 .44</td>
<td>-.07 .44</td>
<td>.17** .60</td>
<td>.27*** .65</td>
<td>.13** .55</td>
</tr>
<tr>
<td>Substance Abuse$^a$</td>
<td>.10* .60</td>
<td>.16** .64</td>
<td>.17** .63</td>
<td>.15** .61</td>
<td>.21*** .65</td>
</tr>
<tr>
<td>Gender-Responsive scales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td>--- ---</td>
<td>--- ---</td>
<td>--- ---</td>
<td>--- ---</td>
<td>--- ---</td>
</tr>
<tr>
<td>Trauma</td>
<td>.14** .62</td>
<td>.16** .61</td>
<td>.05 .53</td>
<td>.06 .55</td>
<td>.13* .57</td>
</tr>
<tr>
<td>Mental Health$^b$</td>
<td>.14** .53</td>
<td>.21*** .55</td>
<td>-.05 .49</td>
<td>-.08 .48</td>
<td>.09 .52</td>
</tr>
<tr>
<td>Homelessness</td>
<td>.30*** .73</td>
<td>.25*** .67</td>
<td>.04 .52</td>
<td>.01 .51</td>
<td>.15** .58</td>
</tr>
<tr>
<td>Strengths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support$^c$</td>
<td>-.20***</td>
<td>-.22***</td>
<td>-.05</td>
<td>-.06</td>
<td>-.11*</td>
</tr>
</tbody>
</table>

Note. Substance abuse, mental health, and family support scales were optimized for men. See below for items included in each scale.

$^a$Substance abuse related offense on record; alcohol/drugs involved in current offense; family/friends expressed concern; difficulty stopping; health/emotional problems; family marital fights; financial problems; positive/diluted drug screen; more than prescribed dose of medication; homelessness due to SA.

$^b$Homelessness due to mental illness; diagnosis of schizophrenia; diagnosis of personality disorder.

$^c$Help from family when needed.

* $p \leq .10$, **$p \leq .05$, ***$p \leq .01$
Female Defendants. Examination of the bivariate correlations for women revealed both similarities and differences to the men’s results. Like the male analysis, criminal history and substance abuse were correlated with FTAs for women. However, the strength of these correlations was noticeably higher than the male correlations for these same scales. Furthermore, employment/financial was modestly correlated with FTAs for women while it was not predictive for men. These three scales also had modest to weak correlations with new arrests. Most notable were the correlations between new arrests and criminal history. This scale is often used to predict future offending behavior; here, however, this scale did not predict four month new arrests and was a modest predictor of six month arrests. Another difference from the men’s analysis was related to educational need. Recall this scale was predictive of some outcomes for both the entire sample and men only. For women, however, educational need41 was not related to any outcomes. Finally, this analysis revealed that these three scales were modest to strong predictors of any failures.

Examination of the gender-responsive scales for women’s outcomes provided results that were in sharp contrast to the previous analysis of men. Recall for men, the gender responsive scales were moderate predictors of FTAs, did not predict new arrests, and were modest to weak predictors of any failures. As illustrated in Table 6-3, the gender-responsive scales appeared to be relatively consistent predictors across all outcomes for women. Furthermore, abuse emerged as a modest predictor of outcomes for women, whereas this was not predictive for men.

Taken together, abuse, trauma, mental health, homelessness, had strong correlations and AUCs related to FTAs. Another noticeable difference in this analysis was that the gender-responsive scales were correlated with female new arrests (See Table 6-3). Recall that these scales had little to no predictive power for the entire sample and men for this outcome. For

41 As determined in the scale construction phase in Chapter 4.
women, however, abuse, mental health, and homelessness were all associated with new arrests. Furthermore, abuse, mental health, homelessness, and family support were also modestly to strongly associated with any failures. AUCs for this outcome were also high, ranging from .67 to .72.
Table 6-3: Bivariate Correlations (Pearson's \( r \), one-tailed) and AUCs for Risk/Need Scales, Strengths, and Outcomes, Women Only

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>FTA 4 Mo</th>
<th>AUC 4 Mo</th>
<th>FTA 6 Mo</th>
<th>AUC 6 Mo</th>
<th>New Arrests 4 Mo</th>
<th>AUC 4 Mo</th>
<th>New Arrests 6 Mo</th>
<th>AUC 6 Mo</th>
<th>Any Failure 4 Mo</th>
<th>AUC 4 Mo</th>
<th>Any Failure 6 Mo</th>
<th>AUC 6 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-Neutral scales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal History</td>
<td>.39***</td>
<td>.83</td>
<td>.39***</td>
<td>.83</td>
<td>.13</td>
<td>.65</td>
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<td>.69</td>
<td>.31***</td>
<td>.73</td>
<td>.34***</td>
<td>.75</td>
</tr>
<tr>
<td>Employment/Financial</td>
<td>.19**</td>
<td>.71</td>
<td>.19**</td>
<td>.71</td>
<td>.20**</td>
<td>.75</td>
<td>.14*</td>
<td>.67</td>
<td>.22**</td>
<td>.72</td>
<td>.18**</td>
<td>.67</td>
</tr>
<tr>
<td>Educational Need</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Substance abuse(^a)</td>
<td>.48***</td>
<td>.89</td>
<td>.48***</td>
<td>.89</td>
<td>.20**</td>
<td>.64</td>
<td>.15*</td>
<td>.57</td>
<td>.38***</td>
<td>.74</td>
<td>.34***</td>
<td>.69</td>
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<tr>
<td>Gender-Responsive scales</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse(^b)</td>
<td>.21**</td>
<td>.75</td>
<td>.21**</td>
<td>.75</td>
<td>.17**</td>
<td>.67</td>
<td>.13*</td>
<td>.61</td>
<td>.21**</td>
<td>.72</td>
<td>.18**</td>
<td>.68</td>
</tr>
<tr>
<td>Trauma</td>
<td>.17**</td>
<td>.66</td>
<td>.17**</td>
<td>.66</td>
<td>.06</td>
<td>.53</td>
<td>.02</td>
<td>.48</td>
<td>.09</td>
<td>.57</td>
<td>.06</td>
<td>.54</td>
</tr>
<tr>
<td>Mental Health(^c)</td>
<td>.51***</td>
<td>.75</td>
<td>.51***</td>
<td>.75</td>
<td>.26**</td>
<td>.67</td>
<td>.21**</td>
<td>.61</td>
<td>.44**</td>
<td>.72</td>
<td>.40**</td>
<td>.68</td>
</tr>
<tr>
<td>Homelessness</td>
<td>.42***</td>
<td>.79</td>
<td>.42***</td>
<td>.79</td>
<td>.19**</td>
<td>.61</td>
<td>.15*</td>
<td>.57</td>
<td>.33***</td>
<td>.70</td>
<td>.30***</td>
<td>.67</td>
</tr>
<tr>
<td>Strengths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support(^d)</td>
<td>-.26**</td>
<td>-.26**</td>
<td>-.12</td>
<td>-.09</td>
<td>-.20**</td>
<td>-.20**</td>
<td>-.17**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Substance abuse, abuse, mental health, and family support scales were optimized for women. See below for items included in each scale.

\(^a\)Drug/alcohol use before age 14; substance abuse related offense on record; alcohol/drugs involved in current offense; family/friends expressed concern; difficulty stopping; health/emotional problems; family marital fights; financial problems; effected work/school; positive/diluted drug screen; homelessness due to SA.

\(^b\)Sexual abuse as a child; physical abuse as a child; sexual abuse as an adult.

\(^c\)Hospitalized for MH problem; seen/heard things not there; diagnosed with mental illness; homelessness due to MI; diagnosed with ADHD; diagnosed with bipolar disorder; diagnosed with PTSD.

\(^d\)Positive visit.

\(* p \leq .10, \quad ** p \leq .05, \quad *** p \leq .01\)
Prior to the construction of cumulative risk scales for the three groups, tests for redundancies between the risk/need scales were conducted. This involved constructing correlation matrices of the predictive domain scales for each of the groups. According to Tabachnick and Fidell (2006), correlations between two variables that exceed .70 may indicate redundancies. Including redundant variables in the same analysis inflates the size of the error terms and consequently weakens the statistical analysis. As illustrated in Tables 6-4 through 6-6, correlations between the domain scales in the current study were acceptable, ranging from -.51 to .58. Therefore, no predictive domain scales were omitted from the analyses due to redundancies.
### Table 6-4: Correlation Matrix of Domain Scales for Entire Sample

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Criminal History</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employment/Financial</td>
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<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Educational Need</td>
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<td>.15***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Substance Abuse</td>
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<td>.09</td>
<td>.13**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Abuse</td>
<td>.09</td>
<td>.04</td>
<td>.20***</td>
<td>.19***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Trauma</td>
<td>.19***</td>
<td>.12**</td>
<td>.16***</td>
<td>.22***</td>
<td>.26***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Mental Health</td>
<td>.26***</td>
<td>.18***</td>
<td>.19***</td>
<td>.41***</td>
<td>.34***</td>
<td>.45***</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Homelessness</td>
<td>.40***</td>
<td>.11**</td>
<td>.18***</td>
<td>.31***</td>
<td>.22***</td>
<td>.15***</td>
<td>.34***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>9. Family Support</td>
<td>-.15***</td>
<td>.00</td>
<td>-.02</td>
<td>-.16***</td>
<td>-.19***</td>
<td>-.12**</td>
<td>-.28***</td>
<td>-.34***</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**p < .05, ***p < .01
Table 6-5: Correlation Matrix of Domain Scales for Men Only

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
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<td>1. Criminal History</td>
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</tr>
<tr>
<td>2. Employment/Financial</td>
<td>.14***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Educational Need</td>
<td>.13</td>
<td>.19***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>4. Substance Abuse</td>
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<td>.06</td>
<td>.16**</td>
<td>1.00</td>
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<td></td>
<td></td>
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<td>.34***</td>
<td>.12</td>
<td>.16**</td>
<td>.34***</td>
<td>1.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Mental Health</td>
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<td>.08</td>
<td>.08</td>
<td>.27***</td>
<td>.24***</td>
<td>1.00</td>
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<td></td>
</tr>
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<td>7. Homelessness</td>
<td>.36***</td>
<td>.07</td>
<td>.14**</td>
<td>.20***</td>
<td>.20***</td>
<td>.30***</td>
<td>1.00</td>
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<tr>
<td>8. Family Support</td>
<td>-.23***</td>
<td>-.07</td>
<td>.03</td>
<td>-.26**</td>
<td>-.15**</td>
<td>-.21***</td>
<td>-.40***</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**p < .05, ***p < .01
Table 6-6: Correlation Matrix of Domain Scales for Women Only

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Criminal History</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employment/Financial</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Substance Abuse</td>
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<td>.14</td>
<td>1.00</td>
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</tr>
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<td>.57***</td>
<td>.58***</td>
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<tr>
<td>7. Homelessness</td>
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<td>-.37***</td>
<td>-.51***</td>
<td>-.30***</td>
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</table>

**p < .05, ***p < .01
Risk Scale Construction, Predictive Validity, and Incremental Validity of Cumulative Scales

One of the goals of this research was to develop total pretrial risk scales that utilized gender-neutral and gender-responsive risk/needs factors. Of particular importance to this analysis is the examination of comparative contributions of gender neutral and gender responsive factors to predictive validity observed for each of the three groups. The contribution of these scales to form a total risk assessment scale involved the previous analysis of bivariate correlations with the pretrial outcome measures, an examination of interrelationships between domains, and summing all scales that were significantly correlated with the outcomes. Finally, an analysis of the final risk scale involved an examination of the predictive merits of gender neutral compared to gender responsive models.

Prior to entering the predictors into a final risk scale, several of the scales were collapsed into three point scales. This was conducted to ensure that scales with many items contributing to the scale did not have a greater influence on outcomes than risk factors that had fewer items. Therefore, criminal history, education, substance abuse, abuse, trauma, mental health, and homelessness were collapsed into three point scales (i.e., 0, 1, 2) recommended by analysis of bivariate correlations and cross-tabulations. Only one scale, employment/financial was not collapsed, as it was originally a three point scale. Scales that comprised of only one dichotomous item were also not collapsed.

In the following analysis, the cumulative summary scales examined for predictive validity included: 1) gender-neutral scales, alone; 2) gender-responsive scales, alone; 3) gender-neutral and gender-responsive scales, combined; an 4) gender-neutral, gender-responsive, and strength, combined, and 5) gender-neutral, gender-responsive, and strength, combined, controlling for the gender-neutral scale. These combinations were generated with the risk/needs
scales that were optimal for predicting outcomes for the respective groups. For example, to generate the final cumulative gender-neutral scale, all sample specific predictive gender-neutral domain scales examined in the previous analyses were summed together. All gender-responsive domain scales noted to be predictive for a given sample formed a final cumulative gender-responsive scale, which was then added to the final cumulative gender-neutral scale. This was done in order to discover whether gender-responsive scales enhanced already established gender-neutral scales used in the pretrial realm. Bivariate correlations and AUCs are reported to illustrate the predictive validity of these scale combinations. Incremental validity was determined by examination of the total risk scale (gender-neutral, gender-responsive, and strength, combined) partialling out for the effects of the gender-neutral scale.

**Entire Sample.** With the previous analyses in mind, cumulative gender-neutral and gender-responsive scales were created for the entire sample. The gender-neutral scale for this group included criminal history, employment/financial, educational need, and substance abuse. The gender-responsive scale comprised of abuse\(^{42}\), trauma, mental health, and homelessness. Family support was also included in this analysis, as it was determined to be a protective factor for the entire sample.

Table 6-7 shows that the gender-neutral scales were strongly associated with four and six month FTAs ($r = .27, p \leq .01$, AUC = .75; $r = .26, p \leq .01$, AUC = .74, respectively), four and six month new arrests ($r = .27, p \leq .01$, AUC = .76; $r = .30, p \leq .01$, AUC = .75, respectively), and four and six month any failures ($r = .35, p \leq .01$, AUC = .77; $r = .35, p \leq .01$, AUC = .75, respectively).

Examination of the gender-responsive scale revealed it to have strong correlations and adequate AUCs for four and six month FTAs ($r = .26, p \leq .01$, AUC = .71; $r = .23, p \leq .01$, AUC

\(^{42}\) One item: physical abuse as a child.
= .67, respectively). Results were not as favorable for the gender-responsive scale for new arrests. The results indicate the gender-responsive scale was modestly predictive of four month new arrests \((r = .13, p \leq .05, \text{AUC} = .63)\); however, it was not a significant predictor for six month new arrests. This was expected, as only one item related to abuse was correlated with this outcome for this group. Finally, correlations and AUCs for four and six month any failures also produced modest results \((r = .19, p \leq .01, \text{AUC} = .63; r = .17, p \leq .01, \text{AUC} = .61\), respectively).

When the gender-responsive scale (including family support) was added to the gender-neutral scale, this combination improved the correlations of the four and six month FTA outcomes \((r = .32, p \leq .01; \text{AUC} = .75; r = .30, p \leq .01; \text{AUC} = .72)\) compared to the gender-neutral scale alone. Regarding new arrests, correlations were also strong; however, they were not as strong as the gender-neutral scale alone. This model was also an adequate predictor of any failures, with strong correlations and AUCs exceeding .70.

The less impressive results for the gender-neutral/gender-responsive/strength scales’ impact on new arrests and any failures could suggest that like the results from the previous bivariate analysis, addition of this gender-responsive scale is important for predicting failure to appears but it was not as effective in predicting new arrests or any failures for the entire sample. This is evidenced in the test of incremental validity. When the gender-responsive scale (including family support) was added to the gender-neutral scale, this combination achieved a moderate partial correlation for four month \((r = .18, p \leq .01; \text{AUC} = .75)\) and six month \((r = .16, p \leq .01; \text{AUC} = .72)\) FTAs. Partial correlations for new arrests and any failures were not significant.
Table 6-7: Predictive Validity of Pretrial Risk Models for Entire Sample

<table>
<thead>
<tr>
<th>Pretrial Risk Model</th>
<th>FTAs 4 Month</th>
<th>FTAs 6 Month</th>
<th>New Arrests 4 Month</th>
<th>New Arrests 6 Month</th>
<th>Any Failure 4 Month</th>
<th>Any Failure 6 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>AUC</td>
<td>Y/N</td>
<td>AUC</td>
<td>Y/N</td>
<td>AUC</td>
</tr>
<tr>
<td>Gender-Neutral scales, alone&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.27***</td>
<td>.75</td>
<td>.26***</td>
<td>.74</td>
<td>.27***</td>
<td>.76</td>
</tr>
<tr>
<td>Gender-Responsive scales, alone&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.26***</td>
<td>.71</td>
<td>.23***</td>
<td>.67</td>
<td>.13**</td>
<td>.62</td>
</tr>
<tr>
<td>Gender-Neutral + Gender-Responsive</td>
<td>.31***</td>
<td>.75</td>
<td>.29***</td>
<td>.72</td>
<td>.24***</td>
<td>.73</td>
</tr>
<tr>
<td>Strength (Family Support)</td>
<td>-.14**</td>
<td>-.16**</td>
<td>-.03</td>
<td>.01</td>
<td>-.08</td>
<td>-.06</td>
</tr>
<tr>
<td>GN+GR-FS</td>
<td>.32***</td>
<td>.75</td>
<td>.30***</td>
<td>.72</td>
<td>.23***</td>
<td>.72</td>
</tr>
<tr>
<td>GN+GR-FS Partial correlation</td>
<td>.18***</td>
<td>.16***</td>
<td>.01</td>
<td>-.07</td>
<td>.06</td>
<td>.01</td>
</tr>
</tbody>
</table>

Note. GN = Gender neutral. GR = Gender-responsive. FS = Family support.
<sup>a</sup>Criminal history, employment/financial, educational need, substance abuse.
<sup>b</sup>Abuse (one item), trauma, mental health, homelessness.
* p ≤ .10, ** p ≤ .05, *** p ≤ .01
Male defendants. As the previous bivariate analyses at the beginning of this chapter illustrated, not all scales were equally predictive for men and women. That is, there were some scales that appeared to be more important in their association with pretrial outcomes for men (e.g., educational need) while other scales were more important for women (e.g., abuse). Consequently, for men, the gender-neutral scale used in the following analysis included 1) criminal history, 2) employment/financial, 3) educational need, and 4) substance abuse. The male gender-responsive scale included trauma, mental health, and homelessness. One item was also used to indicate family support for men: do you have help from your family when you need it.

The results of the combination of these scales are presented in Table 6-8. These results illustrate how the gender-neutral scale plays an important role in predicting the future criminal behavior men, as this scale was strongly associated with four and six month new arrests \( r = .28, p \leq .01, \text{AUC} = .74; \ r = .32, p \leq .01, \text{AUC} = .74, \) respectively). It was also a strong predictor of four and six month any failures \( r = .33, p \leq .01, \text{AUC} = .74; \ r = .34, p \leq .01, \text{AUC} = .72, \) respectively). However, correlations for FTAs were modest, and AUCs were slightly lower than the other outcomes (four month: \( r = .19, p \leq .01, \text{AUC} = .68; \) six month: \( r = .17, p \leq .05, \text{AUC} = .66).\)

Analysis of the gender-responsive scale produced a pattern that illustrated its importance for capturing FTAs for men. Correlations and AUCs for this scale and FTAs were high for both four and six month FTAs \( r = .29, p \leq .01, \text{AUC} = .72; \ r = .31, p \leq .01, \text{AUC} = .69, \) respectively). However, this scale did not predict new arrests; correlations were not significant for both follow up periods. Analysis of any failures revealed the gender-responsive scale was a modest predictor of this outcome \( r = .19, p \leq .01, \text{AUC} = .62; \ r = .19, p \leq .01, \text{AUC} = .60, \) respectively).
Correlations and AUCs improved considerably for the four month \((r = .28, p \leq .01, \text{AUC} = .72)\) and six month \((r = .27, p \leq .01, \text{AUC} = .70)\) FTAs when the gender-responsive scale (including family support) was combined with the gender-neutral scale. However, like the results from the entire sample, adding the gender-responsive scale did little to improve the prediction of new arrests above and beyond the gender-neutral scale. Unlike the results from the entire sample, however, the gender-neutral/gender-responsive combination maintained comparable results for failures \((r = .32, p \leq .01, \text{AUC} = .73; r = .33, p \leq .01, \text{AUC} = .71)\).

Partial correlations, intended to illustrate the incremental validity of adding the gender-responsive scale to the gender-neutral scale, revealed interesting results. To begin, the results indicated that the gender-responsive scale offered a significant improvement to the predictive validity of the gender-neutral scale for FTAs \((r = .26, p \leq .01, \text{AUC} = .72; r = .28, p \leq .01, \text{AUC} = .70)\). Conversely, controlling for the gender-neutral scale produced negative relationships with new arrests, one being a significant inverse relationship for six month new arrests \((r = -.10, p \leq .05, \text{AUC} = .70)\). Finally, partial correlations for any failures were not significant.

These results suggest that the gender-responsive scale made a considerable enhancement in predicting FTAs for men. Addition of this scale to the gender-neutral scale—items traditionally used to predict pretrial outcomes—was important in predicting this outcome. Therefore, it could be argued that reliance on gender-neutral items alone are adequate for predicting new arrests and any failures for men, and it would be beneficial to also include gender-responsive items in order to predict FTAs.

[193]
Table 6-8: Predictive Validity of Pretrial Risk Models for Male Defendants

<table>
<thead>
<tr>
<th>Pretrial Risk Model</th>
<th>FTAs</th>
<th>New Arrests</th>
<th>Any Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 Month</td>
<td>4 Month</td>
<td>6 Month</td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>AUC</td>
<td>Y/N</td>
</tr>
<tr>
<td>Gender-Neutral scales, alone¹</td>
<td>.19***</td>
<td>.68</td>
<td>.17**</td>
</tr>
<tr>
<td>Gender-Responsive scales, alone²</td>
<td>.29***</td>
<td>.72</td>
<td>.31***</td>
</tr>
<tr>
<td>Gender-Neutral + Gender-Responsive</td>
<td>.26***</td>
<td>.72</td>
<td>.26***</td>
</tr>
<tr>
<td>Strength (Family Support)³</td>
<td>-.20***</td>
<td>-.22***</td>
<td>-.05</td>
</tr>
<tr>
<td>GN+GR-FS</td>
<td>.28***</td>
<td>.72</td>
<td>.27***</td>
</tr>
<tr>
<td>GN+GR-FS Partial correlation</td>
<td>.26***</td>
<td>.28***</td>
<td>-.09</td>
</tr>
</tbody>
</table>

Note. GN = Gender neutral. GR = Gender-responsive. FS = Family support.

¹Criminal history, employment/financial, educational need, substance abuse.
²Trauma, mental health, homelessness.
³One item: Do you have help from your family when you need it?

*p ≤ .10, **p ≤ .05, ***p ≤ .01
Female defendants. Since many of the scales examined in this analysis were generated based on feminist literature regarding women offenders, results indicating any differences in the predictive validity of the women’s gender-responsive scale and its contribution to the gender-neutral scale is of particular interest. The previous results have already indicated that the gender-responsive scales have improved the predictive power of gender-neutral scales for some male outcomes (FTAs) while having negligible or negative effects on other outcomes (new arrests and any failures). If gender-responsive scales are shown to considerably improve the prediction of outcomes for women, it may be argued that these scales are important for capturing issues related to women’s pretrial failure.

The gender-neutral scale for women included criminal history, employment/financial, and substance abuse. The gender-responsive scale was comprised of abuse, trauma, mental health, and homelessness. One item indicating family support (when you see your family, is it generally a positive visit) was used as a strength in this analysis.

Table 6-9 presents the total and incremental validity of the Inventory of Need for women defendants. The gender-neutral scale evidenced strong correlations and high AUCs for several of the outcomes. This scale was especially salient in predicting FTAs \((r = .41, p \leq .01, \text{AUC} = .91)\) and any failures \((r = .34, p \leq .01, \text{AUC} = .80; r = .31, p \leq .01, \text{AUC} = .76)\). However, this scale was a modest predictor of new arrests \((r = .18, p \leq .05, \text{AUC} = .68; r = .15, p \leq .10, \text{AUC} = .65)\).

The gender-responsive scale, when examined alone, produced similar correlations and AUCs to the gender-neutral scale. The gender-responsive scale was a strong predictor of FTAs \((r = .42, p \leq .01; \text{AUC} = .85)\) and any failures \((r = .35, p \leq .01, \text{AUC} = .76; r = .31, p \leq .01, \text{AUC} = .70, \text{respectively})\). Like the gender-neutral scale, however, this scale was also a modest predictor of new arrests \((r = .21, p \leq .01, \text{AUC} = .68; r = .16, p \leq .10, \text{AUC} = .60, \text{respectively})\).
When added to the gender-neutral scale, the gender-responsive scale (including family support) made a notable contribution to the prediction of all women’s outcomes. In every instance, the correlations for women’s outcome increased and were higher than the gender-neutral scale alone. For example, the correlation for this scale combination with FTAs increased to .48 ($p \leq .01$; AUC = .89). The correlations also noticeably increased for four month ($r = .40, p \leq .01$; AUC = .78) and six month ($r = .35, p \leq .01$; AUC = .73) failures. Furthermore, combining these scales also increased the correlations for four and six month new arrests compared to the gender-neutral scales alone. This is very different from the effect the gender-responsive scale had on this outcome for the entire sample and men. Recall in both of those analyses, the gender-responsive scale was not a strong predictor of new arrests. When combined with the gender-neutral scale, the gender-responsive scale appeared to detract from the predictive power of the gender-neutral scale.

Analysis of incremental validity revealed the gender-responsive scale made strong and significant contributions to the gender-neutral scale for several female pretrial outcomes. The sum of these two scales achieved a strong partial correlation for FTAs ($r = .28, p \leq .01$; AUC = .89) as well as strong contributions to the gender-neutral scale for four and six month any failures ($r = .22, p \leq .01$; AUC = .78; $r = .19, p \leq .01$; AUC = .73). However, there were less impressive findings for new arrests, as the partial correlation for four month new arrests approached significance ($r = .14, p \leq .10$; AUC = .67) while it was not significant for six month new arrests. Although this result was not impressive, it should be noted that of all the analyses (entire sample, men, and women), this analysis is the only one in which a significant partial correlation emerged for new arrests.
Table 6-9: Predictive Validity of Pretrial Risk Models for Female Defendants

<table>
<thead>
<tr>
<th>Pretrial Risk Model</th>
<th>FTAs New Arrests Any Failure</th>
<th>FTAs 4 Month Y/N AUC</th>
<th>FTAs 6 Month Y/N AUC</th>
<th>New Arrests 4 Month Y/N AUC</th>
<th>New Arrests 6 Month Y/N AUC</th>
<th>Any Failure 4 Month Y/N AUC</th>
<th>Any Failure 6 Month Y/N AUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-Neutral scales, alone&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.41*** .91</td>
<td>.41*** .91</td>
<td>.18** .68</td>
<td>.15* .64</td>
<td>.34*** .80</td>
<td>.31*** .76</td>
<td></td>
</tr>
<tr>
<td>Gender-Responsive scales, alone&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.42*** .85</td>
<td>.42*** .85</td>
<td>.21*** .68</td>
<td>.16* .60</td>
<td>.35*** .76</td>
<td>.31*** .70</td>
<td></td>
</tr>
<tr>
<td>Gender-Neutral + Gender-Responsive</td>
<td>.48*** .90</td>
<td>.48*** .90</td>
<td>.23*** .68</td>
<td>.18** .61</td>
<td>.40*** .79</td>
<td>.36*** .74</td>
<td></td>
</tr>
<tr>
<td>Strength (Family Support)&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-.26***</td>
<td>-.26***</td>
<td>-.12</td>
<td>-.09</td>
<td>-.20**</td>
<td>-.17**</td>
<td></td>
</tr>
<tr>
<td>GN+GR-FS</td>
<td>.48*** .89</td>
<td>.48*** .89</td>
<td>.23*** .67</td>
<td>.18** .60</td>
<td>.40*** .78</td>
<td>.35*** .73</td>
<td></td>
</tr>
<tr>
<td>GN+GR-FS Partial correlation</td>
<td>.28***</td>
<td>.28***</td>
<td>.14*</td>
<td>.10</td>
<td>.22***</td>
<td>.19**</td>
<td></td>
</tr>
</tbody>
</table>

*Note. GN = Gender neutral. GR = Gender-responsive. FS = Family support.
<sup>a</sup>Criminal history, employment/financial, substance abuse.
<sup>b</sup>Abuse, trauma, mental health, homelessness.
<sup>c</sup>One item: When you see your family, is it generally a positive visit?
* p ≤ .10, **p ≤ .05, ***p ≤ .01
The results of this analysis underscore the importance of examining gender differences. Too often, risk/need assessment instruments are created with little attention to potential differences between men and women. As seen here, disaggregation of this sample revealed important gender variation in the predictive validity of the pretrial risk models.

**Higher Order Factors and Multivariate Analysis**

Analysis of the factor correlation matrix (See Table 6-4 through 6-6) of the scales included in this study revealed that several of the scales were correlated, and their correlations varied by gender. Since there were some correlations between the scales, a decision was made to examine them as they manifested as higher order factors. This was done by what is referred to as second order factor analysis, or higher order factor analysis, and it consists of factoring correlations among the first order factors. Simply put, it examines the factors of the factors. This enables the researcher to examine the pattern of constructs assumed to underlie the variables (Wind, Green, & Jain, 1973). The creation of higher order factors was executed using principal components analysis with varimax rotation.

This analysis sought to accomplish two objectives. First, development of higher factors would allow an examination of how these scales combined to influence outcomes. Second, any gender variation in the factors that emerged would illuminate any differential latent constructs underlying the combinations of scales for male and female pretrial defendants. Discovering these differential processes would lead to a better understanding of the issues and situations male and female pretrial defendants confront while negotiating the pretrial phase. If these scales generate different factors for men and women, this would present additional evidence that male and female pretrial defendants are indeed different. This could potentially inform pretrial assessment, supervision, and intervention. All domain scales that were predictive for each gender were
entered into the analysis. As the results indicate, the scales do indeed coalesce differently for each gender.

As shown in Table 6-10, the analysis for the men’s scales generated two higher-order factors that brought together 1) criminal history, substance abuse, mental health, homelessness, and family support; and 2) employment/financial, educational need, and trauma. While criminal history and substance abuse are variables that are included in most pretrial risk assessment instruments, the fact that these scales combined with other gender-responsive needs such as mental health, homelessness, and family support illustrates that all of these issues may be related for men. This higher-order factor, therefore, was determined to imply social maladjustment. The second higher-order factor that was generated indicated vocational problems.

Table 6-10: Factor Analysis of Predictive Pretrial Risk Scales for Men

<table>
<thead>
<tr>
<th>Risk Scales</th>
<th>Social Maladjustment</th>
<th>Vocational Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History</td>
<td>.648</td>
<td></td>
</tr>
<tr>
<td>Employment/Financial</td>
<td>.627</td>
<td>.742</td>
</tr>
<tr>
<td>Educational Need</td>
<td>.550</td>
<td>.459</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>.632</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>.698</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support</td>
<td>-.685</td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal components analysis with varimax rotation.

Table 6-11 illustrates the use of these higher order factors as predictors in the male multivariate analysis. The overall model statistics were adequate (Nagelkerke $R^2=.13$, $p \leq .001$ for four months, and Nagelkerke $R^2=.14$, $p \leq .001$ for six months). At both the four and six month follow up time frame for any failures, both higher order factors were significant predictors and evidenced strong beta values. Interpretation of the odds ratios indicated that each unit
increase in the social maladjustment predictor increased the odds of male pretrial failure by 69% at four months and 72% at six months. The results of the vocational problems predictor revealed similar results, with the odds of male pretrial failure increasing 60% at four months and 65% at six months.

Table 6-11: Regressions of 4 and 6 Month Any Failures on the Higher Order Factors, Binary Logistic Regression, Men

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Any Failure 4 Months</th>
<th>Any Failure 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Exp(b)</td>
</tr>
<tr>
<td>Social Maladjustment</td>
<td>.53</td>
<td>1.69</td>
</tr>
<tr>
<td>Vocational Problems</td>
<td>.47</td>
<td>1.60</td>
</tr>
</tbody>
</table>

$X^2 = 13.29 \ (2), p \leq .001$
Nagelkerke $R^2 = .13$

$X^2 = 16.78 \ (2), p \leq .001$
Nagelkerke $R^2 = .14$

In the analysis of the predictive scales for women, two factors also emerged. As shown in Table 6-12, these factors coalesced to illustrate combinations relevant to 1) mental health, abuse, trauma, and family support; and 2) criminal history, substance abuse, homelessness, and mental health. Although mental health also loaded on the first factor, its factor loading (greater than .40) indicated that it was also an important aspect of the second factor as well. Employment status had a very low factor loading (< .40) and was therefore not included in the designation of these higher order factors.
Table 6-12: Factor Analysis of Pretrial Risk Scales for Women

<table>
<thead>
<tr>
<th>Risk Scales</th>
<th>Co-occurrence of Mental Health, Abuse, and Trauma</th>
<th>Social Maladjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History</td>
<td>.826</td>
<td>.826</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>.789</td>
<td>.789</td>
</tr>
<tr>
<td>Abuse</td>
<td>.825</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>.839</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>.771</td>
<td>(.414)</td>
</tr>
<tr>
<td>Homelessness</td>
<td>.771</td>
<td>.747</td>
</tr>
<tr>
<td>Family Support</td>
<td>-.546</td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal components analysis with varimax rotation.

Insertion of these two factors into the female multivariate analysis produced strong models for both four (Nagelkerke $R^2=.29$, $p \leq .001$) and six (Nagelkerke $R^2=.25$, $p \leq .001$) month failures. The factor that tapped into issues indicating social maladjustment (criminal history, substance abuse, homelessness, and mental health) was a very strong predictor of failures for women. Examination of the odds ratios revealed that women who had a combination of these problems were 148% more likely to fail at four months and 142% more likely to fail at six months (See Table 6-13). However, although not statistically significant\(^43\), the other factor that tapped into issues with mental health, abuse, trauma, and family support also evidenced odds ratios that exceeded 1. The odd ratios suggested that the odds of women failing who possessed these issues increased by 73% at four months and 46% at six months.

\(^43\) This insignificance may be a product of the sample size and the low number of women who failed.

[201]
Table 6-13: Regressions of 4 and 6 Month Any Failures on the Higher Order Factors, Binary Logistic Regression, Women

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Any Failure 4 Months</th>
<th>Any Failure 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Exp(b)</td>
</tr>
<tr>
<td>Mental Health/Abuse/Trauma</td>
<td>.55</td>
<td>1.73</td>
</tr>
<tr>
<td>Social Maladjustment</td>
<td>.91</td>
<td>2.48</td>
</tr>
</tbody>
</table>

\[X^2 = 14.54 \ (2), \ p \leq .001\]
Nagelkerke \(R^2 = .29\)

\[X^2 = 13.15 \ (2), \ p \leq .001\]
Nagelkerke \(R^2 = .25\)

The results here indicate that both the gender-neutral and gender-responsive scales are coalescing differently for men and women. Interestingly, there were common and divergent higher-order factors for men and women. For both groups, a factor emerged that had similar structures indicating social maladjustment. The scales in this factor included criminal history, substance abuse, homelessness, and mental health. This could be interpreted to mean that the men and women who evidenced these issues were more similar to each other. Furthermore, it appears substance abuse and mental health are co-occurring for both men and women.

Conversely, two factors emerged in this analysis that indicated separate and distinct factors for each gender. For men, a factor emerged that indicated vocational problems and the stress associated with them (i.e., employment/financial, educational need, and trauma). Women, on the other hand, produced a factor reflecting the co-occurrence of abuse, trauma, and mental health.

**SUMMARY**

Results in this chapter revealed that many gender-neutral and gender-responsive risk/needs were correlated with pretrial outcomes. Furthermore, the results suggested that
different needs were associated with different pretrial outcomes. Disaggregation of the sample by gender demonstrated that the gender-neutral and gender-responsive scales had differing predictive power dependent upon the group investigated and the outcomes examined. The results of this analysis suggest that it is important to examine differences between male and female pretrial defendants; ignoring these differences could potentially misinform pretrial risk models.

The seventh, and final, chapter of this dissertation begins with a summary of the study and its major findings. Chapter Seven continues with a discussion of the many implications of these results for current pretrial agencies and the scholarly literature. Study limitations and caveats are subsequently outlined. Lastly, final conclusions, policy implications, and suggestions for future research directions are proposed in the closing sections.
CHAPTER SEVEN

DISCUSSION AND IMPLICATIONS

INTRODUCTION

The past decade has seen a shift in the criminal justice field to implement “evidence-based practices.” That is, decisions regarding offender populations are based on conclusions drawn from empirical research, as opposed to judgments based on anecdotes, “common sense,” or beliefs regarding these individuals (MacKenzie, 2000). Currently pretrial agencies are under increasing pressure to show they are using evidence-based practices in performing their functions. Although pretrial service agencies have operated for several decades, research to develop evidence-based practices within these agencies is “significantly limited” (VanNostrand, 2007). Moreover, “pretrial services as a field is lagging behind other components in the criminal justice system in developing such practices” (Clark, 2008, p. 4). While there has been vast academic research to support post-conviction evidence-based practices, there has yet to be a pretrial services equivalent to this inquiry. Therefore, the pretrial field could “determine what elements of the existing literature on post-conviction, evidence-based, practices pretrial services can utilize successfully” (Cadigan, 2009).

One area the pretrial field has borrowed from post-conviction research is the development and validation of pretrial risk assessment instruments. The use of validated objective risk assessments has been employed with offender populations for many years; however, this is a relatively new practice in the pretrial realm. A survey conducted by the Pretrial Justice Institute in 2009 discovered that approximately 25% of pretrial programs use objective criteria to
determine the risk of pretrial defendants (PJI, 2009). It is encouraging to note, however, that 42% of the pretrial programs surveyed reported developing their risk assessment procedures based on research done in their own jurisdictions. This is up from 25% reported in 2001 (PJI, 2009). While these statistics appear promising, it is apparent pretrial agencies have additional work to do regarding evidence-based pretrial risk assessment.

Several studies have emerged that have generated and validated objective pretrial risk assessment instruments (Latessa et al., 2009; VanNostrand, 2003; Winterfield et al., 2003), yet there is little consensus regarding which factors to use to determine a defendant’s risk of failure to appear and threat to community safety (PJI, 2009). For example, there is some debate as to whether to include factors in pretrial risk assessment instruments that are considered to “criminogenic needs” found in correctional risk/needs assessment literature (VanNostrand, 2007). In addition to this, there are many unanswered questions for pretrial service agencies as they work to identify evidence-based practices. Specifically, to what extent does prediction in the pretrial field depend on demographic variables (i.e., male versus female) (Clark, 2008).

Research involving correctional populations shows that certain dynamic risk factors, or “criminogenic needs,” influence criminal justice outcomes (Andrews & Bonta, 2006, 2007; Gendreau et al., 1996). The generalizability of these criminogenic needs to the pretrial field has been the focus of some debate (see VanNostrand, 2007); therefore, measuring “needs” at the pretrial stage is generally not practiced by pretrial agencies. This is not to say that some agencies have not assessed the needs of pretrial defendants, such as mental health or abuse, but these items are not used as predictors of pretrial failure. Although some pretrial risk assessment instruments have included indicators of substance abuse history (Latessa et al., 2009; VanNostrand, 2003), a gender-neutral need (Andrews & Bonta, 2006, 2007), many pretrial
service agencies have limited their risk prediction tools to a conglomeration of static items indicating criminal history and community ties (Rose & VanNostrand, 2009; VanNostrand, 2003, 2007; Winterfield et al., 2003).

There is little empirical research regarding the needs of pretrial defendants and their subsequent relation to pretrial outcomes. This area of inquiry may be of particular interest for pretrial service agencies, as the number of troubled individuals entering into and cycling through the system has increased over the past several decades. Furthermore, little attention has been given to examining these pretrial needs within a gender-responsive framework. For pretrial agencies that are becoming more concerned and consumed by the current increase of women entering into the criminal justice system, discovering any needs that are particularly salient for women could aid their tasks of addressing this growing population. This study contributes empirically to both of these areas of inquiry. Specifically, this dissertation employed several statistical procedures to investigate whether the needs of pretrial defendants varied by gender and if these needs were statistically associated with pretrial failures.

The remainder of this chapter contains a detailed discussion of the major findings of this study. The structure of the discussion is as follows: First, the results of the analyses contained in Chapters Four, Five, and Six are revisited according to what conclusions can be drawn regarding these findings. Second, the limitations of the study are noted and discussed. Third, propositions for future research are presented. Fourth, the implications of the study are outlined. Finally, some closing remarks are offered.
MAJOR FINDINGS

Based on the results from Chapters Four, Five, and Six, three major conclusions can be drawn regarding the needs of pretrial defendants. First, the findings from this study suggest that the substance, prevalence, and co-occurrence of the needs of pretrial defendants are qualitatively different for men and women. That is, during the process of scale construction for this study, it was discovered that several of these needs were substantively different depending upon the gender examined. Although they were of the same domain (e.g., substance abuse, mental health) the needs/scales differed in relation to which items were included in the scales for men and women. In addition to this, examination of group differences revealed some needs to be more prevalent for one gender than the other. Further examination of these needs illustrated interrelationships that also varied by gender. Second, the results presented here suggest that some needs are related to pretrial outcomes. Specifically, several domain scales representing a need were found not only to be predictive of pretrial outcomes, but the predictive power of these needs varied by gender. Finally, the totality of the results presented in this study suggests that gender-responsive risk factors are important for the prediction of pretrial outcomes. Each of these conclusions is discussed in detail below.

The Substance, Prevalence, and Co-occurrence of the Needs of Male and Female Pretrial Defendants are Qualitatively Different

Considerable attention was devoted to the construction of scales used for this study (see Chapter Four). Recall scale construction involved bivariate correlations between variables in a specific domain and outcomes to determine which items were predictive. Once the predictive items were discovered, they were factor analyzed. The predictive items that loaded on a factor were then summed together to generate a cumulative domain scale indicating a specific “need”
related to that domain. These scales, as they represented needs, were used in the subsequent analyses.

**The Substance of Pretrial Needs**

Through the course of scale construction, considerable variation emerged regarding the structure of the scales for the entire sample, men, and women. For example, the scales created for educational need, substance abuse, abuse, mental health, and family support were different for the entire group, and for men, and women separately. The most notable differences will be discussed in the paragraphs to follow.

To begin, it was discovered that the items in the educational need domain were only related to outcomes for men; therefore, no educational need scale was generated for women. This was not expected, as it is contrary to extant literature that claims education is a gender-neutral need and part of the “Central Eight” risk factors for recidivism (Andrews & Bonta, 2006, 2007). That is, this need is purported to be a risk factor for *both* men and women. In addition to this, the inability to produce a meaningful educational need scale for women in this study is also contrary to what is written about this issue in the gender-responsive literature. This literature proposes that educational disadvantage is very prominent for women, as many women offenders are either un- or under-educated (Bloom et al., 2003). This troublesome issue for women in the criminal justice system is believed to be related to their offending behavior. It should be noted, however, that the above claims of education as a risk factor for recidivism have been made in reference to offender populations and not pretrial defendants.

Substance abuse, another gender-neutral need, did not emerge as a general, uniform measure for all defendants. Disaggregation of the sample revealed different factor structures for men and women. Items that were important for men generally illustrated that substance abuse
interfered with personal, health, financial, and social aspects of their lives. The women’s scale not only included items indicating problematic behaviors in the above realms, but also included problems in professional settings, past substance abuse offenses, age of first drug and/or alcohol consumption, and homelessness due to this issue. Therefore, the women’s substance abuse scale reflects a somewhat more problematic constellation of behaviors.

As for the gender-responsive scales, notable differences emerged regarding abuse and mental health. An abuse scale was constructed only for women in this study. The lack of an abuse scale for men in this study suggests that this is a gender-responsive need for women. This reflects what feminist scholars have proposed regarding abuse being an important issue for women in the criminal justice system (Belknap, 2006; Bloom et al., 2003; Daly, 1992; McClellan et al., 1997).

Several differences surfaced in the examination of the mental health items as well. Recall the mental health items that made up the scale for men included two indicators of mental health diagnoses (schizophrenia and personality disorder) and whether homelessness was a result of mental illness. The mental health scale for the women retained the item regarding homelessness due to mental illness; however, unlike the men’s scale, the women’s scale included items pertaining to mental health history (i.e., hospitalization, diagnosis of mental illness), a symptom of psychosis (i.e., seen things or heard voices not there), and other indicators of mental illness diagnoses (i.e., bipolar and PTSD). These differential mental health scale structures imply distinct mental health problems are relevant for male and female pretrial defendants. That is, psychotic (i.e., schizophrenia) and personality disorders and the potential consequences (i.e., homelessness due to mental illness) are important mental health issues for male defendants, while mental health history and mood (bipolar disorder) and anxiety (PTSD) disorders are
problematic for women. Research conducted by Van Voorhis and colleagues (2010) has consistently found mental health history and symptoms of depression and anxiety to be important for women offenders in institutional and community settings. The results from the current study suggest that mood and anxiety disorders are important for female pretrial defendants as well.

The process in which these scales were constructed illustrates some of these needs did not uniformly manifest for all groups in the sample. Attention was given to developing optimal scales for the entire sample, men, and women, and in many instances, these scales varied a great deal. Put plainly, there were several scales that were “gender-specific” for each gender. Therefore, future researchers may wish to attend to this process, as it will likely provide more accurate pictures of the needs of male and female pretrial defendants.

The Prevalence of Pretrial Needs

After the scales were constructed, tests were conducted to discover whether there were any gender differences in the prevalence of these needs. In order to do this, scales generated using information from the entire sample were used in independent t-tests. The results showed that the prevalence of some of these needs varied by gender. Specifically, substance abuse was more prevalent for men, while abuse and trauma were more prevalent for women.

The results regarding abuse and trauma reflect what has been written about the abuse histories of women in the criminal justice system. Many studies have established that these women have extensive histories of physical, sexual, and emotional abuse (Browne et al., 1997; BJS, 1999a, 1999b, 2005; McClellan et al., 1997; Messina, Burdon, Hagopian, & Prendergast, 2006; Van Voorhis et al., 2010). For example, in a survey of jail inmates, it was discovered that over half of women in jail reported they had been physically or sexually abused in the past,
compared to approximately a tenth of men (BJS, 2004). Therefore, the higher prevalence of abuse and trauma for women in this study was not unexpected.

Examination of the individual items in each domain (using chi-square analyses) also revealed some issues that were more prevalent for one gender and not the other. Most notably, items indicating abuse and mental health diagnoses were particularly telling. Compared to the men in this study, the women were more likely to be victims of sexual and physical abuse. Approximately 28% of the women admitted to experiencing sexual abuse as a child, compared to 6% of the men. While men and women experienced similar rates of physical abuse as children (18% versus 19%, respectively), significantly more women reported experiencing physical abuse in adulthood (46%). Furthermore, 18% of the women in the sample reported experiencing sexual abuse as an adult, while no men reported this event. These findings reflect research that illustrates women offenders are more likely than their male counterparts to experience abuse as both children and adults (Bloom et al., 2003; BJS, 1999; 2004; BJS, 1999a, 2005; McClellan et al., 1997; Peters et al., 1997; Tjaden & Thoennes, 2000). Although these results reflect the extant literature regarding the abuse histories of women in the criminal justice system, it is disquieting that substantial percentages of women in this sample had been either sexually and/or physically victimized at one point in their lives.

In addition to abuse histories, feminist scholars have proposed that mental health problems are also an important issue for women in the criminal justice system. Specifically, they claim that mood and anxiety disorders are especially prevalent for women offenders (Baugh et al., 1998; Bloom et al., 2003; Jordan, Schlenger, Fairbank, & Caddell, 1996; Teplin et al., 1996; Van Voorhis et al., 2010). For example, a study conducted by Teplin et al. (1996) discovered post-traumatic stress disorder to be the third most common lifetime psychiatric disorder for
female jail detainees awaiting trial. Other research examining convicted felons entering prison discovered that rates for mood disorders appear to be elevated for women inmates (Jordan et al., 1996). Although the current research examined pretrial defendants released into the community, the results are consistent with the studies of women offenders.

The Co-occurrence of Pretrial Needs

In Chapter Six, factor analyses were employed to generate higher-order factors with the scales created in this study. This was done to discover whether any of the needs co-occurred and if these co-occurrences varied by gender. For men, the first factor contained criminal history and substance abuse while the second factor included employment and educational need. Interestingly, some gender-responsive needs were mixed among the gender-neutral scales. Specifically, mental health, homelessness, and family support coalesced with criminal history and substance abuse while trauma combined with employment status and educational need. Since gender-neutral scales appeared in both male factors, these higher-order factors appeared to characterize what is often referred to as the “Canadian Model.” That is, the gender-neutral scales in both factors comprised of risk/needs found in the “Central Eight” risk factors for recidivism (Andrews & Bonta, 2007).

The presence of gender-neutral scales in both of the male factors in this study has been found in other research that has examined clusters of male and female delinquents (Jones, 2001). As part of her research, Jones (2011) compared male and female delinquents using a multidimensional scaling technique (i.e., PROXSCAL) to determine the structural relationships among risk assessment (i.e., Youth Assessment and Screening Instrument [YASI]; Orbis Partners, 2011) and offense related variables for these two groups. This was done to determine whether thematic structures emerged that reflected 1) themes relevant to the feminist pathways
research (i.e., gender-responsive) or 2) themes relevant to the assessment of risk in the gender-neutral research.

In the analysis of boys, two clusters emerged. These clusters contained items that were both gender-neutral and gender-responsive. The first model indicated a “traditional antisocial” group which included a combination of seven gender-neutral variables and two gender-responsive variables. The second group, categorized as “mixed pathways,” contained three gender-neutral and six gender-responsive items (Jones, 2011). Regarding this second group, Jones (2011) concluded that “although elements of a gendered pathways theme are present among these items (e.g., runaway, abuse), other characteristics included in this collection render the label “gendered pathways” inappropriate (e.g., antisocial attitudes, impulsivity)” (p. 152-153). Therefore, both clusters of boys could be interpreted as containing gender-neutral items characteristic of the “Canadian Model.” This is similar to the higher-order factor analysis of the men’s scales in the current study.

The notion of gender-neutrality assumes that risk/needs for men and women in the criminal justice system are the same. If this is true, results of a higher-order factor analysis should reflect this. That is, the higher-order factor analysis for men and women should produce identical results. This did not happen. While a combination for women materialized that reflected

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44 Jones (2011) designated the following items as “gender-responsive” in her study: previous PINS complaints; incorrigibility; kicked out of home; abuse; diagnosed mental health issues; runaway attempts; poverty; and court finding of child neglect. It should be noted that Jones did not have the full array of gender-responsive variables. For example, her research did not examine depression, relationship dysfunction, housing safety, family conflict, and parental stress, risk factors found in the current gender-responsive literature (see Bloom et al., 2003; Van Voorhis et al., 2010).

45 Jones (2011) designated the following items as “gender-neutral” in her study: antisocial peers; defies parental authority; manifestations of violence; previous JD complaints; substance abuse; previous felony complaints; inadequate parental supervision; school suspensions; impulsivity; and antisocial attitudes.

46 The gender-neutral variables were antisocial peers; defies parental authority; manifestations of violence; previous JD complaints; substance abuse; previous felony complaints; and inadequate parental supervision.

47 The gender-responsive variables were poverty and court finding of child neglect.

48 The gender-neutral variables were school suspensions; impulsivity; and antisocial attitudes.

49 The gender-responsive variables were previous PINS complaints; incorrigibility; kicked out of home; abuse; diagnosed mental health issues; and runaway attempts.
the men’s factor containing criminal history, substance abuse, mental health, and homelessness, an entirely different factor appeared with mental health, abuse, trauma, and family support. This second factor could be interpreted as reflecting the “Gender-Responsive Model,” as this factor contained variables that were exclusively gender-responsive.

The results of the higher-order factor analyses lend themselves to several interpretations. To begin, the co-occurrence of substance abuse and mental health issues for both men and women illustrates this comorbidity is important for many pretrial defendants. While feminist scholars have often proposed that mental health and substance abuse are co-occurring issues for women (Bloom et al., 2003; Holtfreter & Morash, 2003; Owen & Bloom, 1995), these results indicate this issue may also be problematic for men. Indeed, research has discovered this co-occurrence to be common among many individuals in the criminal justice system, regardless of gender. For example, in 2005, approximately 74% of state prisoners and 76% of local jail inmates who had a mental health problem also met criteria for substance dependence or abuse (BJS, 2006b). Therefore, the co-occurrence of mental health and substance abuse is a problem pretrial agencies may want to identify and address for pretrial defendants in general.

The presence of gender-neutral scales in both factors for men indicates the “Canadian Model” is more characteristic of them. Although gender-responsive variables were present in these factors, their presence did not generate a separate “gender-responsive” factor for men. Therefore, policies and practices that address gender-neutral risk factors proposed by the Canadian Model would be appropriate for these individuals.

The generation of two distinct higher-order factors for women in this sample, one characterized by gender-neutral scales and one characterized by gender-responsive scales, reflect recent research regarding clusters of women in the criminal justice system. That is, recent
evidence suggests that there may be distinct groups of female delinquents and women offenders: girls/women whose issues mimic male delinquents/offenders and girls/women who are much more “troubled” and possess needs proposed by feminist literature (Brennan, 2007; Brennan, Breitenback, Deitrich, Salisbury, & Van Voorhis, forthcoming; Holtfreter & Morash, 2003; Jones, 2011; Reisig et al., 2006). For example, in Jones’ (2011) study, two clusters of girls emerged that revealed 1) “traditional antisocial” characteristics found in the gender-neutral research and 2) items found in the “gendered pathways” literature. The “traditional antisocial” group contained variables indicating gender-neutral concepts, such as antisocial attitudes, antisocial peers, substance abuse, and impulsivity. The “gendered pathways” cluster included items that were identified as exclusively gender-responsive, such as abuse, diagnosed with mental health issues, runaway attempts, and poverty (Jones, 2011).

Reisig, Holtfreter, and Morash’s (2006) investigation of the LSI-R’s predictive ability with women offenders also suggests two such groups of women. Using Daly’s (1992, 1994) typologies of gendered pathways, Reisig and colleagues categorized one group that represented economically motivated women offenders. These women lacked any notable abuse history, were not violent, did not have histories of substance abuse, and were relatively stable financially. It was argued that the offending context for this group of women more closely resembled male offending patterns than those presented in the pathways perspective. The second group consisted of women who followed gendered criminal pathways outlined in Daly’s work (1992, 1994). These women suffered from abuse, trauma, mental health issues, substance abuse, and poverty. The above research and the results from the current study suggest that some women may benefit from practices adhering to the Canadian Model of classification and intervention; however, there
is another group of women who may need a different, more gender-responsive paradigm to guide assessment, planning, and interventions for them.

In sum, the results in the current study indicate patterns regarding the needs of men and women in this sample. For men, the scales combined with each other to indicate the co-occurrence of gender-neutral risk factors advocated in the Canadian Model. Conversely, while the co-occurrence of some of the scales for women manifested like the men in this pretrial sample, an entirely different set of needs exist for women that reflect issues that have long been advocated as important areas for women offenders (i.e., abuse, trauma, and mental health). Therefore, these results suggest that the assumption that men and women in the criminal justice system are the same, devoid of any gender differences regarding needs, is ignoring important distinctions that could influence behavior in the pretrial phase as well as inform pretrial intervention strategies.

Needs Are Related to Pretrial Outcomes

The title of this study asks the question as to whether needs are related to pretrial outcomes. Analyses from Chapter Six revealed that several needs predicted pretrial outcomes for the entire sample, men, and women. Therefore, it could be suggested that these needs are risk factors for pretrial failure. The predictive power of these needs was not uniform, however. That is, the ability of the needs to predict pretrial outcomes was dependent upon the group and outcome examined.

These results illustrate some interesting patterns regarding the gender-neutral and gender-responsive scales in this study. To begin, the gender-neutral scales\(^{50}\) were adequate predictors of new arrests and any failures for the entire sample and for men. However, several of these scales

\(^{50}\) Recall the gender-neutral scales included criminal history, employment/financial status, educational need, and substance abuse.
lost their strength as predictors of FTAs. This was especially apparent for men, as only criminal history emerged as a strong predictor of this outcome. Conversely, the gender-neutral scales were adequate predictors of FTAs for women, but were modest to weak predictors of new arrests and any failures. Most notably criminal history, a gender-neutral scale that has consistently been used to predict risk, was marginally related to women’s new arrests.
Table 7-1: Summary Table of the Predictive Validity of Pretrial Needs in this Study, All Groups

<table>
<thead>
<tr>
<th>Pretrial Needs</th>
<th>FTAs</th>
<th>New Arrests</th>
<th>Any Failures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entire Sample</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Gender-Neutral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal History</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Employment/Financial</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Educational Need</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>✓</td>
<td>✓ (✓)</td>
<td>✓</td>
</tr>
<tr>
<td>Gender-Responsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Trauma</td>
<td>✓</td>
<td>✓ (✓)</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health</td>
<td>✓</td>
<td>✓</td>
<td>✓ (✓)</td>
</tr>
<tr>
<td>Homelessness</td>
<td>✓</td>
<td>✓ (✓)</td>
<td>✓</td>
</tr>
<tr>
<td>Family Support</td>
<td>✓</td>
<td>✓ (✓)</td>
<td>✓ (✓)</td>
</tr>
</tbody>
</table>

Note. Substance abuse, abuse, mental health, and family support scales differed for the entire group, men, and women. See Chapters Four and Six for the structure of these scales.
✓ = statistically significant at .05 or .01 level
(✓) = statistically significant at .10 level
*One item: physical abuse as child
Highlighting indicates correlations of .20 and above
Generally, pretrial risk assessment instruments include items that are “gender-neutral” to predict failure to appear and risk to the community (i.e., new arrests) for all pretrial defendants. These items tend to be a conglomeration of criminal history variables and items used to tap into community ties (e.g., residential stability, employment at time of arrest). The results here suggest that these types of items are sufficient in predicting risk new arrests for men, but they may not be as effective at capturing this outcome for women. This finding reflects an ongoing debate regarding the gendered nature of risk (Hannah-Moffat, 1999). Some feminist scholars propose that women pose very little risk to community safety (Bloom, 2003; Bloom et al., 2003; Covington & Bloom, 2003); therefore, it may not be appropriate to only use factors that are predictive of men’s dangerousness (i.e., criminal history) when assessing the risk of women (Brennan & Austin, 1997; Farr, 2000; Hannah-Moffat, 1999). Thus, it is possible that a sole reliance on “gender-neutral” items used in pretrial risk prediction may not fully assess the risk of female pretrial defendants. To address this, some scholars propose a greater focus should be placed on needs-based assessment for women (Farr, 2000).

Although a needs-based assessment procedure may be beneficial for women, the results in this study illustrate that attention to certain needs for men would be helpful as well. For example, examination of the gender-neutral scales and their influence on outcomes found that educational need appeared to be a salient need for men. Recall in tests of gender differences of this need (i.e., independent t-tests), there were no differences between men and women regarding their educational need. However, educational need became a predictor of new arrests and any failures for men only. This suggests that gender is moderating the relationship between this need and the pretrial outcomes, thus making it a gender-responsive need for men in this study.
Several criminologists have discussed the importance of education for men by framing this discussion in the context of male gender role expectations. In his work *Masculinities and Crime*, Messerschmidt (1993) describes how men in American society use power structures, such as a good education and respectable careers (which are often a result of a good education), to establish masculinity and provide for themselves and their families. These power structures are more easily accessed by middle class white males, thereby making education a component in the expression of their masculinity. Conversely, lower-class men and men of color have fewer legitimate options (i.e., access to a good education) and thus are more likely to use crime and delinquency to prove masculinity (Messerschmidt, 1993).

Anderson (1999) also discusses the influence of education on masculinity in his ethnography *Code of the Streets*. He proposes that one particular masculine role, the “decent daddy,” has been undermined by living in the inner city and the shift in America’s economy. In the past, the “decent daddy” was the epitome of the American working class father, and in the manufacturing era, he was quite prevalent in the inner city community. He was able to provide for his family and enjoy a comfortable living by working at a job that required little to no education or skills (i.e., working in a factory) (Anderson, 1999). Over the course of several decades, however, those jobs have disappeared and now an education is required in order to obtain some sort of employment (Wilson, 1987, 1996). Since education and labor market choices are limited in the inner city due to alienation from mainstream institutions (Sampson & Wilson, 1997; Wilson, 1987), young lower-class men are unable to acquire this role of “descent daddy.” Unlike their mainstream counterparts, members of low-status groups possess fewer legitimate means of demonstrating their worth and competence. The traditional emphasis on work as a means of constructing a “respectable” masculine image is undermined by the absence of
opportunities to acquire a good education and steady employment in these communities. Because of this, men may become increasingly more devoted to the code of the street because this an alternate way in which they can establish and maintain respect in these communities. Investment in this code, however, may result in the use of criminal behavior to establish and maintain this respect (Anderson, 1999).

Some research has found education to be influential on male delinquency/criminal behavior and not females (Benda, 2005; Moffitt, Caspi, Rutter, & Silva, 2001; Rowe, Flannery, & Flannery, 1995). For example, in a study examining gender differences in life-course theory of recidivism, Benda (2005) found that years of education was inversely associated with recidivism for men only. In another study, Rowe and colleagues (1995) sought to discover whether there was any gender variation in the correlation of several risk factors and delinquency. Low school achievement was one of the risk factors correlated with delinquency and this was found among more males than females Although the current measure of educational need does not necessarily reflect school achievement, the items in this scale can certainly influence school achievement (e.g., trouble reading or writing, ever been in special education classes/given an IEP). Therefore, the results in the current study echoes earlier research regarding education as a risk factor for men only.

These results also suggest that risk factors that have been purported to be “gender-neutral” are not equally predictive of male and female pretrial outcomes. This is particularly interesting considering many “gender-neutral” factors have been used for several decades to assess the risk of both male and female pretrial defendants. Future research in this area of inquiry should take gender into account and continue to examine whether concepts (i.e., gender-neutral pretrial risk factors) are applicable to both men and women.
An examination of the gender-responsive scales\(^{51}\) revealed results that were virtually opposite that of the gender-neutral scales. For the entire sample and men, the gender-responsive scales were good predictors of FTAs; however, these scales did not predict new arrests\(^{52}\) and were weak to modest predictors of any failures. For women, however, several of these scales were significant predictors of FTAs, new arrests, \textit{and} any failures. Therefore, the results suggest that these scales appeared to supplement the gender-neutral scales in a meaningful way.

The predictive validity of several of these gender-responsive needs deserves further discussion. The finding that abuse was related to women’s FTAs, new arrests, and any failures was particularly interesting, given the current debate regarding whether or not there is a relationship between abuse and offending behavior. Several studies have concluded that abuse is not a risk factor for recidivism (Bonta, Pang, Wallace-Capretta, 1995; Loucks & Zamble, 1999; Lowenkamp, Holsinger, & Latessa, 2001). However, recent research has found support for abuse as a risk factor for women offenders. In validation studies of a gender-responsive risk/needs assessment instrument, Van Voorhis and colleagues have found abuse to be related to community recidivism and institutional misconducts (Van Voorhis et al., 2008a; Van Voorhis et al., 2010; Wright et al., 2008). While their research did not include pretrial samples, their results illustrate that consideration of past abuse experiences is important as it is related to women’s criminal justice outcomes. Indeed, the results in the current study reflect this, as abuse was a risk factor for women’s pretrial failure.

In the extant literature regarding offender assessment and classification, mental health items have continuously been categorized as a responsivity issue (Andrews & Bonta, 2006). That is, an individual’s mental health status may impede his or her participation in and successful

\(^{51}\) Recall in the current study the gender-responsive scales of abuse, mental health, and family support were different for men and women.

\(^{52}\) With the exception of one abuse item, physical abuse as a child, for the entire sample.
completion of a correctional intervention. Moreover, mental health/disorders have been
determined to be “non-criminogenic, minor needs” (Andrews & Bonta, 2007, p. 6) as they have
not been found to be correlated with recidivism for either men or women (Andrews & Bonta,
2006; Blanchette & Brown, 2006). Although feminist scholars claim mental health issues are
particularly salient in predicting women’s recidivism, Blanchette and Brown’s (2006) review of
the prediction literature on mental health led to their conclusion that “…mental health variables
are not strongly associated with women’s likelihood of recidivism” (p. 105).

The results here, however, suggest that mental health is predictive of men and women’s
pretrial outcomes. This was likely due to the fact that mental health scales were constructed to
account for important mental health issues for each gender. For men, a mental health scale
comprised of items relating to diagnoses of schizophrenia and personality disorder, as well as
homelessness due to mental illness, was related to their FTAs and general failure. For women, a
scale that included historical mental health items, homelessness due to mental illness, and
diagnoses of mood and anxiety disorders were predictive not only of FTAs and general failure,
but new arrests as well. Research that has been conducted in the spirit of “evidence-based
practices” has often dismissed mood and anxiety disorders as not being associated with criminal
justice outcomes (Andrews & Bonta, 2006, 2007). However, feminist scholars have often
proposed that less obvious mood and anxiety disorders commonly seen with women may
contribute to negative outcomes (Bloom et al., 2003). Indeed, research that has examined these
types of disorders has shown that anxiety, depression, and suicidal ideation are predictors of
women’s recidivism (Benda, 2005; Van Voorhis et al., 2008b; Van Voorhis et al., 2010; Wright
et al., 2008) and not men’s (Benda, 2005). Therefore, these results suggest that mental health
may be more than a responsivity issue.
Homelessness, another gender-responsive need, emerged as a predictor for both men and women. However, homelessness appeared to be important for the prediction of men’s FTAs while it was related to all women’s outcomes. This is notable, because this measure did not reflect traditional pretrial items indicating “residential stability” or “community ties.” Community ties is often measured with items indicating current employment status and/or how long the defendant had lived at his or her current address (Latessa et al., 2009; Rose & VanNostrand, 2009; VanNostrand, 2003, 2007). The scale in this study did not tap into community ties; rather, it measured current and past experiences of homelessness.

It is logical to assume that homelessness might be related to FTAs, as many homeless individuals suffer from substance abuse (Breakey & Fischer, 1990; NCH, 2009e; North & Smith, 1993; Wenzel et al., 2000) and mental health problems (Lamb, 2001a; NCH, 2009a, 2009d; U.S. Department of Housing and Urban Development, 2009; Wenzel et al., 2000) and tend to live a nomadic lifestyle. These issues may increase the likelihood that homeless individuals miss court appearances. Homelessness has also been identified as one of several key issues that produce and sustain female criminality (Bloom et al., 2003). The fact that this need was not only related to women’s FTAs, an outcome that would logically be impacted by an individual’s homelessness status, but also new arrests and any failures reflects that “homelessness is a frequent complication in the lives of women involved in the criminal justice system” (Bloom et al., 2003, p. 53).

In the second portion of the predictive validity analysis, tests of incremental validity were performed in order to discover what predictive power, if any, the total gender-responsive scale had in predicting outcomes “controlling” for the total gender-neutral scale. This would allow for the determination of the gain in validity resulting from adding a “new predictor” (i.e.,
the gender-responsive scale\textsuperscript{53} to an existing predictor (i.e., the gender-neutral scale\textsuperscript{54}). Put plainly, incremental validity shows whether a new measure improves upon existing measures.

For the entire sample, adding the gender-responsive scale to the gender-neutral scale appeared to enhance the prediction of FTAs; however, for the other two outcomes (i.e., new arrests and any failures), this combination produced negligible differences from the gender-neutral scale alone. Partial correlations reflected this, as the gender-responsive scale made a significant contribution to the prediction of FTAs when controlling for the gender-neutral scale. Partial correlations for the other two outcomes were not significant.

Similar results emerged for the male defendants. The combination of their gender-responsive scale with their gender-neutral scale enhanced the prediction of FTAs only. Moreover, partial correlations revealed the gender-responsive scale significantly predicted FTAs when the gender-neutral scale was partialled out. Partial correlations for any failures were not significant. Interestingly, a partial correlation emerged for men’s new arrests indicating a negative relationship between the gender-responsive scale and this outcome. That is, individuals with the combination of these needs were less likely to be arrested.

The most interesting findings, however, emerged when these scales were examined for women. It appeared that adding the women’s gender-responsive scale to their gender-neutral scale enhanced the prediction of not only FTAs, but also new arrests and any failures. Furthermore, a test of incremental validity revealed that the gender-responsive scale predicted women’s FTAs, four month new arrests (approaching significance at the .10 level), and any failures. These results suggest that the inclusion of gender-responsive risk factors in pretrial risk assessments may provide a more comprehensive prediction of men’s FTAs and allow for a better

\textsuperscript{53} Recall each gender-responsive scale was a combination of optimal gender-responsive domain scales for each group.

\textsuperscript{54} Recall each gender-neutral scale was a combination of optimal gender-neutral domain scales for each group.
prediction of all women’s pretrial outcomes. See Table 7-2 for a summary of the predictive validity of the total scales in this study.
Table 7-2: Summary Table of the Predictive Validity of Total Risk Scales in this Study, All Groups

<table>
<thead>
<tr>
<th>Total Risk Scales</th>
<th>FTAs</th>
<th>New Arrests</th>
<th>Any Failures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entire Sample</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Gender-Neutral (GN), alone</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gender-Responsive (GR), alone</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>GN + GR</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>GN + GR – Strength</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partial Correlation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

- ✓ = statistically significant inverse relationship
- = statistically significant at .05 or .01 level
(✓) = statistically significant at .10 level
Highlighting indicates correlations of .20 and above

*aEntire sample: Criminal history, employment/financial, educational need, substance abuse.
*bMen: Criminal history, employment/financial, educational need, substance abuse.
*cWomen: Criminal history, employment/financial, substance abuse.
*dEntire sample: Abuse (one item), trauma, mental health, homelessness.
*eMen: Trauma, mental health, homelessness.
*fWomen: Abuse, trauma, mental health, homelessness.
Gender-Responsive Risk Factors Are Important For Predicting Pretrial Outcomes

There has been much debate in the correctional and risk/needs assessment literature regarding the relevance of gender-responsive risk factors for predicting criminal justice outcomes. This debate focuses on two opposing viewpoints: 1) general causes of crime exist that are applicable to both genders, and 2) gender is relevant to how and why individuals break the law (Morash, 2009). The first viewpoint proposes that men and women share similar risk and need factors. Indeed, research has found that risk factors used to predict male offending are also valid predictors of female offending (Dowden & Andrews, 1999; Gendreau et al., 1996; Simourd & Andrews, 1994; Smith et al., 2009). These scholars propose that gender should only be taken into account as either a responsivity issue or to the extent it shapes how, and to what degree, men and women are exposed to and/or acquire general risk factors (e.g., antisocial associates) (Andrews & Bonta, 2006). This view not only dominates discourse regarding male and female offenders, but there is evidence of this sentiment in the pretrial field as well. That is, risk factors that are currently used in pretrial risk assessment instruments are assumed to apply to both male and female pretrial defendants.

The opposing view proposes that different risk factors exist for female offenders (Belknap & Holsinger, 2006; Brennan, 1998; Brennan & Austin, 1997; Farr, 2000; Greene et al., 2000; Koons et al., 1997; McClellan et al., 1997; Reisig et al., 2006; Richie, 1996; Van Voorhis et al, 2010). Specifically, it is argued that many experiences germane to women offenders have been omitted from risk/needs assessment tools. These scholars point to distinct differences in gender socialization, development, and economic marginalization as the primary explanations for the gender differences in risk factors (Chesney-Lind, 1989; Daly, 1992, 1994; Reisig, Holtfreter, and Morash, 2002). For example, Covington and Bloom (1999) maintain that “the philosophy of
criminogenic risk and needs does not consider factors such as economic marginalization, the role of patriarchy, sexual victimization, or women’s place in society” (p. 3). This argument, therefore, proposes there are additional “gender-responsive” risk factors that are important for women in the criminal justice system. Omission of these risk factors from current assessment practices may risk inattention to essential interventions for women (Hannah-Moffat, 2009).

While the current study made inquiries regarding the utility of gender-responsive risk factors in the pretrial field, it also compared these risk factors between men and women to discover if they were indeed “gender-responsive.” That is, were these gender-responsive risk factors 1) typically not evidenced by male offenders, 2) evidenced by male offenders but were more prevalent for female offenders, or 3) occur in equal frequency among male and female offenders but affect women in a different way (e.g., Chesney-Lind & Shelden, 2004; Farr, 2000; Holsinger, 2000; Holtfreter & Morash, 2003; Reisig et al., 2006; Salisbury & Van Voorhis, 2009; Van Voorhis et al., 2010). It was shown in many instances throughout this study that the substance, prevalence, co-occurrence, and predictive power of these needs varied by gender. It was also discovered that the “gender-responsive” nature of many of these risk factors was “gender-specific.” That is, gender-responsiveness emerged as a concept that not only took into account what was gender-responsive for women, but men as well.

Overall, the use of these gender-responsive risk factors enhanced the prediction of many of the pretrial outcomes for both men and women. In particular, the gender-responsive risk factors illustrated their utility in predicting FTAs for each group and new arrests and general failure for women. Therefore, consideration of gender-responsive risk factors may improve current pretrial assessment practices.
LIMITATIONS

There are some limitations and caveats pertinent to the present study. These are related to 1) sample size and low base rates, 2) the short follow-up time period in the pretrial phase, 3) the effect of seasonal trends on data collection, 4) the uniqueness of the research site, i.e., a progressive pretrial agency, 5) the employment of a convenience sample, and 6) construction validation research. These limitations will be addressed in the following paragraphs.

Sample size and low base rates are common methodological problems in pretrial research (Mamalian, 2011). The methodological difficulties of constructing an adequate pretrial sample from a transitional pretrial population cause researchers to struggle with managing low base rates. Indeed, rates of pretrial misconduct among defendants are generally low and reasonably consistent throughout the research (Mamalian, 2011; see Siddiqi, 2006; VanNostrand, 2003; VanNostrand & Keebler, 2009). For example, when trying to predict re-arrest of released pretrial defendants, most samples reflect the fact that relatively few defendants are being rearrested (Mamalian, 2011). Thus, what is being predicted is considered a “statistically rare event” and can be difficult to measure given the low occurrences that exist (Mamalian, 2011).

Although the size of the sample in the current study was adequate for statistical procedures when the entire sample was examined, disaggregation of the sample caused the two groups (i.e., men and women) to have small sample sizes. Small sample sizes may influence several aspects of a research study, including the stability of statistical estimates. Low base rates were also an issue, as very few individuals in this study failed during the pretrial phase. To remedy this, AUCs were used because this statistical technique is base rate independent. However, the findings are likely unstable in ways that even AUCs may not fully correct.

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There are additional data limitations in studying the pretrial phase of the criminal justice process that are attributable to the short period of time during which a researcher predicts behavior. The average length of time of a defendant on pretrial release reflects a very limited time period. This time period can range from three to nine months, depending upon the category (i.e., misdemeanor or felony) of the alleged charge (Northwest Piedmont Criminal Justice Program, 2007). In comparison, prediction research involving offender populations often utilizes follow up periods of one year or more (for examples, see Austin, Coleman, Peyton, & Dedel Johnson, 2003; Brennan et al., 2009; Brennan, Dieterich, & Oliver, 2004; Coulson, Ilacqua, Nutbrown, & Cudjoe, 1996; Girad & Wormith, 2004; Hollin & Palmer, 2006; Simourd, 2004; Van Voorhis et al., 2010). Therefore, the relatively short period of time in the pretrial phase translates to a low base rate of observed behavior, which makes research all the more challenging.

The third limitation involved the potential seasonal trends related to data collection for this study. Data collection was limited to the winter months of January and February. The notion that seasonal weather patterns affect crime rates was suggested as early as the nineteenth century, when Adolph Quetelet observed such a relationship with data from France (Quetelet [1842] 1969). More recent descriptive evidence from the United States also suggests that there are seasonal differences for at least some types of crime (Cohn, 1990; Dodge 1980, 1988). The proposed reason for this is that months with pleasant weather tend to cause individuals to spend more time outdoors, thereby increasing the likelihood of personal interactions and the greater availability of victims. Furthermore, when people are outdoors, the number of empty (and therefore more vulnerable) dwellings increases. On the other hand, inclement and colder weather reduces the numbers of available victims, as people tend to stay indoors due to colder
temperatures\textsuperscript{55} (Cohn, 1990). Therefore, collecting data during the winter months could have produced a selection bias regarding the types of defendants and alleged criminal behavior included in this study.

The fourth limitation relates to the fact that this research was conducted in one progressive pretrial agency in a medium-sized, Midwestern city. This pretrial agency was rich in programs and endeavored to connect pretrial defendants with services during the pretrial phase. This may have affected the success or failure of defendants and potentially attenuated the results. Due to the information gleaned from this pretrial agency, generalizations cannot be made to other pretrial agencies that are not as progressive, differ in size, or are in other areas of the country. Furthermore, this potentially limits the generalizability of the findings to the entire population of pretrial defendants in the United States.

The fifth limitation refers to the use of a convenience sample in this study. In general, the population of pretrial defendants is parsed out in any number of ways when defendants are processed. For example, samples can include those defendants who have never been detained, those who have been released after arrest but prior to arraignment, or those who have been detained at arraignment and subsequently released prior to disposition. Further subgroups of pretrial defendants could be made with each of those categories, depending upon the research study. While these categories accurately reflect reality, generating a study sample is challenging given the research constraints in the pretrial field. Additionally, there is no consensus as to how many people are needed in the above population samples to make the research statistically relevant (Mamalian, 2011).

\textsuperscript{55} During the data collection period, there were four days in which data collection did not occur due to heavy snow. When data collection did occur on days in which it was very cold or snow was falling, very few individuals were arrested and in the jail intake area.

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The main reason the current research employed a convenience sample was because data collection was contingent upon the availability of the pretrial defendants. Since there was no sampling frame from which to draw a representative sample, data collection was contingent upon who was arrested, who was in the jail intake area, and who appeared at the Hamilton County pretrial office. To be sure, if this research looked at variables that were contained in an internal database, it would have been possible to draw a random sample of defendants from the database. This was not the case, however, as sampling from this live population was not a simple process. Given the constraints of research at the pretrial stage, a convenience sample may be adequate for initial research involving pretrial needs. However, the use of this type of nonprobability sample will make it difficult to generalize the results to other pretrial populations.

The final limitation relates to the fact that the current study was construction validation research. That is, the current study endeavored to construct a pretrial assessment tool that was valid, but due to the exploratory nature of the research, additional revalidation and improvements are necessary. Therefore, those wishing to implement the current assessment instrument should be cautious, as future research is needed to verify scale construction and solidify the predictive validity of the pretrial assessment tool. Put plainly, any conclusions drawn from this research should be tentative. The need for further inquiry and development is common in this type of research and standard practice in the development of assessment instruments (Kline, 2000).

While these limitations provide important caveats to the interpretation of the results in this study, these findings should be considered in the larger contexts of both pretrial and gender-responsive literatures. Studies regarding the needs of pretrial defendants are in short supply, so any attempt to add to this knowledge base should be considered, regardless of the limitations. This research should also be considered within the context of the larger gender-responsive
literature. While recent evidence is emerging regarding gender-responsive risk factors of women offenders (Van Voorhis et al., 2010), little attention has been given to the risk factors of female pretrial defendants. Furthermore, no research exists to suggest that male pretrial defendants have their own gender-responsive risk factors. As the results suggest here, this is an area that needs additional investigation. Therefore, in light of these limitations, this study should be viewed as a “starting point” for more research and the results here should not be dismissed.

FUTURE RESEARCH

Examination of the limitations of this study provides an opportunity to present some thoughts for future research in the area of pretrial needs. One of the next steps in studying the needs of pretrial defendants is to make methodological improvements in the areas discussed above. For example, future data collection should produce larger study samples. A larger sample would aid in revalidation of the predictive validity of the instrument, strengthen the stability of statistical estimates, and contribute to the generalizability of the findings. One method to generate a larger sample is to use a longer time period for data collection. This time period could span through several seasons to reduce the effect seasonal trends may have on the types of individuals and alleged crimes included in the study. Furthermore, it would also be beneficial to expand this research to other pretrial agencies of varying organizational philosophies, agency sizes, and in various regions of the country.

Non-probability samples, such as convenience samples, have several advantages in pretrial research. Since research regarding the needs of pretrial defendants is in its fledgling stage, use of non-probability samples could be used when a sampling frame is not available, when a population is so widely dispersed that cluster sampling would not be efficient, and when
the study is exploratory in nature. However, since this is a limitation in the current study, future research could strive to generate a more representative sample by discovering the proportion of various groups in a pretrial population and constructing a purposive sample that reflects these proportions.

For future researchers, the dearth of research focusing on the needs of pretrial defendants supports additional inquiry into this area. The pretrial field would benefit from additional investigation into the importance of pretrial needs, as this may shed further light on factors that potentially bring defendants into the system and influence their cycling through the system. Following from this, future research should also focus on continued examination of the significance of gender-responsive needs in the pretrial phase. Recent research has emerged that examined these needs in community and institutional settings; exploration of these needs in the pretrial phase deserves more attention.

Future researchers may also consider expanding on or adding to the needs that were examined in the current study. For example, additional variables indicating the defendants’ employment and financial status could be examined in the hopes of developing a scale for this need. Additionally, the more detailed and longer gender-responsive risk/needs assessments used for women offender populations (e.g., WRNA) could inform further inquiry of gender-responsive pretrial risk factors, at least for research purposes. Additional gender-responsive needs found in the WRNA such as housing safety, family conflict, parental involvement, symptoms of depression/anxiety, symptoms of psychosis, and relationship dysfunction could also appear in future research of pretrial needs.

Finally, much attention in this study has been given to the gender-responsive needs of female pretrial defendants. To be sure, the creation of the Inventory of Need pretrial screening
tool began as part of a project to develop an instrument specifically for women. Thus, the 
Inventory of Need could be considered a “women-centered” instrument. Future researchers 
should consider applying gender-responsiveness to male defendants as well. That is, tailor items 
that tap into issues that reflect the influence of male gender role expectations on behavior. This 
could lead to the development of a pretrial risk/need assessment tool that accounts for male 
gender-responsiveness. This research could be informed by the work of Messerschmidt (1993), 
Anderson (1999), and the work of other scholars who attempt to examine the relationship 
between male gender role expectations and criminal behavior. Indeed, what is “gender-
responsive” for men could include concepts central to masculine identity such as independence, 
toughness, dominance, and the willingness to resort to violence to resolve interpersonal conflicts 
(Anderson, 1999; Kersten, 1993; Messerschmidt, 1993).

PROVISIONAL POLICY IMPLICATIONS OF THE CURRENT RESEARCH

The pretrial field is often a forgotten area of inquiry in criminal justice research. This 
may be due to the fact that it is largely hidden from public view, the belief it is not an important 
stage in the criminal justice process, or because research is so difficult to conduct in the pretrial 
field. To be sure, very few researchers have ventured into this realm. Because of this, the pretrial 
field has suffered in its inability to rely on research to inform evidence-based practices. Instead 
of advancing knowledge to interrupt the cycling of individuals through the system, the majority 
of pretrial practices follow “new penology” thinking in that the individuals they encounter only 
need to be classified and managed efficiently with minimal risk to public safety. That is, the task 
of the pretrial agency is managerial, not transformative (Feeley & Simon, 1992). For pretrial 
agencies who wish to have a higher purpose, it should be acknowledged that their placement at
the “gateway” of the criminal justice system affords a unique opportunity to not only manage these individuals, but to be a conduit for the delivery of effective interventions that may change defendants’ lives, and in so doing, interrupt their entrenchment in the criminal justice system.

From an evidence-based perspective, the data presented in the current study put forward several interesting suggestions regarding pretrial needs. Most notably, it was found that gender mattered in the examination of these needs. This suggests that gender should be taken into account in the further study of pretrial defendants (and offenders for that matter). Continuing on with a “gender-neutral” philosophy regarding men and women in the criminal justice system may lead to incorrect conclusions about these populations and ineffective ways of assessing, managing, and treating these individuals. This is not to say that “gender-neutral” research is not important in informing current pretrial practices; rather, “knowledge grows not through blind acceptance but through continued empirical investigation” (Smith et al., 2009, p. 199).

Therefore, additional inquiry into the importance of gender-responsive factors for pretrial defendants would be beneficial for knowledge construction in this field.

The findings in the current study have implications for the recognition of needs as risk factors in the pretrial stage, and for the nature of interventions that would be helpful for male and female pretrial defendants. Implications for the prediction of risk for pretrial failure call attention to concerns that defendants may be failing during the pretrial stage due to unattended needs. Implications for pretrial interventions are important in that to be effective in reducing failure and improving the lives of pretrial defendants, interventions must be tailored to address troublesome issues and/or be gender-responsive during the pretrial stage. This research also has implications for jails, as this information can inform procedures and programs within those institutions.
Implications Relevant to Pretrial Risk and Need

In the correctional literature, much research has emerged in the past several decades regarding evidence-based practices and the principles of effective classification (Andrews & Bonta, 2006, 2007; Andrews et al., 1990; Gendreau et al., 1996). The principles of effective classification are comprised of the risk, needs, and responsivity principles. The risk principle proposes that high-, medium-, and low risk-offenders should be identified through the use of objective actuarial assessments. Offender recidivism can be reduced if the level of treatment services provided is proportional to the offender’s risk to reoffend. Intensive treatment should be reserved for high- and medium-risk offenders, while low-risk offenders should not be exposed to this level of treatment. The needs principle advocates for the focus of correctional interventions on criminogenic needs. Criminogenic needs are dynamic risk factors that are statistically related to offending behavior. The responsivity principle calls for addressing any barriers that may impede an individual’s success in a correctional intervention (Andrews & Bonta, 2006, 2007).

Virtually all of the research and support of the use of these principles has focused on offender populations (see Andrews, 1989; Bonta, 2002; Brusman-Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp & Latessa, 2004, 2005; Lowenkamp, Peeler, Smith, & Latessa, 2006).

While these principles have informed the development of risk/needs assessments for institutional and community correctional settings (e.g., Level of Service Inventory-Revised, Northpointe COMPAS), they have yet to be implemented in the pretrial field. In actuality, the adoption of these concepts has been received with considerable resistance. For example, some jurisdictions are currently using offender risk/needs assessment tools (e.g., the Level of Service Inventory-Revised) in pretrial settings. In response to these practices, some scholars warn that using such tools that identify criminogenic needs related solely to recidivism is inappropriate at
the pretrial stage of the legal process (Mamalian, 2011; VanNostrand, 2007). Since it is believed that these factors do not demonstrate a relationship to pretrial risk, they should not be included in pretrial risk assessment instruments (VanNostrand, 2007). It should be noted, however, that virtually no research exists to support the notion that factors currently categorized as criminogenic needs are not related to pretrial failure. Indeed, some scholars have urged for a research agenda to discover which criminogenic needs affect pretrial outcomes (Taxman, 2007).

Despite this resistance, research has surfaced that supports the risk principle at the pretrial stage. In a study of pretrial risk assessment in the federal courts, VanNostrand and Keebler (2009) found that moderate to high risk defendants released to the Alternatives to Detention (ATD) program were less likely to experience pretrial failure when compared to moderate to high risk defendants released without the program. Conversely, releasing low risk defendants into ATD increased their pretrial failure (VanNostrand & Keebler, 2009). Pretrial researchers may feel more comfortable with finding evidence of the risk principle because pretrial agencies have been in the business of identifying risk for several decades. However, if research exists that suggests the risk principle applies to pretrial defendants, perhaps the needs and/or responsivity principles may apply as well. Indeed, the results presented in this dissertation suggest that there are several needs above and beyond what is currently measured by pretrial risk assessment instruments that are risk factors for pretrial failure.

The results here illustrate the importance of identifying needs, especially in regards to predicting FTAs. For some individuals, system outcomes, like failing to appear for scheduled court appearances, could potentially mushroom into more extensive involvement in the criminal justice system. This problem may be especially relevant for women, as research has reported

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56 These alternatives to detention included: 1) release to a third party, 2) halfway house placement, 3) intermittent custody, 4) substance abuse treatment, 5) drug testing, 6) location monitoring, and 7) mental health treatment.
female pretrial defendants are more likely to accrue FTAs than men (Maxwell, 1999; Siddiqi, 2006). A jail exit survey conducted in Maui County, Hawaii, for example, discovered that for about one third of the women booked, contempt of court or failure to appear was their most serious charge (Ney & Martin, 2005). For many women, the cause of their cycling through the criminal justice system may not be criminal activity but failing to comply with a requirement of pretrial release (i.e., going to court). Unfortunately, once women are in the system, it is difficult for them to extricate themselves (Ney & Martin, 2005).

If pretrial agencies choose to use pretrial assessments to identify needs, this may present a dilemma of how to attend to these needs if they are indeed risk factors. Should those individuals who have been determined as “high need” also be categorized as “high risk?” Should pretrial defendants be held responsible, or penalized, for possessing needs related to pretrial failure? For example, would pretrial defendants be denied pretrial release due to the fact that they possess needs that make them more of a risk for failure? These are important considerations for pretrial agencies.

The current research does not necessarily suggest that defendants possessing these needs should be denied pretrial release or given additional restrictions during the pretrial phase. Rather, this information can be used to develop a valid needs assessment instrument in which pretrial defendants could be identified as low need, medium need, and high need. The needs included in these assessment instruments would be risk factors, but they would not be used to determine risk. When used in conjunction with current pretrial risk assessment instruments, pretrial agencies would be able to determine which defendants are low risk/low need, low risk/high need, high risk/low need, and high risk/high need. With this information, agencies could respond to both defendants’ risk and need accordingly.
The use of a valid needs assessment instrument may allow for more meaningful pretrial intervention strategies. For those needs that are related to pretrial outcomes, identification of and attention to these needs may generate several positive outcomes. First, it may reduce the likelihood of pretrial failure and the consequences associated with this. While current risk/needs assessments in community and institutional settings identify needs reactively in offender populations, identification of these needs during the pretrial phase could interrupt the process of defendants engaged in a “system circulation” in which they repeatedly cycle through the criminal justice system. Second, providing this information to court officials may allow them to make better decisions about each defendant. Knowledge about needs may prompt a judge to divert a defendant into a specialty court or alternative sanctions. Furthermore, addressing these needs prior to disposition may reduce the likelihood of the defendant receiving a sentence that would imbed him or her in the system. Overall, these practices would reduce costs associated with court proceedings and incarceration. Lastly, concentrating on pretrial needs may improve the quality of life for many defendants, a desirable outcome in itself, and therefore might provide them incentives to appear for scheduled court appearances, comply with pretrial release requirements, and avoid criminal behavior during the pretrial phase. Of course, attending to these needs also manages community risk, but does so through an alternative to cycling through the system.

Pretrial agencies that have espoused goals of treatment, use of community alternatives, and gender responsive practices could utilize a valid needs assessment instrument to aid their clients. In order to benefit from the current research, these agencies should have the ability to connect pretrial defendants to relevant community services or resources that would reduce these pretrial risk factors. This information would also be important for pretrial agencies wishing to move toward an organizational culture that stresses the above pretrial practices. However, if an
agency wishes to adopt this pretrial needs assessment, certain stipulations must be taken into account. First, pretrial personnel should be trained regarding the administration and use of this needs assessment instrument. This is to ensure this information is used for its intended purpose. Second, the administration of this needs assessment should be voluntary for each defendant. Many of the issues in the needs assessment cover personal experiences that certain individuals may not feel comfortable disclosing; therefore, defendants may decline a needs assessment interview. Third, and related to the previous point, the pretrial agency should obtain permission from the defendant to use his or her information to make recommendations to the court or connect them with appropriate services.

Some caution should be taken if an agency wishes to adopt this pretrial needs assessment instrument. Agencies that lack the ability to connect pretrial defendants with appropriate services or interventions during the pretrial phase may have more difficulty benefiting from the information generated by this study. Without the appropriate services, it would be inappropriate to use a valid needs assessment. Furthermore, attention should be given to the potential unintended consequences of gathering this type of information. Specifically, it is advised that this information not be used to penalize individuals for having these particular needs. For example, although abuse and mental health was found to be a risk factor for pretrial failure, a defendant should not be seen as “more risky” than a defendant without these issues. One should not have their experience with abuse or issues of mental health be used in a negative way. Furthermore, this information should be kept confidential and not be given to judicial officers and other individuals in the criminal justice system (i.e., prosecutors, defense attorneys) so as not to influence court outcomes. This information should only be used by the pretrial agency to advise the court regarding release, supervision, and treatment options for these defendants.
Implications for Pretrial Intervention Strategies

Along with pretrial assessment practices, the results of this research could also impact pretrial intervention strategies. From this perspective, these results would suggest that strategies for early intervention with male and female pretrial defendants should recognize gender differences regarding their needs. Interventions tailored to gender-specific needs may provide more impactful results, rather than relying upon a “one size fits all” approach. As Rafter (1990) points out, equitable treatment does not mean identical treatment, but attention to the special needs of both men and women.

The results in the current study indicate that substance abuse and mental health issues were prevalent for both men and women and presented considerable problems for them. Pretrial referrals to substance abuse treatment and programs that address the co-occurrence of mental health and substance abuse disorders would be helpful in reducing pretrial failure. Referrals to drug or mental health courts would also enhance the likelihood of success by offering a more rehabilitative approach and the opportunity to divert defendants from the criminal justice system (Redlich et al., 2006; Redlich et al., 2010; Ruddell, 2007).

Male defendants may benefit from additional interventions that provide opportunities for educational advancement and vocational prospects. Educational need and the higher-order factor combination of educational need, employment, and trauma were predictive of men’s failure. Therefore, connecting men to literacy courses, adult education classes, job training, and/or employment services in the community may reduce these needs.

In addition to providing services to women defendants for their substance abuse and mental health needs, additional interventions that acknowledge the intersection of abuse, trauma, and mental health would be particularly helpful. Research has discovered that women offenders
have a very high incidence of overlapping challenges, including substance abuse histories, mental illness, childhood physical and sexual abuse, and adult victimization (Bloom et al., 2003; Covington, 1998; Owen & Bloom, 1995; Richie, 2001). This calls for the development of wraparound services in the pretrial field, which address women’s multiple goals and needs through coordination among more than one service provider, and continuum of care, which could involve changing services over time (Bloom et al., 2003; Covington & Bloom, 2006; Reed & Leavitt, 1996).

Adoption of trauma-informed approaches (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005) in the pretrial field could also enhance the success of women defendants. Oftentimes, criminal justice personnel serve victims of trauma without treating them for this issue. This lack of awareness of a woman’s trauma experiences can result in failing to make referrals to appropriate services that may help the woman address this issue. In addition to this, lack of awareness of trauma, and the resulting consequences of this issue, may cause unintended retraumatization when standard protocol followed by a criminal justice agency triggers or exacerbates trauma symptoms (Harris & Fallot, 2001). Inattention to trauma and its consequences could later negatively impact criminal justice outcomes (Institute for Health and Recovery [IHR], 2009). Therefore, it would be prudent for pretrial agencies to adopt a trauma informed approach to best deal with the women defendants they encounter every day.

Several pretrial agencies have begun to address the needs of pretrial defendants with the intention of reducing pretrial failure. Oakland County, Michigan has developed the Step Forward program for individuals charged with or convicted of a misdemeanor or non-violent felony. When a client is enrolled in Step Forward, he or she is assigned a case manager who develops a treatment/case plan based on the client’s need(s). Some of the services provided to the clients
include: 1) substance abuse counseling and treatment groups, 2) mental health group and individual counseling, 3) case management services, 4) women in crisis groups, 5) dual diagnosis treatment, 6) cognitive restructuring groups, 7) Stages of Change group, 8) domestic violence groups, 9) anger management groups, and 10) random drug and alcohol testing (Oakland Community Corrections Division, 2011).

The New Jersey Judiciary has created the “Pretrial Intervention Program” (PTI) to provide defendants, generally first-time offenders, with opportunities for alternatives to the traditional criminal justice process of ordinary prosecution. The foundation for the PTI program is a rehabilitative model that recognizes there may be a relationship between a defendant’s alleged offense and his or her needs. This rehabilitative model recognizes that social, cultural, and economic conditions often result in a defendant's decision to commit crime. Put plainly, “PTI strives to solve personal problems which tend to result from the conditions that appear to cause crime, and ultimately, to deter future criminal or disorderly behavior by a defendant” (New Jersey Judiciary, 2001).

The Hamilton County Department of Pretrial and Community Transition Services in Cincinnati, Ohio has developed the Early Intervention and Community Transition Services (EICT) process for the pretrial defendants they serve. Defendants are identified immediately following the pretrial investigation as to whether they would benefit from these services; however, defendants can be evaluated for eligibility at any point in criminal case processing. The level of community supervision is determined on an individual basis and requires varying levels of intervention and frequency of contact. According to Wendy Niehaus, Director of the Department of Pretrial and Community Transition Services, “The process of early identification
and intervention has been the backbone for our EICT process” (W. Niehaus, personal communication, June 8, 2011).

With the current influx of women entering into the criminal justice system, more and more agencies are beginning to recognize the special needs of this population (Bloom, 2000; Bloom et al., 2003; Clark & Henry, 2003; Van Voorhis & Presser, 2001). Many have called for the implementation of gender-responsive policies, practices, and procedures to deal with women in the criminal justice system (Bloom et al., 2003). In order for an agency to be gender-responsive, an organizational culture must exist that acknowledges the realities of women’s lives and how they may differ from men. This includes their pathways to offending as well as the impact of relationships on their lives. Furthermore, importance is placed on recognizing issues like violence, abuse, family relationships, substance abuse, trauma, parenting, intimate relationships, poverty, and mental health (Bloom et al., 2003). While it is not common for pretrial agencies to engage in gender-responsive practices, some pretrial agencies have begun to implement these principles to aid in their management and treatment of women defendants.

In the mid-1990s, Hamilton County, Ohio faced many challenges related to women in their criminal justice system. The jail was overcrowded and the numbers of substance-abusing women had increased among the inmates. Department leaders in Hamilton County were finding that their staffs were overwhelmed by the complexity of the women’s needs. Programming for women both in the jail and in the community was inadequate. The programs that were available were not effectively addressing women’s issues or reducing recidivism. Throughout Hamilton County’s criminal justice system, more women were being processed without tools to recognize and address their needs (Berman, 2005).
In response to the challenges it faced, Hamilton County took the step of dedicating resources to look more closely at how women offenders ended up in the system and how the system managed this population. A team was created that included high-level policy makers from various departments and offices in the Hamilton County criminal justice system. Their goal was to learn what brought women into contact with the criminal justice system, what happened once they got there, and what could be done differently to help women get out of the system and stay out. They found that many women entering into the system had mental health issues or co-occurring mental health and substance abuse disorders. To address these needs, the team made several recommendations which included validating a mental health screening tool to be used at intake, developing a protocol for in depth assessment of those identified as having co-occurring disorders, creating a special docket for severe mental health cases, and developing a community based treatment program for women with co-occurring mental health and substance abuse disorders\(^{57}\) (Berman, 2005). According to Niehaus, “We have implemented all of the recommendations, and in the end, it has contributed to more gender responsive programming for women” (W. Niehaus, personal communication, June 8, 2011).

\(^{57}\) The program developed for women with co-occurring mental health and substance abuse disorders is called *Alternative Interventions for Women* (AIW). AIW is an outpatient treatment program that consists of three stages: the core program, transition/stepdown, and community reintegration. Treatment is based on individual treatment plans developed by participants with staff guidance. Services are gender specific and address not only women’s pathways to crime, but also the importance of relationships, self-efficacy, and self-esteem to recovery. Women attend groups about topics such as the stages and progression of mental health and substance abuse disorders, relationships, self-efficacy and self-esteem, communication skills, conflict resolution, medications (identifying and managing them), and alcoholism and narcotics abuse (Berman, 2005; Grace & Melton, 2003). Preliminary research illustrates the promise of this program, as 94% of graduating participants showed reduced levels of symptom distress and substance abuse and only 13% had a new criminal conviction. According to Berman (2005), “Hamilton County’s success illustrates the importance of assessing offenders early on” (p. 2).
Implications for Jails

Approximately two thirds of all those in jail are awaiting court action on their current charge (BJS, 2006c). Oftentimes, a defendant can languish in jail for months before he or she goes to trial. A study that examined the pretrial release of felony defendants found defendants who could not post bail remained in jail for an average of 121 days. In some counties, however, the length of stay was as long as 238 days (Clark, 2010; Cohen & Reaves, 2007). The results of the current study could inform policies and practices in jails regarding the pretrial defendants they house during the pretrial phase. Moreover, many pretrial defendants may eventually be sentenced to jail, so this information could aid jail personnel who supervise and treat these inmates.

The practice of pretrial agencies collecting information about the needs of pretrial defendants could assist jail staff in several different ways. To begin, it could inform training curricula for the department staff. Oftentimes training in jails focuses heavily on supervision, custody, and jail operational procedures. The American Jail Association offers several in-service training tools to aid agencies in developing their own in-house training. Of the over 80 training topics available, only two address the special needs of inmates and none of the topics address women in jail (American Jail Association, 2011). Therefore, it is likely that information gleaned by pretrial agencies about the needs of pretrial defendants may motivate training facilitators to incorporate this information into current training curricula. This may also include developing training on gender-responsiveness and working with women in jail.

Any additional information gathered by the pretrial agency about the needs of defendants could supplement the current assessment practices already conducted by the jail. This would provide a better picture of the individuals housed in their institution and may assist in the
management of these individuals. Moreover, the jail could use this information to match these individuals to appropriate programs and services provided in the jail. Knowledge of these needs may also aid in reentry planning for released inmates. This would help the jail reentry staff in connecting these people to appropriate community services that might be best equipped to help the criminal justice system prevent the “recycling” of these individuals through the system.

Jails have historically not been attentive to developing gender responsive practices (Ross & Lawrence, 2009). Research has shown that little attention has been given to providing services that account for the unique needs of women in jail. Women in jail are often denied the same recreational, social, and programming opportunities that men have traditionally been afforded. Furthermore, women’s medical and familial needs are not met in jails designed to incarcerate men (Stohr & Mays, 1993). Gathering information regarding the needs of female pretrial defendants would support the implementation of gender-responsive practices in these institutions. This information would aid the development of gender-responsive assessment, classification, and programming options for women in jail. Furthermore, implementation of trauma-informed services in the jail would be beneficial for women housed in the institution as well as the individuals charged to interact with and/or manage this population.

Some jails have adopted policies and procedures that acknowledge the special needs of women inmates. For example, the Sheriff’s Department in Cook County, Illinois developed the Department of Women’s Justice Services (DWJS) in response to the needs of the female jail population. DWJS provides non-violent women offenders with community-based healthcare, substance abuse and mental health treatment, maternity and childcare services, and other support services such as life skills training, education, job training and employment, and housing. The DWJS collaborates with several community agencies in order to bring services to women in
custody. In summary, the Cook County Sheriff’s Department has learned how to translate knowledge of women offenders into appropriate systematic responses that can change the lives of women offenders and their children (Berman, 2006). It is hoped that these innovative practices developed by DWJS can serve as a model for other agencies.

CLOSING REMARKS

In recent years, there have been ever increasing numbers of individuals entering into the criminal justice system. Because of this, persons conducting criminal justice research must endeavor to provide knowledge that may provide answers as to why many individuals enter into and continually cycle through the system. These researchers may also provide suggestions as to what can be done to interrupt this cycle. Interruption of this cycle requires a more proactive approach on the part of the criminal justice system (Hahn, 1998).

Pretrial service agencies are afforded the unique opportunity to utilize prevention techniques at the “gateway” of the criminal justice system (PJI, 2008). This opportunity to facilitate “pre-entry” practices (Beane, 2008) would allow the diversion of individuals from the criminal justice system who may not belong there. To do this, attention should be given to the issues that are thrusting a large number of people into the criminal justice system through which they continuously cycle. It is important for researchers, advocates, and policymakers to look behind this cycle and consciously “connect the dots” between unaddressed needs and entry into the criminal justice system (Beane, 2008). By doing so, this may influence policy decisions that “invest in pre-entry interventions instead of building more jails and prisons” (Beane, 2008, p. iv).

One method of engaging in “pre-entry” practices is to address needs during the pretrial phase. It is the view of some progressive pretrial agencies that discovering and targeting any
needs and issues pretrial defendants may have could contribute to their pretrial success. Stabilizing defendants with mental health and substance abuse problems, as well as connecting other defendants with resources such as employment services, educational programs, homeless shelters, crisis intervention, and women’s shelters could reduce the likelihood that these individuals will continue to return to the system. Therefore, attention to pretrial needs, as they may manifest as risk factors, may be a way to proactively address the cycling process. To emphasize this view, a question must be posed regarding one of the basic functions of pretrial agencies: “What is more important: predicting pretrial failure, or preventing it?”
REFERENCES


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Appendix A: Hamilton County Inventory of Need Pretrial Screening Tool

HAMILTON COUNTY INVENTORY OF NEED PRETRIAL SCREENING TOOL

September 26, 2006

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>RACE:</td>
</tr>
<tr>
<td>NAME (of Interviewer):</td>
<td>SEX (of Interviewer):</td>
</tr>
</tbody>
</table>

**Directions:** This instrument is currently being tested for its utility and precision as a pretrial screening tool. The tool is intended to identify suitability for pretrial release as well as the need for services addressed to mental health, medical, housing, substance abuse, childcare, personal safety, and other emergency services. This tool is a screening tool. It is not intended to take the place of more thorough evaluations conducted by trained medical, mental health or substance abuse professionals.

Section I must be completed by court personnel. Sections I through XII may be completed by staff interview or by the defendant. Section XIII to be completed by Staff.

**SECTION I: RESIDENCE**

1. Before you came here, did you have a place to live?  Y  N

  **If yes:**

  Are there times when you are not allowed to stay there?  Y  N

  How many times have you moved in the past year?  ____ (number of moves)

  Do you feel safe where you live?  Y  N

  Do you live with others?  Y  N

  **If yes:**

  Please indicate who you live with (check all that apply):

  _ _  Spouse/Partner
  _ _  Significant other
  _ _  Your children
  _ _  Parents
  _ _  Grandparents
  _ _  Friends
  _ _  Sibling(s)
  _ _  Other

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2. During your adult life, have you ever been homeless or lived in a shelter?  Y  N

   If yes, how many times have you been homeless or lived in a shelter? _____ (number)

   When was the last time you were homeless or lived in a shelter? _________________

   Has your homelessness ever been due to substance abuse?  Y  N

   Has your homelessness ever been due to mental illness?  Y  N

SECTION II: FAMILY OF ORIGIN

1. Do you maintain at least monthly contact with any siblings and/or parents (or parent figures)?  Y  N  NF*

   If yes, how often do you see your family? (check one) ___Daily  ___Weekly  ___Monthly

   When you see your family, is it generally a positive visit?  Y  N  NF*

2. Do you have help from family when you need it?  Y  N  NF*

3. Do you have help from your friends when you need it?  Y  N

SECTION III: SIGNIFICANT OTHER

1. Have you ever been involved with an intimate partner/boyfriend/spouse for two or more years?  Y  N

2. Are you currently involved in an intimate relationship?  Y  N

3. How long have you been involved with this person?  ___ (months)
   (No current relationship with a significant other = 0).

4. Is this person likely to be helpful to you now that you have been arrested?  Y  N  NR

SECTION IV: CHILDREN

1. Do you have any children under the age of 18?  Y  N

   If yes:
   a. How many children under 18 do you have?  _____ (number)
   b. For how many children do you have shared or full custody?  _____ (number)
   c. How many children live with you?  _____ (number)
d. Have you ever lost custody of your children?  
   Y   N
   If yes, when did you lose custody? ________________________
   Did you ever get your children back into your custody?  
   Y   N

If your children live with you:

d. Are your children with someone you trust right now?  
   Y   N
e. Who are they with right now? ____________________________
f. Do you have any concerns for their safety while you are here?  
   Y   N
g. Do you need a safe place for them to stay?  
   Y   N

IF QUESTIONS A, B, OR D ARE ANSWERED YES, PLEASE COMPLETE THE PARENTAL SUPPORT SCALE.

SECTION V: EDUCATION

1. Have you ever been in special education classes or had an IEP (individualized education plan)?  
   Y   N
2. Do you currently have trouble reading or writing? For example, do you have trouble reading a newspaper?  
   Y   N
3. Please tell us what your highest level of education is.
   ___ Did not graduate from high school
   ___ G.E.D.
   ___ High school graduate
   ___ Graduate of a technical program following college
   ___ College graduate

SECTION VI: FINANCIAL

1. Are you currently employed, providing full-time childcare, or attending school full-time?  
   Y   N
2. What is your employment status? (Check the most appropriate answer)
   ___ Employed full time
   ___ Employed part time
   ___ Employed as a temp
   ___ Providing full time childcare
   ___ Not applicable -full time student
   ___ Not able to be employed (e.g., disabled or health difficulties)
a. How many jobs (at least part-time) did you have in the last two years? ____________________
b. In the last two years, what was the longest length of time (months) that you were employed at least part-time?
c. Have you ever been fired or “let go”: from a job?  
   Y   N
      In the past 2 years?  
   Y   N
3. Within the past 6 months have you experienced any of the following: eviction from an apartment, repossession of property, cut-off utilities, calls from collection agencies, bankruptcy, problems with child support enforcement? Y N

4. Are you (or you or your intimate partner) able to pay your bills without financial help from family, friends, or public assistance? Y N

5. Are you (or you and your spouse/partner) able to live independently without financial support from family, friends or public assistance (welfare)? Y N

6. Do you provide sole support for your children? Y N N/A

7. Please list any assistance that you and/or your family are presently receiving (check all that apply).

   ___ Housing assistance
   ___ Food stamps
   ___ Social Security (Retirement)
   ___ Disability or SSI
   ___ Worker’s Comp.
   ___ Unemployment Insurance
   ___ Childcare payments
   ___ Other ____________________________

8. If a money bail/bond is set for you, or you are convicted and must pay restitution, fines, costs, will you be able to pay it?

   ___ Yes
   ___ No, I will not be able to pay it, and will have no help from others.

   If yes, who will be helping you pay? ______________________________

   What is his or her relationship to you? ____________________________

SECTION VII: MEDICAL

1. Do you or you have medical insurance? Y N

2. Do your children have medical insurance? Y N N/A

   If yes:

   What kind of medical insurance do you have?

   ___ Private insurance
   ___ Insurance from an employer
   ___ Medicare
   ___ Medicaid
3. What kind of medical insurance do your children have?
   - N/A, I have no children
   - Private insurance
   - Insurance from an employer
   - Medicare
   - Medicaid
   - Other _____________________

3. Within the past year have you experienced any of the following medical conditions? (check all that apply)
   - Effects from a head injury
   - Hearing impairment
   - Visual impairment
   - Diabetes
   - Heart problems
   - High blood pressure
   - High cholesterol
   - Cancer
   - Arthritis or other difficulties of movement
   - Back, neck, shoulder, knee, or other joint pain
   - VD/Sexually transmitted disease
   - HIV/AIDS
   - Hepatitis
   - Circulation problems
   - Severe headaches
   - Extreme fatigue
   - Blackouts
   - Drug overdose
   - Asthma
   - Allergies
   - Dizziness
   - Stroke or other neurological problem
   - Pregnancy complications
   - Pregnancy miscarriage
   - Injuries as a result of a car accident
   - Been shot or stabbed
   - Other

4. Do you have any current medical problems that you might need to see a doctor for? Y N
   If yes, for what specific medical problems? _________________________________________

5. Do you have a primary doctor you can go to? Y N

SECTION VIII: TRAUMA

1. In your life have you ever had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH you:
   - Have had nightmares about it OR thought about it when you did not want to.
   - Tried hard not to think about it OR went out of your way to avoid situations that reminded you of it.
   - Were constantly on guard, watchful, or easily startled.
   - Felt numb or detached from others, activities or your surroundings.
2. Have you ever experienced physical abuse?
   - As an adult: Y N
   - As a child: Y N

3. Have you ever experienced sexual abuse?
   - As an adult: Y N
   - As a child: Y N

4. Have you experienced any recent physical assaults or threats? Y N

5. Do you have any current concerns about your safety in your home? Y N

6. Do you have any current concerns about the crime in your neighborhood? Y N

**IF QUESTION 1 HAS AT LEAST TWO OF THE OPTIONS CHECKED, OR IF ANY OF THE OPTIONS IN QUESTIONS TWO RECEIVE A RESPONSE OF YES, REQUEST THAT THE DEFENDANT COMPLETE THE ABUSE CHECKLIST, THE NCS TRAUMA SCREENING INVENTORY OR AN EVALUATION FROM A MENTAL HEALTH PROVIDER.**

**SECTION IX: MENTAL HEALTH**

1. Have you ever been in special education classes? Y N

2. Have you ever seen a counselor, psychologist, or psychiatrist? Y N

3. Have you ever been in a mental health hospital or in a mental health unit? Y N

4. Have you ever seen things or heard voices that were not really present? Y N

5. Have you ever taken any prescribed medication for a psychological problem or to help you feel better emotionally? Y N

6. Have you ever been diagnosed with mental illness? Y N

   If yes, what specific mental diagnoses? _______________________________________

7. Have you ever thought about suicide? Y N

8. Are you thinking about suicide now? Y N

9. Are you currently taking any prescribed medications (for either health or mental health reasons)? Y N

   **If Yes:**

   Please list medications _______________________________________

   Do you have these medications with you? Y N

   Are you generally able to get your medications when you need them? Y N
IF ANY OF THESE QUESTIONS ARE ANSWERED YES, THE DEFENDANT SHOULD COMPLETE EITHER THE BASIS 24, OR THE SYMPTOM 90 CHECKLIST OR AN EVALUATION FROM A MENTAL HEALTH PROVIDER.

SECTION X: SUBSTANCE ABUSE – If you do not currently use alcohol and/or drugs, please skip and to section XI.

1. At what age, if ever, did you begin to regularly use alcohol or drugs? _______

2. Do you have a substance abuse-related offense on your record? Y N

3. Would you say that your use of drugs or alcohol was involved in the present offense(s)? Y N

4. Have family or friends ever expressed concern for your drinking or drug use? Y N

5. When you start drinking or taking illegal drugs do you have difficulty stopping? Y N

6. When you use prescribed medication, do you take more than the directions tell you to take? Y N

7. Have drugs or alcohol ever made it difficult for you to perform at work or in school? Y N

8. Have you ever experienced health or emotional problems resulting from alcohol or drug use? Y N

9. Has your drug or alcohol use ever resulted in marital or family fights? Y N

10. Has drug or alcohol use ever resulted in financial problems? Y N

11. Have you ever had a drug screen that was rated positive or diluted? Y N

IF YES TO ANY OF THESE ISSUES, THE DEFENDANT SHOULD COMPLETE THE ASI, SASSI, TCUDS, OR ASUS, OR AN EVALUATION FROM A CONTRACT SUBSTANCE ABUSE PROVIDER.

NEED TO CLARIFY WHETHER RECOMMENDATIONS FOR ADDITIONAL SCREENS ARE FOR MENTAL HEALTH AND SUBSTANCE ABUSE OR JUST SUBSTANCE ABUSE

XI: SUPPORT AND BARRIERS

1. Do you have any people who you can lean on through this situation? Y N

   If yes Who?
   ___ Spouse/Partner
   ___ Girlfriend
   ___ Close friends
   ___ Children
   ___ Parents
   ___ Other family members

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2. Will you have transportation to get to court and any other appointments that might result from this arrest?  Y  N

3. Do you have a driver’s license?  Y  N

4. Will you have other appointments that might be placed upon you as a result of this arrest?

   If yes please explain________________________________________________________

SECTION XII: PROGRAMMING GOALS

1. Would you like us to introduce you to any programs or services that might be helpful to you?  Y  N

   If yes, please indicate which services below.

   ___ Mental health
   ___ Group or individual counseling
   ___ Substance abuse
   ___ Medical and healthcare
   ___ Educational
   ___ Job skills
   ___ Public assistance
   ___ Family reunification
   ___ Employment
   ___ Housing
   ___ Food stamps
   ___ Developmentally disabled programs