

Summary

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If an adult person in the Netherlands has committed a crime and is convicted of this, the court may impose the hospital order (TBS) involving compulsory treatment. This order is imposed whenever it is expected that detention is insufficient to prevent repetition of a crime and the person must be treated for the underlying problems. If a juvenile (between the ages of 12 and 18) has committed a serious crime, the juvenile court may decide that he or she requires treatment in order to prevent repetition of that crime. The 'Institutional placement order for juvenile offenders' [PIJ-maatregel] is then imposed on the juvenile. The main purpose of treatment in a forensic institution is to minimize the risk of recidivism.

Many different forms of intervention may be used for the treatment of persons placed under a hospital order or juveniles who are subject to an institutional placement order. Electronic Monitoring (EM) is an instrument that is used to monitor a person's movements and/or to record the presence of a person at a specific location. This system can be used to make agreements with regard to areas where the person may go/places where the person may be (at certain times). The question that was central to this evaluation is the extent to which Electronic Monitoring could contribute to the effectiveness of the treatment (expressed in terms of the chance of recidivism). In a project commissioned by the Research and Documentation Centre (WODC), PI Research carried out a study into the potential contribution that Electronic Monitoring makes to the more effective treatment of persons placed under a hospital order and juveniles who are subject to an institutional placement order in judicial treatment institutions.

A planning evaluation was carried out, in which it was investigated how Electronic Monitoring could affect the treatment and what evidence there is of this from academic literature. A process evaluation has been carried out on pilot studies that make use of Electronic Monitoring at five Forensic Psychiatric Centres (FPC) and four Correctional Institutions for Juvenile Offenders (JJIs). During the pilot studies (which took place between September 2007 and May 2008), data were collected on the progress of the use of Electronic Monitoring during periods of leave, on the basis of evaluation forms. Interviews were held with those who were directly involved in the pilot studies (employees, those placed under a hospital order and juveniles), project documentation and academic literature was studied and file data were analysed.

Electronic Monitoring in theory

Electronic Monitoring can be used among motivated individuals who possess the basic skill of keeping to agreements. The use of Electronic Monitoring is mainly useful during the leave phase, as there is a large number of challenges that the wearer is exposed to and Electronic Monitoring could provide support when dealing with these challenges. It is no longer desirable to use Electronic Monitoring during the final periods of leave. At a particular point in time, the individual must be able to demonstrate that he has complete control of any undesirable behaviour, instead of it being controlled by external forces.

There are various different treatment plans and interventions, and these may differ depending on the institution. Treatment objectives depend upon the individual characteristics and needs of the person placed under a hospital order or juveniles who are subject to an institutional placement order. There is no evidence of a standard package, which is demonstrated in practice by a treatment program with a modular structure.

A number of characteristics of effective interventions have arisen from relevant literature. On the basis of an analysis of academic literature, project documentation and interviews with those

involved, it can be established that by using Electronic Monitoring, positive links can be made to a number of these elements, such as:

- Electronic Monitoring can lead to an increase in the perceived chance of being caught. An increased perceived chance of being caught works as a deterrent in relation to the demonstration of undesirable behaviour. Desirable behaviour is therefore given the opportunity to become embedded, and the individual will acquire an increased number of successful experiences and will develop a feeling of responsibility. It is expected that the behavioural patterns that have become embedded will be maintained in the future if the individual is no longer under the (Electronic Monitoring) supervision of the institution.
- Electronic Monitoring can play a part in a more phased structure of freedoms, which means that the extent to which the wearer of the Electronic Monitoring is confronted with challenges can be increased more slowly. This leads to fewer violations and to the embedding of desirable behaviour.
- The use of Electronic Monitoring can help to give the individual (more) guidance in his social environment, which in turn could lead to:
 - A stronger support system and more positive role models for the individual
 - The development of the individual within several contexts
 - A deterrent effect on unreliable individuals (by means of the idea that in a certain sense they too are being monitored).
- The institution is able to use the information gathered by means of Electronic Monitoring to ensure that the treatment is tailored more closely to the characteristics of the person placed under a hospital order or those of the juvenile who is subject to an institutional placement order. Experiences that have been acquired during a period of leave can be used in order to improve the content of future leave.
- Electronic Monitoring provides additional information about the way in which the individual's everyday life was organised before the order was imposed. The content of the leave may be amended and further structured on the basis of this knowledge, thus avoiding risky situations (such as contact with former 'unsuitable' friends).

In theory, the use of Electronic Monitoring could also result in negative/undesirable side effects, such as:

- The use of Electronic Monitoring can lead to feelings of embarrassment among the wearers, and the feeling that they are being stigmatised.
- Electronic Monitoring can lead to stress in the network, whenever the individual is forced to stay at home (instead of at the initiative of the person placed under a hospital order or the juvenile who is subject to an institutional placement order and members of the network itself).
- The use of Electronic Monitoring can be regarded as a violation of the participant's privacy, as well as of the privacy of his or her acquaintances.
- The use of Electronic Monitoring can be linked to physical discomfort (such as an ankle strap exerting pressure).
- The use of Electronic Monitoring gives a double message about the reliability of the individual (you can be trusted and you may take leave vs. you cannot be trusted and we are monitoring you whilst you are on leave).
- The use of Electronic Monitoring may conflict with a treatment line that focuses upon allowing the individual to take more responsibility for his behaviour.
- The use of Electronic Monitoring may create a false sense of security (it is known where the individual is, but not what he is doing).
- The use of Electronic Monitoring costs time for the employees of an institution.
- Electronic Monitoring could result in a reduction in the amount of personal contact between the wearer and the institution during the period of leave.

Electronic Monitoring in practice

The implementation and realisation of Electronic Monitoring has been followed in nine different institutions. The institutions used Electronic Monitoring systems from two different suppliers (G4S and ADT). Apart from technical differences, the systems are comparable in terms of use. Use was made of both static Electronic Monitoring systems that restrict the wearer's freedom of

movement by his distance from a fixed receiver, as well as dynamic Electronic Monitoring systems that are used to continuously follow an individual.

If a wearer does not abide by the agreements that have been made in relation to location or time, or if a connection cannot be made with the system, an alarm signal is activated. This signal is passed on by the control room to the institution, which is then able to respond to it immediately. Once Electronic Monitoring is no longer used, it may also be decided to request a report on the wearer's movements.

Before the pilot studies began, the institutions compiled protocols in which it was worked out why, how and by whom Electronic Monitoring should be used. Participation in the pilot study by persons placed under a hospital order and juveniles who are subject to an institutional placement order took place on a voluntary basis. In practice, enthusiasm about taking part in the pilot study among persons placed under a hospital order and juveniles who are subject to an institutional placement order turned out to be limited. In total, 34 periods of leave of 19 persons placed under a hospital order and 56 periods of leave of 21 juveniles who are subject to an institutional placement order were evaluated. Fourteen persons placed under a hospital order and 2 juveniles refused to participate in the pilot study.

The group of participants who are subject to an institutional placement order and participants who have been placed under a hospital order appear to be representative of a general institutional placement order and hospital order population, even though the groups of participants only consisted of men. The hospital order control group of 14 people, which consisted of those who had been placed under a hospital order and had been approached but had not agreed to participate in the pilot study, seems to differ somewhat from the group of participants. The hospital order control group seems to be composed of persons more often convicted of violent offences, but on the other hand, less often for sexual offences, than the group of participating persons who have been placed under a hospital order. As far as psychiatric problems are concerned, there seem to be fewer cases of personality problems, paedophilia and mental disabilities among those in the control group, when compared to the participants, whilst the diagnosis of autism was made just as frequently among those refusing to participate. The group of persons under an institutional placement order who refused participation is very small, which means that no reliable comparison can be made with the group of institutional placement order participants.

The institutions formulated a number of exclusion criteria in advance for those taking part in Electronic Monitoring. These related to shyness and psychotic problems that are characterised by distrust. Correctional Institutions for Juvenile Offenders also stated that Electronic Monitoring would not be suitable for young people with autism or a mental disability. It is noticeable that two individuals who met these criteria were approached to participate. One of them, an individual with autism, refused to participate. The other, an individual characterised by a distrustful style of thinking, took part. In this case, it turned out that Electronic Monitoring reinforced his distrustful style of thinking.

No intended control group of people who were unsuitable for Electronic Monitoring could be compiled. When selecting participants, no exclusion criteria seemed to be applied. However, it can of course not simply be stated that everyone (on leave) is suitable for Electronic Monitoring. The limited way in which Electronic Monitoring has been rolled out within most participating institutions, as a result of which only 1 to 6 individuals from each of the various institutions participated in the pilot study (with the exception of one institution with 14 participants), make it impossible to draw a conclusion such as this.

The implementation and realisation were initially negatively affected by start-up problems among both the Forensic Psychiatric Centres and the Correctional Institutions for Juvenile Offenders. Technical problems, limited support among the employees of the institutions and too few man hours were responsible for a slow start, and these factors may partly explain the limited number of participants per participating institution.

The Electronic Monitoring system was found to be easy to use yet labour-intensive. Not all options that the system offers have been used among both the Forensic Psychiatric Centres and the Correctional Institutions for Juvenile Offenders. Forensic Psychiatric Centres appeared to

make agreements with regard to time less frequently and agreements with regard to routes more frequently compared to the Correctional Institutions for Juvenile Offenders.

The Forensic Psychiatric Institutions mainly used Electronic Monitoring with the aim of furthering the sense of responsibility and furthering self-confidence. The objectives that occurred most within the Correctional Institutions for Juvenile Offenders related to monitoring the individual and the structuring and phasing of the periods of leave. The periods of leave did not pass without incident, but almost all incidents that were observed were recorded by the system. In 44% of the leave periods among Forensic Psychiatric Institutions and 26% of the leave periods among Correctional Institutions for Juvenile Offenders, there was at a particular moment during the leave period no connection between the sender and the receiver at a particular moment. In 2 of the 34 leave periods, a person placed under a hospital order did not actually keep to the agreements. In the first case, the participant had unauthorised visits. The second hospital order participant tried to withdraw from Electronic Monitoring (i.e. the period of leave).

In the case of the leave periods of the young people who are subject to an institutional placement order, a violation of the agreements made occurred in 14 out of the 56 cases. It mainly related to entry to an exclusion zone or simply leaving an inclusion zone. Furthermore, the violations related to the young person not coming on time. Finally, one young person tried – in four incidents – to sabotage the system.

The lack of comparison data means that no verdict can be given in relation to the extent to which a greater or lesser number of incidents have taken place as a result of using Electronic Monitoring. Electronic Monitoring seems able to offer added value in relation to generating information about incidents. Furthermore, in a number of situations, people have been able to respond to incidents immediately, which prevents any possible escalation of the incident.

Follow-up discussions on the periods of leave turned out to not take place in all cases (in 17 out of the 56 leave periods in the Correctional Institutions for Juvenile Offenders and 5 out of the 34 leave periods in the Forensic Psychiatric Institutions), whilst this actually was the intention of the pilot study. A follow-up discussion did however always take place if an incident had occurred. Rewarding desirable behaviour is just as important as “punishing” undesirable behaviour (follow-up discussions on the incidents). In the cases in which a follow-up discussion had taken place, the information that had been gathered was considered to be a worthwhile addition in some cases (for 25 out of the 34 leave periods in Correctional Institutions for Juvenile Offenders and 31 out of the 56 leave periods in Forensic Psychiatric Institutions). It therefore provided additional information that would not have been obtained if Electronic Monitoring had not been implemented. According to the treatment providers, Electronic Monitoring does not serve its own treatment objective, but it does offer additional support for achieving objectives of other interventions.

A number of persons placed under a hospital order and juveniles who are subject to an institutional placement order who took part in the pilot studies say that Electronic Monitoring supports them in complying with agreements (5 out of 19 of the persons placed under a hospital order and 10 out of 21 of the juveniles who are subject to an institutional placement order). Sometimes they feel embarrassed about the Electronic Monitoring and feel physically restricted by the equipment (2 and 6 out of the 19 persons placed under a hospital order and 2 and 5 out of the 21 juveniles who are subject to an institutional placement order). The network of family/acquaintances of the participants sometimes saw positive effects of Electronic Monitoring, such as the wearer being encouraged to comply with agreements (5 out of the 7 individuals [who responded] from the circle of acquaintances of the juveniles who are subject to an institutional placement order, and 2 out of the 2 individuals from the circle of acquaintances of the persons placed under a hospital order) and the wearer was monitored when seeking out desirable situations instead of risky situations (1 out of the 7 individuals responding from the circle of acquaintances of the juvenile who is subject to an institutional placement order). Some members of the network felt embarrassed about the visibility of Electronic Monitoring (2 out of the 7 individuals responding from the circles of acquaintances of the juveniles subject to an institutional placement order). None of the respondents disliked the fact that employees of the institution visited them at home in order to connect the system. They sometimes felt controlled by the system being present in their home (2 out of the 7 people from the circle of acquaintances of

the juvenile who is subject to an institutional placement order and 1 out of the 2 people [responding] from the circle of acquaintances of the person placed under a hospital order). Finally, it must be stated that although the use of Electronic Monitoring was not found to be completely positive, there was only one incident resulting from wearing Electronic Monitoring in the case of one of the forty participants (the individual was suspended from school after trouble had broken out because the fellow pupils had noticed the Electronic Monitoring system). The advantages and disadvantages of Electronic Monitoring that were found agree with those that were expected on the basis of the earlier theoretical analysis.

A comment must be provided with regard to the results described above. The current structure of the study involved working with people who voluntarily wore Electronic Monitoring whilst on leave. The wearer's circle of acquaintances was not obliged to complete the questionnaire. The experiences of persons placed under a hospital order and juveniles who are subject to an institutional placement order (and their acquaintances) may be different if they are compulsorily fitted with Electronic Monitoring. Furthermore, the number of individuals per group was only a small one, which means that the results cannot simply be generalised for the population as a whole.

Points for attention

A number of other points have also arisen from the study. If Electronic Monitoring is to be implemented in the future, these points for attention must be taken into account.

The instruction to the employees (both in terms of content and technically) and creating a basis for using Electronic Monitoring among the personnel sometimes turned out to be inadequate. If a resource is to be used, time must be made available to set it up and implement it. In order to guarantee continuity in the institutions, personnel must be instructed more widely. In addition, specific selection guidelines must be formulated and the voluntary nature of the use of Electronic Monitoring should be abolished in order to prevent discussions about its use with persons placed under a hospital order and juveniles who are subject to an institutional placement order. The institutions must be able to decide for themselves whether the system should or should not be used in the case of a particular individual. There only seems to be limited uniformity in the use of Electronic Monitoring (such as follow-up discussions on the subject of leave, and use of the institution's possibilities with regard to Electronic Monitoring). If the system is used, the data that have been obtained must be used according to a fixed method, the alarms must be dealt with and the periods of leave must then be discussed afterwards.

It has emerged that cooperating organisations from the judicial field (such as courts and public prosecutors) have either not been informed about the pilot studies at all or have been informed in insufficient detail. An increased involvement on the part of the cooperating organisations is an essential part of successful implementation. An optimal collaboration with auxiliary services and other judicial government institutions leads to a more consistent use of Electronic Monitoring (as well as a more consistent manner of dealing with incidents). The (im)possibilities of the use of Electronic Monitoring must be clear to the cooperating organisations, in order to prevent unrealistic expectations with regard to the expected effects of Electronic Monitoring. The legal nature of Electronic Monitoring must be elaborated, such as the possibility of compulsory use and the consequences of the various kinds of violations that can be observed in the case of Electronic Monitoring, etc. A more detailed elaboration of these points in the form of protocols will have the additional effect of creating increased uniformity (user integrity) when using Electronic Monitoring. Once this uniformity has been achieved, the effectiveness of the use of Electronic Monitoring can be evaluated.

Conclusion

Electronic Monitoring could contribute towards the treatment of persons placed under a hospital order and juveniles who are subject to an institutional placement order, primarily during the leave phase of their treatment. By exercising control on movements and agreements made, this system increases the perceived risk of being caught, as a result of which undesirable behaviour will occur less frequently. The individual's social surroundings and the contexts in which the individual finds himself are monitored, and the transitional stages within the phase of reintegration into society can be designed in a more phased and structured manner. This increases the chance of

adequate behaviour and decreases the chance of undesirable behaviour. In addition to positive effects, negative/undesirable side effects could also occur as a result of Electronic Monitoring. The extent to which the expected negative and positive effects of Electronic Monitoring actually occur was not investigated.

If Electronic Monitoring is to be implemented successfully, this requires increased elaboration of and compliance with preconditions, whereby uniformity in the implementation of Electronic Monitoring can be achieved. Only once this uniformity has been achieved can the effectiveness of Electronic Monitoring be investigated.