



**GGD**  
Amsterdam

# Determinants of post-detention recidivism: a recurrent event analysis

Menno Segeren





## Background

- Yearly, 3,000 prisoners return from prison back to Amsterdam
- Prisoners at high risk of recidivism after release
- 2014: renewed detention aftercare program to prevent recidivism
- Recidivism literature is fragmented (and enriched) by different:
  - definitions of recidivism
  - target populations
  - operationalizations of recidivism related outcomes
- Few studies model recurrent offending over a longer period of time in combination with dynamic factors



## Focus of this study

- Trends in recurrent reoffending and dynamic risk factors
- Public mental health care (PMHC) indicators: medical and social problems → targets for PMHC based interventions
- Which prisoners are most in need of care/support over the long term?
- Results are informative for detention aftercare programs and focused deterrence programs



## Research questions

- What is the overall recidivism rate among male prisoners from general prison wards in Amsterdam?
- How can their recidivism be described according to trends in reoffending over time and types of offenses committed?
- What is the prevalence of PMHC indicators?
- Which of these indicators are important risk factors for recurrent offending over time?



## Method

- Participants interviewed during detention
  - Male inmates
  - Sampled from general prison wards
  - Prison sentence < 6 months
  - Discharged from prison in 2010
- Data
  - Semi-structured interviews during detention
  - Re-arrest data covering 2010 – 2015
  - Reimprisonment data covering 2010 – 2015
- Analyses
  - Repeat event analyses
  - Risk factor analysis (survival analysis)



## Results

- 194 prisoners included

Sociodemographics		Median (IQR)
Age		32 (24 - 43)
Ethnicity	Non ethnic Dutch	84%
Marital status	Single	94%
Living situation	Alone	40%
Highest education	Primary school	48%
Prior detentions		82%



# Results

PMHC indicators		
Mental health problem	Positive BJMHS	49%
Substance use disorder	Alcohol	30%
	Cannabis	22%
	Cocaine	10%
	Opiates	16%
Personality disorders	Antisocial	63%
	Narcissistic	45%
	Borderline	37%
Social problems	Homelessness	24%
	No work/education	43%
	Financial problems	62%



## Results

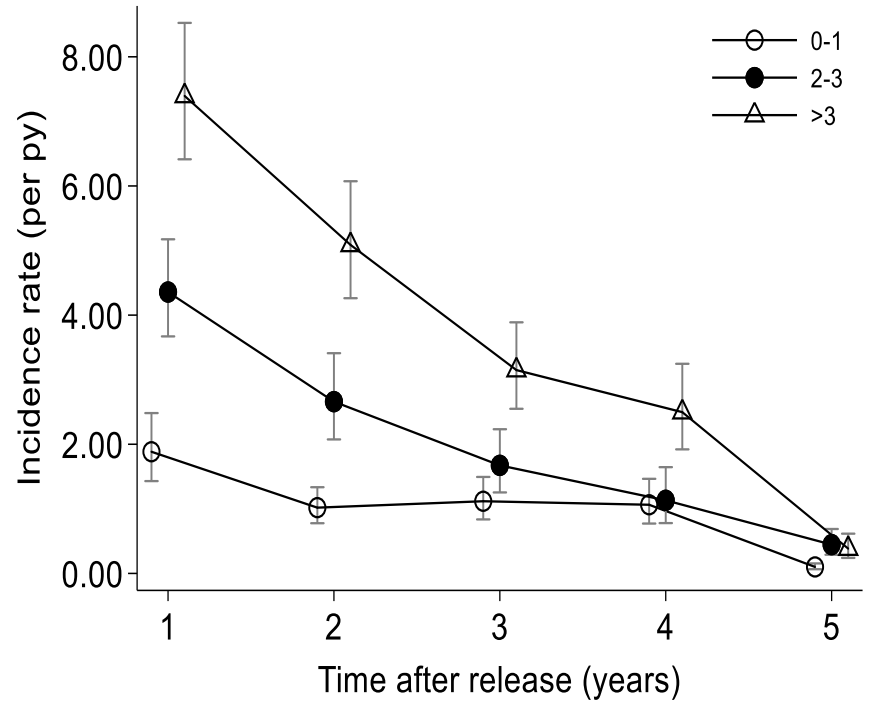
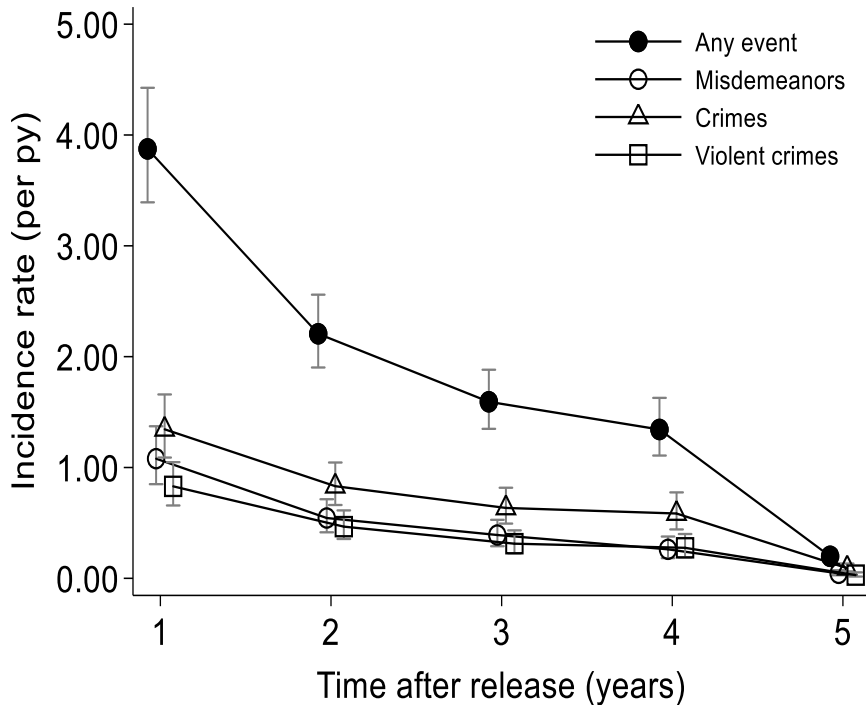
Recidivism		Range*	median (IQR)
Any reoffense	90%	1 – 45	6 (3-13)
Misdemeanor	63%	1 – 25	3 (1-5)
Crime	71%	1 – 36	4 (1-7)
Violent crime	62%	1 – 11	2 (1-3)
Re-imprisonment	47%	1 – 6	1 (1 – 2,5)

\* Of those with an event





# Results : trends in reoffending



Three groups, based on their offending frequency in the first 12-months after release



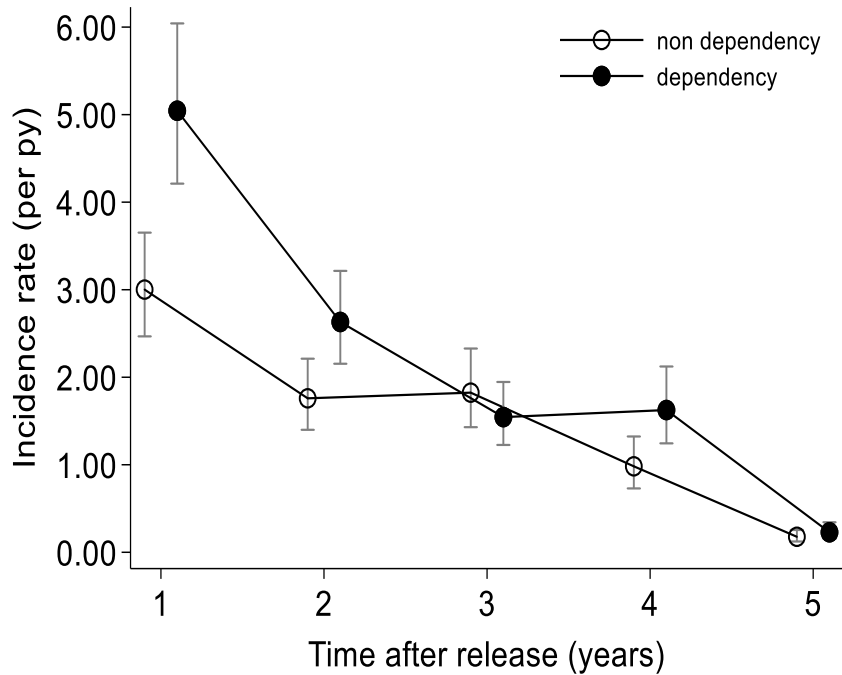
# PMHC indicators of recurrent offending

Determinants		HR
Age	<23	1*
	23-28	0,55
	28+	0,49
Marital status	Single	3,08
Education	Not qualified for labor	1,42
Medical problems	Substance dependency	1,86
	Narcissistic PD	1,41

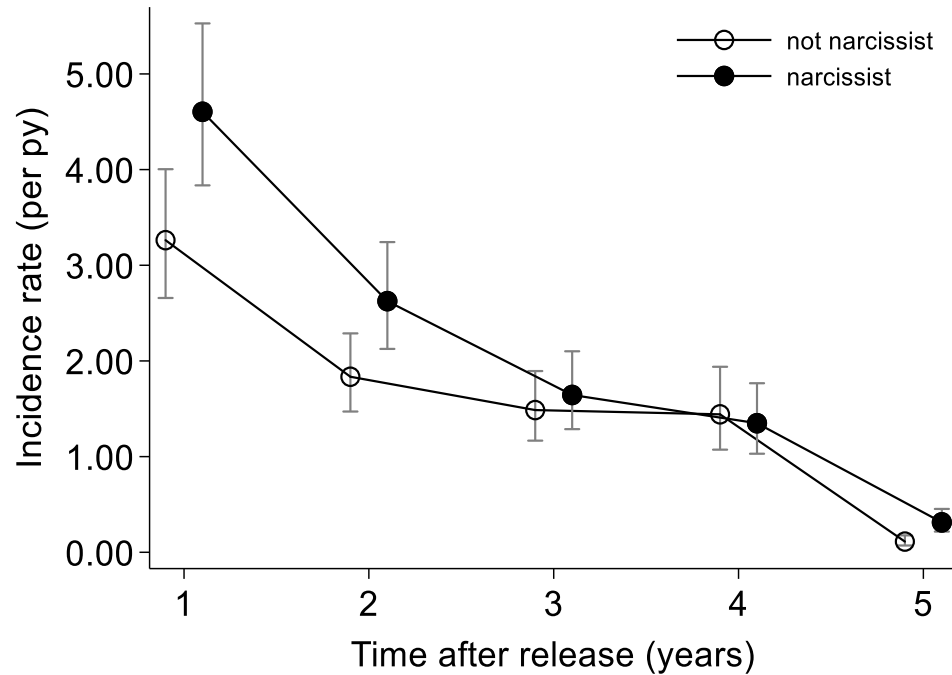
\* Reference group



# Influence substance dependency and narcissism on reoffending



Misdemeanors



Crimes



## Conclusion

- High recidivism among ex-prisoners (reoffenses and reimprisonments)
- Frequency of reoffending highest in year 1 after release
- First year frequent offenders remain the most criminally active over time
- Narcissistic personality disorder is associated with committing more crimes
- Substance dependency is associated with more misdemeanors
- Social problems highly prevalent but not predictive of recurrent reoffending



## Implications

- Detention after care programs should have an integral focus
- All prisoners must be screened upon entry
- Provide opportunities for care/support to all prisoners, not only those who ask for it



**Thanks for listening**

Menno Segeren

[msegeren@ggd.amsterdam.nl](mailto:msegeren@ggd.amsterdam.nl)

Public Health Service Amsterdam

Department of Epidemiology, Health Promotion and Care Innovation