

Forensic Recidivism Monitored: Lessons learned

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Introduction

Violence and deviant behavior are not only a major cost for society, but also have great consequences for general health as it is among the world's foremost causes of death (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Forensic care aims to prevent future crime or reoffending by assessing and treating mental disorder, reducing the (violence) risk of harm to others, and by supporting recovery of offenders. The current study investigated recidivism characteristics and evaluated the predictive value of risk assessment in a forensic population.

Method

Offender records were requested from the Ministry of Security and Justice of all forensic patients discharged from FPC De Rooyse Wissel between 2004-2013. All records have been processed using the WODC Recidivism Monitor ($n=151$, Wartna et al., 2011) and the Keune & Van Binsbergen (2010) criteria. Survival Analysis determined the prevalence of recidivism and possible differences between release types, only for patients with nonconditional release ($n=105$, Boonmann et al., 2015). Finally, accuracy of the HCR-20 and PCL-R is investigated by logistic regression with AUC for the ROC curve corrected for follow up time.

Results

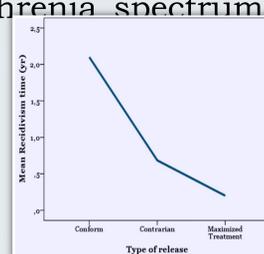
Results showed that there was no sexual recidivism and more than 62% of the forensic patients ($n=105$) did not recidivate.

More than 88% of the forensic patients did not commit *severe recidivism* and 91% did not commit *tbs-worthy recidivism*.

Most patients (75%) released conform advise of the mental hospital ($n=42$) did not recidivate. In contrast to the contrarian releases ($n=58$) where 32% recidivated, and the prevalence of (*very*) *severe and tbs-worthy recidivism* is higher. Patients with contrarian release are characterized by Cluster B Personality Disorder ($p < .01$) and shorter treatment duration ($p < .05$), while patients released conform hospital advise show more schizophrenia spectrum disorders ($p < .05$).

All patient released after 'maximized treatment order' recidivated (100%, $n=5$), often followed by multiple offenses.

Most recidivism occurred within the first year after release ($M=1.03$), with the shortest relapse time for patients released after maximized treatment order and contrarian releases.



Both the HCR-20 and the PCL-R showed a 'fair' predictive validity, with a sensitivity of .23 and specificity of .90 for the HCR-20, and .36 (sensitivity) and .92 (specificity) for the PCL-R (see Table 1).

Table 1. Logistic regression results: Predictive validity of risk assessment after release ($n = 105$).

	B	(S.E.)	Model Sig.	R ²	AUC
HCR-20 Total	.10*	(.04)	.01*	.14	.71**
PCL-R Total	.15**	(.05)	.00**	.22	.74**

R² = Nagelkerke; * $p < .01$, ** $p < .001$

Conclusion

Recidivism rates of FPC de Rooyse Wissel are in line with national results and show relatively low rates of recidivism even for international standards. These results suggest that forensic care can reduce future crime of offenders.

Moreover, the exploration of the predictive value of risk assessment shows that both the HCR-20 as well as the PCL-R are excellent in detecting 'low risk profiles', indicating not only a practical value but also its possible value signaling supplementary risk management interventions towards release.

There tends to be a difference in recidivism rate related to the type of release (conform hospital advice, contrarian or maximized treatment order) in favor of the patients released conform hospital advice. Recidivism in patients released with contrarian or maximized treatment order tends to be more severe and sooner after release. The recidivism rate after maximized treatment order is 100% in the current sample. Along with the knowledge that most recidivism occurs in the first year of release (Sturup et al., 2015; and the current study), should prompt allocation of interventions towards prevention.

A more detailed version of the study is published [✉ FTonnaer@DeRooyseWissel.nl] Tonnaer, F., Chakhssi, F., & Verwaaijen, S., (2015). *Recidive tijdens en na behandeling in FPC de Rooyse Wissel. Een terugblik op 10 jaren behandeling.*

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