

Professionalising release management for mentally disordered perpetrators: Benefits in terms of recidivism rates—Results from a study within the Austrian prison system

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Abstract

Background: In Austria, mentally ill perpetrators not guilty for reasons of insanity are committed into a custodial measure to receive treatment. The rate of these detainees returning after their conditional release because of reoffending or revocation decreased significantly over a period of 15 years.

Aims: This study aims at examining this system and the adjustments made over a period of 10 years, in order to identify changes responsible for the observable decline of the recidivism rate.

Method: Therefore, a quantitative study of 807 prison and court files was conducted, extracting information concerning former detainees either released in 2001 & 2002 ($n = 67$) or 2011 & 2012 ($n = 134$) and subsequently comparing the groups. Additionally, expert interviews were conducted.

Results: As one major change, the data revealed improvements regarding the preparation and management of the time on parole. The possibility for detainees to test their readiness for life outside the confinement through temporary interruptions of custody was enhanced, as were post-

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release housing opportunities in care facilities. Additionally, the courts issued more directives concerning measures such as medication or abstinence from alcohol.

Conclusion: Concerning mentally ill offenders, this study highlights the importance of a comprehensive preparation and management of the conditional release, providing support and treatment as well as a certain level of control.

KEYWORDS

custodial measure, mentally ill offenders, parole, probation, recidivism, release management

1 | INTRODUCTION

Within the Austrian criminal law, mentally ill perpetrators who committed a crime under the influence of their illness, otherwise subject to a prison sentence of more than 1 year, are not sentenced to serve time at a regular prison but are committed into a custodial measure where they receive treatment (Schanda, Ortwein-Swoboda, Knecht, & Gruber, 2000). This is the case when, stemming from their condition, further offences have to be expected. The Austrian Criminal Code distinguishes between offenders who were found to be not guilty for reasons of insanity (NGRI) and perpetrators suffering from a mental illness, but still accountable for their behaviour. This study focuses solely on offenders NGRI. The duration of the custody is not determined. The confinement continues until the offenders are classified to no longer pose a risk to society. Perpetrators are admitted either to a psychiatric hospital engaged with the care for forensic patients or to a specialised prison. The necessity for upholding the confinement has to be examined once every year. Upon release, a period of parole for 5 or 10 years is obligatory. Additionally, the court can order accompanying measures and the services of a parole officer. In case of a violation of these measures as well as in the event of another offence, the conditional release is revoked and the perpetrator has to return into custody.

In order to confine an offender in a custodial sanction, he or she has to suffer from a serious mental disorder. Studies have shown that about two thirds and thereby the majority of the offenders have been diagnosed with a form of schizophrenia upon their committal (Stangl, Neumann, & Leonhardmair, 2012; Stompe & Schanda, 2011). Concerning the crimes committed by the detainees, a study in 2012 found that assault and offences against liberty (such as coercion or dangerous threat) each account for around 30% of the offences, followed by murder, property damage and arson (Stangl et al., 2012).

When examining the percentage of mentally ill perpetrators who were readmitted into the system of custodial measures within 5 years after their release, a significant decline can be observed, starting in the year 2000. While only a small percentage of those offenders is reconvicted, the majority returns because of a revocation of their conditional release (Fuchs, 2019). One possible explanation for this decrease is a change in the preparation and management of the conditional release. Not only is the planning and preparation of the release of vital importance (Kröber, 2011; Scoones, Willis, & Grace, 2012), various studies show the significance of conditional release in general compared to unconditional release (Jeandarme, Habets, Oei, & Bogaerts, 2016; Lund, Forsman, Anckarsäter, & Nilsson, 2012; Noriko et al., 2016; Ostermann & Matejkowski, 2014). A study by Wiederanders (1992) compared recidivism of mentally disordered offenders released either conditionally or unconditionally. Not only did the study find a significantly lower level of rearrests for the conditionally released offenders, the author also attributed this to the possibility of a revocation of the conditional release. The transition and the time on parole have to be professionally managed, taking into account the individual necessities and well-known risk

factors, such as substance abuse (Jeandarme et al., 2016; Schmidt-Quernheim & Seifert, 2013; Seifert, Klink & Landwehr, 2018; Vitacco, Vauter, Erickson, & Ragatz, 2014; Vitacco et al., 2008).

This study aims at examining the Austrian system of custodial measures for offenders NGRI and the adjustments made over a period of 10 years, in order to identify changes responsible for the decline of the recidivism rate.

2 | METHOD

In order to broadly examine the system of custodial sanctions applied for mentally ill perpetrators, the research design combines quantitative as well as qualitative methods. Two groups of detainees were identified who differed notably concerning their recidivism rate. The first group consisted of all adult male detainees released in the years 2001 and 2002 ($n = 67$), of whom 17.9% returned within a 5-year period. The second group comprised of all adult male detainees released in 2011 and 2012 ($n = 134$), showing a recidivism rate of 6.7%. Concerning these 201 detainees, a wide ranging analysis of 807 court and prison files was conducted, extracting an abundance of variables ranging from information concerning the background of the detainee, the crime committed upon admission into custody, the time spent and the treatment received in confinement up to the circumstances of the conditional release and the following years.¹ Using either chi-square tests for categorical or *t*-tests for continuous variables the two groups were compared in search for differences indicating the reason for the declining recidivism rate. Ensuing, multivariate analyses were conducted. Statistical analyses were carried out using IBM SPSS 26, the alpha level was set to $p < 0.05$. Based upon the quantitative results, qualitative interviews with experts were conducted. In total, six interviews were carried out, with a judge (interview 1), two prison governors responsible for specialised institutions (interviews 2 and 3), a parole officer (interview 4), a psychiatric expert (interview 5) and a representative of a care facility (interview 6).²

3 | RESULTS

The sample consisted of 201 men, most of them were Austrian (87.1%, $n = 175$). The mean age of their first conviction was 35.4 years ($SD = 14.7$, range 14–79), with an average of 2.5 prior convictions ($SD = 4.9$, range 0–27), 25.9%/ $n = 52$ had been to prison or confinement before. Upon committal 72.1%/ $n = 145$ were single, 12.4%/ $n = 25$ were divorced, 11.9%/ $n = 24$ were married and 2%/ $n = 4$ were widowers. 87.6%/ $n = 176$ had received psychiatric or psychological treatment before their committal. 38.8%/ $n = 78$ had committed an offence against life and limb, 37.8%/ $n = 76$ an offence against liberty. Upon entering the confinement, 78.1%/ $n = 157$ were diagnosed with schizophrenia, 30.3%/ $n = 61$ with an addiction disorder and 16.9%/ $n = 34$ with a personality disorder.

Towards the end of their time spent in confinement, detainees can undergo temporary interruptions of their custody in order to put their suitability for a life outside of confinement to a test. The maximum duration of this interruption is up to 4 weeks; however, it can be applied consecutively for several times. The number of offenders who completed such temporary interruptions increased significantly over the years, rising from 55.2%/ $n = 32$ in the first to 91.4%/ $n = 117$ in the second group ($\chi^2(1) = 32.98$, $p = 0.000$). Additionally, the percentage of detainees living in a specialised care facility during this period in contrast to living on their own or with relatives increased from 40%/ $n = 12$ to 85.5%/ $n = 100$ ($\chi^2(3) = 29.0$, $p = 0.000$). The number of organisations offering this kind of support doubled during the observation period, with four operating in 2001/2002 and eight in 2011/2012.

The length of the probationary period depends on the crime committed upon committal and spans for either 5 or 10 years. In the group of detainees released in 2001/2002, 85.5%/ $n = 53$ received a probationary period of 5 years, for 14.5%/ $n = 9$, a duration of 10 years was ordered. A similar distribution was found for the releases in 2011/2012 with 89.2%/ $n = 116$ receiving a 5-year period and 10.8%/ $n = 14$, a 10-year period ($\chi^2(1) = 0.56$, $p = 0.481$).

TABLE 1 Directives applied by the courts upon release

Directives concerning...	Released in 2001/2002		Released in 2011/2012		<i>p</i>
	%	<i>n</i>	%	<i>n</i>	
Place of residence	62.9	39	93.8	122	0.000
Employment/occupation	4.8	3	24.6	32	0.001
Psychotherapy	9.7	6	16.9	22	0.199
Psychiatric supervision	58.1	36	82.3	107	0.000
Psychotropic medication	51.6	32	92.3	120	0.000
Outpatient treatment in specialised institutions	14.5	9	42.3	55	0.000
Addiction treatment	3.1	2	3.2	4	1.000
Abstinence from alcohol (including monitoring)	24.2	15	51.5	67	0.001
Abstinence from illicit drugs (including monitoring)	14.5	9	36.9	48	0.002

Considerable changes occurred concerning the management of the release on parole. Whereas in the first group, 54%/*n* = 34 of the detainees went to live in a care facility after their release, this percentage rose to 83.3%/*n* = 110 in the second group ($\chi^2(1) = 19.04, p = 0.000$). Starting from an already high level of 91.2%/*n* = 52 of former detainees receiving psychotropic medication upon release in the first group, an even higher percentage of 98.5%/*n* = 129 was found in the second group ($\chi^2(1) = 5.82, p = 0.028$). A significant decrease was detected concerning those detainees for whom employment could be found for their time after release: while in the first group in 21.6%/*n* = 11 of the cases indication about future employment was found in the files, this was only true for 6.8%/*n* = 8 in the second group ($\chi^2(1) = 7.56, p = 0.006$). In the first group, in 53.2%/*n* = 33, a parole officer was appointed, in the second group, this was the case in 55.5%/*n* = 71 ($\chi^2(1) = 0.09, p = 0.877$).

When deciding to release on parole, the court has the possibility to order accompanying measures aimed at supporting and controlling the former detainee during the time of parole. The data showed that although in both groups such directives were ordered for almost all perpetrators (98.4%/*n* = 61 vs. 100%/*n* = 130; $p = 0.323$), the average number grew from 2.73 directives (SD = 1.18) in 2001/2002 to 4.56 directives (SD = 1.62) in 2011/2012, $t(159.4) = -8.97, p = 0.000$. Concerning the frequency of the various measures applied, significant differences were found for most, but not all types of directives. Table 1 gives an overview.

Various combinations of directives were ordered by the courts significantly more often in the second group (because the assumptions for log-linear analyses were not met, new variables of the combinations of directives were calculated). Combinations are displayed in Table 2.

Log-linear analyses revealed a significant interaction between carrying out a temporary interruption of custody and issuing a directive concerning the future place of residence ($\chi^2(1) = 9.13, p = 0.003$), showing that in the second group this measure was ordered significantly more often after the conduct of a temporary interruption of custody.

Detainees suffering from an addiction disorder received significantly more accompanying measures in later years ($n = 19/M = 2.7/SD = 1.2$ vs. $n = 38/M = 4.7/SD = 1.5, t(55) = -5.5, p = 0.000$). The same was true for perpetrators suffering from schizophrenia ($n = 47/M = 2.7/SD = 1.1$ vs. $n = 102/M = 4.9/SD = 1.5, t(112) = -8.5, p = 0.000$). For these detainees, log-linear analyses showed a significant increase concerning the directive of psychiatric supervision ($\chi^2(1) = 4.59, p = 0.030$) as well as concerning the abstinence from alcohol ($\chi^2(1) = 3.95, p = 0.047$).

As expected, a significant decline could be observed concerning the recidivism rate of the studied population (17.9%/*n* = 12 vs. 6.7%/*n* = 9, $\chi^2(1) = 5.98, p = 0.025$). Of those returning to the system of confinement, the

TABLE 2 Combination of directives issued upon release

Combination of directives issued upon release	Released in 2001/2002		Released in 2011/2012		p
	n	%	n	%	
Psychiatric supervision and medication	20	32.2	103	79.2	0.000
Psychiatric supervision and place of residence	25	40.3	101	77.7	0.000
Psychiatric supervision, place of residence and abstinence from alcohol	10	16.1	53	40.8	0.000
Psychiatric supervision, place of residence and medication	12	19.4	99	76.2	0.000
Psychiatric supervision, place of residence, medication and abstinence from alcohol	3	4.8	53	40.8	0.000
Psychiatric supervision, place of residence, medication and outpatient treatment in specialised institution	1	1.6	37	28.5	0.000
Psychiatric supervision, place of residence, medication, abstinence from alcohol and from illicit drugs	2	3.2	31	23.8	0.000
Psychiatric supervision, place of residence, medication, outpatient treatment in specialised institution and abstinence from illicit drugs	1	1.6	24	18.5	0.000
Psychiatric supervision, place of residence, medication, outpatient treatment in a specialised institution, abstinence from alcohol and from illicit drugs and occupation	0	0	11	8.5	0.018

majority did so because of a revocation of their release (77.8%/n = 5 vs. 71.4%/n = 5), whereas only a few were reconvicted (22.2%/n = 2 vs. 28.6%/n = 2).

4 | DISCUSSION

The current study aimed at examining the significant decrease of the rate of reconvictions and revocations, which occurred for NGRI detainees in Austria over a period of 15 years. The study revealed that improvements regarding the preparation and management of the time on parole constitute one major change responsible for this decline. Over the years, a process of professionalisation took place within the system of custodial sanctions, leading to both an increase concerning the treatment and support of the detainees as well as enhanced monitoring of their conduct during the time on parole. This approach, combining both treatment and monitoring, was described by most of the interview participants as vital for the avoidance of recidivism (interviews 1,2,3,4,5). Concerning the preparation and management of the time on parole, an increase of temporary interruptions of custody spent in care facilities, living in these institutions upon release and the implementation of directives by the courts were combined. Additionally, some interview participants (interviews 2,3,4,6) described an improvement concerning the way the different institutions involved in the supervision and care for the detainees collaborated over time, whereas others still saw room for improvement concerning this collaboration (interviews 1,5). The importance of functioning cooperation in this field has been stressed before (Schmidt-Quernheim & Seifert, 2013; Seifert, Bolton & Müller-Mussavi, 2003; Voß, Sauter & Kröber, 2011).

Temporary interruptions of custody were not only increased in their frequency, in later years, they were also spent significantly more often in the environment of professional care facilities whose number doubled. In contrast to spending this time living on their own or with relatives, the employees of the care facilities can exercise a certain level

of control over the detainees, while at the same time supporting them in finding their way back into living outside of the confinement. The feasibility of this interruption was highly valued by all interview participants because the detainees have the chance to test their suitability to live outside of confinement under realistic circumstances. The representative of a care centre (interview 6) emphasised that the duration of the interruptions allows to realistically assess this suitability. In the event of a deterioration of the detainee's condition or when the risk of reoffending arises, the interruption can be terminated immediately and the detainee has to return to confinement. Thereby, the interruption functions as a filter by directly preventing possible new offences. This finding is consistent with similar results obtained in a German study (Schmidt-Quernheim & Seifert, 2013). The positive effect stemming from temporary absence from prison as well as transitional living in supervised institutions before moving into one's own home has been described repeatedly in the literature also for the general prison population (Helmus & Ternes, 2017; Seiter & Kadela, 2003; Wong, Bouchard, Gushue, & Lee, 2019). Additionally, the detainees have the possibility to terminate the interruption, which gives them a certain, albeit small, control over the current situation as well as their potential future place of residence, for upon release many detainees move to the very care facility they spent the interruption of custody in. This was also illustrated by the increase of those detainees significantly more often moving to a care facility upon release who had gone through an interruption of custody.

Upon release, a wide-ranging set of measures was implemented over the years. They aim at supporting and likewise monitoring the former detainees. As mentioned, most of them move to a care facility at the time of their release. There they live in a structured environment, receiving not only a home, but also treatment, occupation opportunities and company. The representative of one of these care facilities (interview 6) described an increase in treatment and occupation possibilities in recent years. At the same time, monitoring mechanisms were intensified, for example, by increasing the frequency of unannounced drug tests. In another German study with a similar population to the one examined here, care facilities were the most common way of living upon release for those detainees who did not reoffend (Seifert, Klink & Landwehr, 2018). While regarding these facilities as crucial for the rehabilitation of most perpetrators, one prison governor (interview 2) also criticised that currently there is no possibility for former detainees to live in their own home and receive intensive outreach social work. Some perpetrators would not need inpatient care, and more flexibility would be required to meet the individual needs of every offender.

Although the frequency of medication prescribed upon release was already high in the first group, there was still a significant increase, leading to almost all former detainees receiving psychotropic medication in the second group. The prison governors (interviews 2 + 3) as well as the psychiatric expert (interview 5) emphasised their importance in supporting the avoidance of recidivism, especially concerning detainees suffering from schizophrenia (Fazel, Zetterqvist, Larsson, Långström, & Lichtenstein, 2014; Krona et al., 2017; Seifert, Klink & Landwehr, 2018). In their view, the detainees' compliance had increased over the years due to the reduction of side effects and the extension of the time between the administrations of the medication.

Medication was one of the topics addressed by the courts in the directives given to the detainees upon release. Those directives also aim at the two goals described above: support and monitoring. For example, by ordering a care facility as the place of residence, the costs for living there have to be borne by the public authorities. The same is true for psychiatric supervision and specialised psychotherapy (§ 179a Austrian Corrections Act). Thereby, the treatment that commenced in confinement can be prolonged for the time after release, independent of the financial situation of the offender. At the same time, by ordering, for example, abstinence from alcohol or illicit drugs and monitoring of compliance with this provision, institutionalised control for the time on parole is implemented. The study revealed that courts availed the possibility to apply such directives significantly wider in later years. This became apparent when studying the combinations of directives: psychiatric supervision, medication and the place of residence were particularly often mandated together. Previous research has shown that this comprehensive set of accompanying measures is of critical importance for avoiding recidivism (Green et al., 2016; Schmidt-Quernheim & Seifert, 2013; Seifert, Klink & Landwehr, 2018; Vitacco et al., 2008; Vitacco et al., 2014). Multivariate analyses revealed that detainees suffering from addiction disorder or schizophrenia received significantly more

directives in later years, thereby acknowledging that these groups have an increased risk of reoffending (Ouesalti, Fekih-Romdhane, Mrabet, & Ridha, 2018; Pflueger, Franke, & Graf, 2015; Schmidt-Quernheim & Seifert, 2013; Yoshikawa et al, 2007). However, the parole officer (interview 4) pointed out that in his experience courts are rather reluctant to revoke measures once they are implemented out of fear of negative consequences, for which they might be held responsible, even if the progress made by the former detainee leads to them being superfluous. Thereby, the system of court measures contains the risk of controlling offenders for longer periods of time than their condition might require.

Counterintuitive to the other results is the significant decrease of former detainees being employed upon release. This might be explained by the enhanced possibility for occupation within the care facilities. While this undoubtedly constitutes an opportunity for many former detainees no longer capable of working, it might also prove to be an easier solution than trying to find employment, even if that might still be possible. However, the representative of the care facility (interview 6) indicated that the percentage of released offenders for whom employment in a regular company is possible has always been low. The accumulation of a psychiatric disorder and the background as an offender constitutes a considerable disadvantage for the former detainees on the labour market (Graffam, Shinkfield, & Hardcastle, 2008).

Although the number of cases in which a parole officer was appointed did not change significantly over the years, the interview with an experienced representative of the organisation providing parole services (interview 4) revealed that the concept the agency has of itself and of the work the parole officers provide has altered slightly over the years. Whereas in the past, parole officers saw their role merely as supportive for their clients, a certain level of control has been implemented since. In order for this monitoring to be effective, a well-functioning cooperation with the court as well as the other stakeholders is vital (Velsmann, Knecht, Tozdan, & Briken, 2019). Both the parole officer (interview 4) and the judge (interview 1) gave account of an increase in this cooperation over the years.

This study was the first to assess the decline in recidivism of NGRI detainees in the Austrian prison system and therefore provides new and wide-ranging insight into changes in the confinement, treatment and rehabilitation of these detainees. However, due to the research design applied, no causal relationship between the decline of the recidivism rate and the observed changes can be established. Future research should aim at eliciting the effect the various measures applied each have on the risk of readmission.

5 | CONCLUSION

Concerning mentally ill offenders, this study highlights the importance of a comprehensive preparation and management of the conditional release, providing support and treatment on the one hand and a certain level of control on the other. Parole officers and employees of care facilities as well as additional directives issued by the courts play a vital role during the potentially difficult period after release. The implementation of a professional management of these challenges increases the chance of avoiding recidivism.

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ENDNOTES

¹ Focusing on the preparation and management of the time on parole, only selected results of the overall study can be reported and discussed in this article.

² As the focus of the study was placed on the quantitative data, the interview participants' assessments are integrated in the discussion section in order to further explain the quantitative results.

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