Summary

The Minister of Security and Justice is responsible for all (psychiatric) care in the Dutch criminal justice system. This forensic psychiatric care includes treatment of mental disorders and substance abuse disorders, as well as the care for those with intellectual disabilities. As re-offense reduction is an important aim of the treatment of offenders, the Ministry of Security and Justice requested the Research and Documentation Center (i.e., WODC) to add information regarding forensic psychiatric care to their Recidivism Monitor. The WODC Recidivism Monitor is an ongoing research project in which re-offense rates are measured in a standardized way. The WODC already reported about forensic psychiatric patients with compulsory treatment (i.e., the Dutch judicial order 'terbeschikkingstelling' [tbs]) since 1974, and will now add other types of forensic psychiatric care.

Nowadays, all authorities involved in the assessment and allocations of forensic psychiatric patients use the registration system *Ifzo* to monitor their care. Ifzo has been used since 2011. Before 2011, information was recorded by the various health care facilities. It is intended to link the information in *Ifzo* to the official judicial registration system (i.e., OBJD). Currently, the information in Ifzo is not sufficient enough to enable this link. This will likely be the case beginning of 2016, and only for future allocations. Taking into consideration that the follow-up time after release should be at least two years (see guidelines of the WODC Recidivism Monitor), results are not foreseen before mid 2019. However, the department of Forensic Psychiatric Care (i.e., DForZo) of the National Agency of Correctional Institutions (i.e., DJI) and the directorate Sanction and Prevention Policy (i.e., DSP) of the Dutch Ministry of Security and Justice have requested re-offense information before that time. In the current report we, therefore, obtained information regarding forensic psychiatric patients from other available registration systems.

A feasibility study performed by Schönberger and Wartna (2013) demonstrated that six types of forensic psychiatric care are currently suitable for re-offense research:
1 tbs[10] patients with compulsory treatment;
2 tbs patients with compulsory treatment with probation;
3 tbs patients with compulsory treatment with conditional release;
4 conditional tbs outpatients;
5 ISD[11] patients;
6 conditional ISD outpatients.

The aim of the current study is to take the first step in the development of a recidivism monitor for offenders with forensic psychiatric care. In this report we will focus on the re-offense rate of offenders in the aforementioned six groups released before 2011. In addition, we will examine the relationship between demographics and offense characteristics, and re-offending in forensic psychiatric patients. The current study is a descriptive study and provides no insight into the effectiveness of forensic care.

[10] The Dutch judicial order 'terbeschikkingstelling' (tbs).

[11] The Dutch judicial order 'inrichting voor stelselmatige daders' (ISD; i.e., institution for habitual offenders).

Methods

This study was conducted according to the guidelines of the Recidivism Monitor of the Research and Documentation Center. Recidivism is examined based on the following three criteria: general reoffending, serious reoffending (offenses with a maximum penalty of at least four years in prison) and very serious reoffending (offenses with a maximum penalty of at least eight years in prison). Due to the limited number of patients per year, we grouped five years (e.g., 2000-2004, 2001-2005, 2002-2006). More information about the Recidivism Monitor can be found on: www.english.wodc.nl/onderzoek/cijfers-en-prognoses/Recidive-monitor/.

Information regarding the aforementioned groups was gathered from the registration systems of various partners in the field of forensic psychiatric care. For conditional ISD outpatients it was not possible to examine whether the appointed care had actually been performed, at least not on an aggregated level. Therefore, this group will be addressed as conditional ISD outpatients directed to forensic psychiatric care.

Reoffending was computed from the time the forensic psychiatric patients were released into society. For the conditional ISD outpatients directed to forensic psychiatric care it could not be examined on an aggregated level on what date the measure ended. Therefore, reoffending for this group was calculated from the time the measure was irrevocable.

Most important results, conclusions and discussion

Prevalence of recidivism

The two-year prevalence rates for the tbs patients with compulsory treatment released from 2000 until 2010 ranged between 20% and 27% for general reoffending, between 16% and 24% for serious reoffending, and between 4% and 8% for very serious reoffending. After a decrease of the re-offense rates since 2000, there is a slight increase in the last cohort. It is unknown whether this is a one-time increase or a change in trend. Future research should provide more insight in this regard.

In addition, tbs patients with compulsory treatment with probation were less likely to reoffend that those without probation. However, it is unknown what factors play a role in the allocation of probation. More information about the characteristics of tbs patients with compulsory treatment with and without probation is needed in order to understand the connection between probation and reoffending.

The prevalence rate in conditional tbs outpatients was somewhat higher than in tbs patients with compulsory treatment: general reoffending varied between 24% and 33%, serious reoffending between 20% and 30% and very serious reoffending between 4% and 11%. Again, there is a slight increase in re-offense rate in the last cohort, but it is unknown whether this comprises a one-time increase or a change in trend.

For both ISD patients with forensic psychiatric care and conditional ISD outpatients directed to forensic psychiatric care, high prevalence rates were found (general reoffending: 73% and 86%, serious reoffending: 70% and 84%, very serious reoffending: 17% and 10%). The rates are in line with previous research in offenders with an ISD measure. Our results do not provide any insight into the effectivity of forensic psychiatric care, as it is unknown what the prevalence rate in ISD patients without the provided care would have been.

Relationship demographics and offense characteristics, and reoffending
Next to the prevalence of reoffending, we conducted a preliminary exploration of the relationship between the demographic characteristics and offense characteristics, and reoffending in offenders with forensic psychiatric care. In line with previous research, we found an association between static factors, such as age at first offense or number of prior offenses, and recidivism. For future reference, information concerning dynamic and situational factors, such as type of disorders or type of intervention, is warranted, especially since these factors act on the treatment of individuals with forensic psychiatric care. This information is not available yet, but might be available in the future. This will enhance our understanding of the recidivism rates in offenders with forensic psychiatric care.
In addition, our results showed that ISD patients with forensic psychiatric care were less likely to reoffend when they were released from an outpatient clinic than from an inpatient correctional institution. This indicates that the re-offense rate decreases when the progress within the ISD-trajectory goes well (i.e., from an inpatient correctional institution via an outpatient clinic into society). It is, however, unknown what factors are related to a release from an inpatient correctional institution or an outpatient clinic. Currently, the Documentation and Research Center is working on a study that might provide more insight into the effectiveness of the ISD measure.

Problems in registration
Before the introduction of *Ifzo* it was not always clear which offenders received forensic psychiatric care and which offenders did not. This was not a problem for the tbs measure as all individuals within this group receive forensic psychiatric care. For the (conditional) ISD measure it was harder to pinpoint the individuals that received forensic psychiatric care. In consultation with experts, we included ISD patients that had been in an outpatient clinic. Hence we might have missed some ISD patients who received forensic psychiatric care, or wrongly included ISD patients who did not receive forensic psychiatric care. For conditional ISD patients we were able to identify those who were directed to forensic psychiatric care. However, it was unknown whether this care had actually been performed. In the future, offenders with forensic psychiatric care will be identified based on *Ifzo*. Recidivism will be examined linking *Ifzo* and the official judicial registration system (i.e., OBJD) of the Research and Documentation Center. The first reports based on this link will probably be presented in 2019. Until then, information regarding forensic psychiatric patients will not be retrieved from Ifzo, but from other available registration systems.

Development recidivism monitor forensic psychiatric care
The current study was a first examination of reoffending in forensic psychiatric patients, awaiting results based on *Ifzo*. We were able to outline information about 6 of the 22 types of forensic psychiatric care. It is intended that there will be re-offense information about all 22 types of forensic psychiatric care in the future. This information will also be included in the web application of the Research and Documentation Center (i.e., REPRIS) that allows more in-depth analyses of the available judicial information (for more information, see: https://english.wodc.nl/onderzoek/cijfers-en-prognoses/Recidive-monitor/.
In REPRIS, a dataset will be developed along which more types of forensic psychiatric care, years, as well as variables (e.g., demographics, offense related information, mental health information) will be incorporated.
In the future, prediction models based on the background characteristics and recidivism among offenders with forensic psychiatric care will be developed in order to better identify trends in recidivism over time. This information will also be used to

compare the observed recidivism rates with the rates that could be expected based on the characteristics of the offenders. Future research with more insight into these characteristics is needed to carry out these applications.