Long-term prison sentences prior to forensic psychiatric treatment

Statistics, legal framework, and experiences in forensic psychiatric practice

Summary

Cahier 2026-8

D.C. Donninger
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Cahier
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Introduction

In recent years, various parties (the judiciary, legal practitioners, forensic psychiatric experts and politicians) have voiced criticism about long combined sentences, i.e., a tbs measure (*terbeschikkingstelling*) combined with a long prison sentence. On the one hand, it was argued that such sentences are being imposed more frequently; on the other hand, that harm from long-term imprisonment occurs, reducing the likelihood of a successful forensic psychiatric treatment afterwards. These concerns have led to a political debate and a motion in the House of Representatives on reinstating the so-called Fokkens Regulation (*Fokkensregeling*), which allowed a forensic psychiatric patient subjected to a tbs measure not to serve the entire term of the imposed prison sentence but only one-third before starting their treatment. The present study was commissioned in response to that debate and aims to determine whether the assumptions of an increased number of long combined sentences and the occurrence of harm arising from imprisonment are accurate.

The overarching objective of the present study is to map the nature and extent of the issues surrounding long combined sentences and to determine whether forensic care providers lack options to improve the course of forensic psychiatric treatment. This overarching objective is divided into three sub-objectives:

1. To set out the current statutory options to enable a forensic psychiatric patient imposed a tbs measure to start treatment earlier than the usual term.
2. To describe how many forensic psychiatric patients imposed a tbs measure received long combined sentences in the period 2000 through 2024.
3. To provide insight into the current scientific knowledge regarding the occurrence of harm from imprisonment among forensic psychiatric patient imposed long combined sentences.

The research questions and their answers can be found in Chapter 6 (in Dutch), where the main findings are summarised and the conclusions and recommendations discussed.

Method

To achieve the objectives and to examine the complexity of the issue of long combined sentences, multiple research methods were adopted. First, a legal analysis was conducted to map the current options for an earlier start of forensic psychiatric treatment, in line with objective 1. Second, a database with all forensic psychiatric patients imposed a tbs measure of the Custodial Institutions Agency (*Dienst Justitiële*

Inrichtingen) were used to provide a quantitative picture of developments in the number and duration of imposed combined sentences in the period 2000 through 2024, in line with objective 2. Relevant literature was also gathered on any effects of a long prison term on forensic psychiatric treatment to map current scientific knowledge on harm from imprisonment in forensic psychiatric patients imposed a tbs measure, in line with objective 3. Finally, interviews were conducted with, among others, practitioners in the forensic care field to gain more understanding of the practical problems they encounter.

Long combined sentence
There are different ways of classifying a 'long' combined sentence. One can either base it on practical experience, for example in the prison system or forensic psychiatric practice (qualitative), or on figures, e.g., using percentile scores (quantitative). For this report, a qualitative definition was deemed most relevant, as that is the context in which the debate on long combined sentences is taking place. To that end, interviews with practitioners in forensic care asked what they consider a long prison term when combined with a tbs measure. The answers were consolidated, after which a long combined sentence was operationalised as a prison sentence of 10 years or longer combined with a tbs measure with compulsory treatment (*tbs met bevel tot verpleging van overheidswege*).

Results

Legal framework

Legislative amendments
Under the Fokkens Regulation, a forensic psychiatric patient who was imposed a tbs measure was, in principle, admitted to a forensic psychiatric hospital (fph) after serving one third of the imposed prison sentence. Following abolition of the Fokkens Regulation, the standard start of the tbs measure was after two thirds of the prison sentence, in line with the then applicable regulation for conditional release (CR). The abolition of the Fokkens Regulation in 2010 had different effects on forensic psychiatric patients imposed a tbs measure depending on sentence length, the longer the imposed prison sentence, the greater the disadvantage. The currently applicable standard provision for placement in a TBS clinic is also linked to the term of conditional release, but this was significantly amended in 2021 by the Act on Punishment and Protection (APP; *Wet straffen en beschermen*; Article. 6.4(2) Forensic Care Decree [*Besluit forensische zorg*] in conjunction with Article 6:2:10(1) of the Code of Criminal Procedure [DCCP]). The CR term remains set at two thirds of the imposed prison sentence, but the CR period may not exceed two years. Consequently, in the case of a combined sentence, forensic psychiatric treatment cannot commence earlier than two years prior to the end of the prison sentence. This amendment only affects the treatment start date of forensic psychiatric patients who were imposed a tbs measure with combined sentences of more than six years; for them, the start is later. Since 1 July 2021, they have been particularly affected by the abolition of the Fokkens Regulation.

Grounds for exception
In addition to the standard provision under the Fokkens Regulation, exceptions were possible at the time allowing either a later or (even) earlier placement in a TBS clinic. Most of these exceptions still exist in 2026. Two of the three provisions permitting a

later start were abolished: 1) opinions of behavioural experts on the convicted person indicating that he is not amenable to treatment (old Article 43(2)(b) *Penitentiary measure* [Pm]), and 2) an assessment of the person imposed a tbs measure as being at extreme risk of escape (old Article 43(2)(c) Pm). Three of the four provisions permitting an earlier start currently still apply unchanged: on the basis of a recommendation by the judge (old Article 43(3)(a) Pm, now Article 37b(2) Dutch Criminal Code [DCC]), where there is a need for urgent treatment of the convicted person (old Article 43(3)(b), now Article 6.4(3)(a) Forensic Care Decree) and where the convicted person is under 23 years of age (Article 43(3)(d) Pm, now Article 6.4(3)(b) Forensic Care Decree). The fourth, residence in a penitentiary institution leading to serious behavioural problems in the convicted person (old Article 43(3)(c) Pm), has been abolished (Article 6:2:8(4) DCCP). In all cases, however, these are not judicial decisions but recommendations on which the minister must decide, following advice by a subdivision of the Directorate of Individual Affairs (DIA: *Directie Individuele Zaken*). Due to the abolition of the Fokkens Regulation and the simultaneous unchanged status of most exceptions, the possibility of starting forensic psychiatric treatment earlier has become more dependent on such an administrative decision.

Leave

The analysis of the legal framework also shows that an essential component of forensic psychiatric treatment—namely the possibility of leave—under the Forensic Psychiatric Leave Regulation (*Verlofregeling* TBS) is not possible before the CR date. If statutory options for an earlier start of forensic psychiatric treatment were reintroduced, some forensic psychiatric patients imposed a tbs measure might be hindered in their treatment because of this. Again, this mainly concerns forensic psychiatric patients with combined sentences of six years and longer, because for them the start of treatment is later under the amended CR regulation. In those cases, the difference between the TBS start date and the CR date is potentially more than two years—the point at which the first steps towards leave are usually taken, namely supervised leave. Accordingly, to fully benefit from an earlier start of forensic psychiatric treatment, a revision of this restriction in the Forensic Psychiatric Leave Regulation is necessary, should that path be chosen.

The combined sentence in figures

All combined sentences

In total, over the past 25 years, a combined sentence of 10 years or longer (gross sentence length) was imposed 160 times. This is 6% of all combined sentences imposed from 2000 through 2024. The number of long combined sentences has increased significantly, both in the last five years compared with the previous five, and in the last 12 years compared with the 13 years prior. This is mainly due to an increase in long combined sentences where the prison term is between 10 and 15 years; longer combined sentences are rare (3% of all long combined sentences). The number of long combined sentences with a net sentence length of 10 years or more, i.e., corrected for the CR term, is considerably lower; this occurs 47 times (2% of all combined sentences in 2000–2024). Furthermore, from 2000 to 2008 no combined sentences with a net sentence length of 10 years or more were imposed. This occurs from 2009 onwards, meaning that from 2019 there has been first-hand experience with a long combined sentence in forensic psychiatric treatment practice.

Forensic psychiatric patients imposed a tbs measure with a long combined sentence differ on several characteristics from those with a short combined sentence. Those with a long combined sentence are on average significantly older when the judgment becomes final than those with a short combined sentence. They have also significantly more often committed (attempted) homicide offences (93% of long combined sentences) than those with short combined sentences (39% of short combined sentences). Other violent and sexual offences and arson are, by contrast, significantly less common in long combined sentences than in short ones. There is no statistically significant difference in the number of offences for which forensic psychiatric patients imposed a tbs measure receive long or short combined sentences. In the more recent years (2013–2024), long combined sentences have been imposed significantly less often than in earlier years (2000–2012) for property offences and for other offences. For sexual offences, other violent offences and homicide offences, no statistically significant differences over time were found; accordingly, it cannot be said that in more recent years (2013–2024) long combined sentences are imposed more frequently for more serious offences than in earlier years (2000–2012).

Completed combined sentences
A subgroup of forensic psychiatric patients imposed a tbs measure have completed their treatment at the reference date (set at 1 July 2025). This concerns 42 patients with a long (26% of all long combined sentences) and 1,075 patients with a short combined sentence, totalling 1,117 patients. At the time the judgment became final, at the start of treatment and at completion of treatment, they are on average the same age. Those with a completed long combined sentence have significantly more often committed an (attempted) homicide offence than those with a short combined sentence and significantly less often another violent offence. The waiting time pending placement in a fph (*passantentijd*) is also on average significantly shorter for those with a long combined sentence than for those with a short combined sentence. Furthermore, it takes on average longer for those with a completed long combined sentence to receive a first authorisation for supervised leave and for unsupervised leave than for those with a completed short combined sentence. By contrast, it takes on average the same time for those with a completed long combined sentence to move on to transmural leave, to trial leave and to forensic psychiatric conditional release (FPCR) as for those with a completed short combined sentences. Finally, for patients with a completed long combined sentence, it also takes on average the same time to complete forensic psychiatric treatment as it does for those with a completed short combined sentence. The number of fph in which those with a completed long or short combined sentence were placed is on average the same, as is the number of transfers to other fph's.

The analyses using an alternative threshold for 'long' indicate that the average durations to first authorisations for supervised leave, unsupervised leave, FPCR and the total duration of treatment depend on the definition used; sometimes there is a difference in these outcome measures and sometimes not. Looking at the total treatment duration, there is a difference for prison sentences from 2 to 8 years: for those with completed long combined sentences, treatment lasts significantly shorter than for those with completed short combined sentences.

From the above, it cannot be concluded whether, and to what extent, the length of the prison sentence is associated with the time to various first leave authorisations or to the end of forensic psychiatric treatment; no insight was obtained into the factors underlying, on the one hand, the occurrence of differences and, on the other, the

absence thereof. Such factors could not be included because they are not available at the population level, but consideration is at least given to differences in prior criminal history, psychopathology, intellectual functioning and degree of criminal responsibility. The fact that more factors are at play in determining the duration of treatment than merely the length of the prison sentence is reflected by other studies on the treatment duration of forensic psychiatric patients imposed a tbs measure.

Ongoing combined sentences
Another subgroup has not completed treatment at the reference date (set at 1 July 2025). This concerns 58 with a long (36% of all long combined sentences) and 1,009 with a short combined sentence, totalling 1,067 individuals who were on average the same age when the judgment became final. These results pertain to these forensic psychiatric patients. Those with an ongoing long combined sentence have significantly more often committed an (attempted) homicide offence than those with a short combined sentence and significantly less often another violent offence. There are virtually no other differences between those with an ongoing long or short combined sentence. On average, similar numbers have first authorisations for supervised, unsupervised, transmural and trial leave, an indication for longtime forensic psychiatric care (LFPZ), and have gone on FPCR. There is also no significant difference between the groups in the average time to authorisations for supervised, unsupervised and transmural leave. Only the average treatment duration at the reference date differs: for those with an ongoing long combined sentence, it is on average shorter than for those with an ongoing short combined sentence. The numbers with ongoing combined sentences who are on trial leave, on FPCR, or have an LFPZ authorisation are too small to test for statistically significant differences in the time to these outcomes.

Detention related harm in long combined sentences

Detention related harm (also known as ‘pains of imprisonment’) comprises the negative consequences a detainee (in this case a forensic psychiatric patient imposed a tbs measure) may experience from time spent in detention, such as psychological and physical problems, loss of social contacts, and loss of work. Scientific research generally shows that the prevalence of such problems among detainees is high. The import, deprivation and integration models have been suggested as explanatory models for the high prevalence of detention related harm. The import model attributes the high prevalence of problems in the detention population to pre-existing problems that the detainee ‘imports’ into the prison system. The deprivation model posits that the high prevalence of problems arises from (poor conditions of) life in prison itself. The integration model combines both views. Research into detention related harm prior to forensic psychiatric treatment is scarcely available, so this could not be captured in the present study. Research on detention related harm in regular detention populations can, however, provide insight into the type of harm that may occur in these groups of offenders, and can thus be used to assess the extent to which this may apply to forensic psychiatric patients imposed a tbs measure.

Within the scoping review and the complementary systematic search for longitudinal studies, nine domains of detention related harm were identified, each of which may affect the health and/or wellbeing of regular detainees. These are harm related to: the brain, mental health, physical health, addiction and substance misuse, victimisation of the detainee, sense of agency living climate, basic conditions for reintegration and ageing. Within each domain, factors were identified that are expected to also affect forensic psychiatric patients who have been imposed a tbs measure; indeed, some

factors and domains may particularly affect them. These are the detention related harm domains of the brain, because many new behaviours are taught during treatment, for which good executive functioning is important. The domain harm and mental health may also be relevant, especially regarding the worsening of personality disorders. Among forensic psychiatric patients, one or more personality disorders appear to be more common, and a long period in detention can aggravate these problems. Furthermore, a reduction in agency may play a role in the longer time needed to acquire habits and routines during forensic psychiatric treatment. Treatment aims at eventual reintegration and therefore also considers how a forensic psychiatric patient can manage their life outside the clinic. The domain harm and ageing also seems relevant, because forensic psychiatric patients with a long combined sentence will be significantly older at the time they start their treatment due to a longer time in prison beforehand. Forensic psychiatric treatment itself also takes on average about nine years, meaning that a patient with a long combined sentence will return to society only at a later age. It has been calculated that after a long combined sentence, patients will on average be between 50 and 70 years old at the time of reintegration into society. This is an age at which reintegration must be organised differently, for example regarding work.

Experiences from forensic care providers

Perspectives and interests

A report of a brainstorming session on long combined sentences organised by the Directorate-General Sanctions and Prevention of the Ministry of Justice and Security shows that combined sentences of a long prison term and a tbs measure affect several parties with their own perspectives and interests, which are not always aligned. In practice, an earlier start of forensic psychiatric treatment can reduce capacity needs in the prison system, while simultaneously increasing capacity needs in the TBS sector. Victims and surviving relatives mainly need peace, clarity and may desire retribution. Forensic care providers, by contrast, call for early treatment because a tbs measure combined with a long prison sentence is, in their view, incompatible. The judicial system primarily wants clarity and not too many regulatory changes, as these may cause confusion and undermine confidence in the law.

Trajectory of long combined sentences

Various institutions are involved in the trajectory of a forensic psychiatric patient imposed a tbs measure with a (long) combined sentence. When the prison sentence is nearing its end, the department of Forensic Care Assessment (*Indicatiestelling Forensische Zorg*) of the Netherlands Institute for Forensic Psychiatry and Psychology issues an initial placement indication, after which DIA of the CIA manages the waiting list for placement in a fph and places the forensic psychiatric patient accordingly. Both institutions are also involved in any interim placement decisions. Forensic psychiatric patients with a long combined sentence can end up in many places: a regular penitentiary institution (PI), where psychological support can be provided if necessary on an Extra Care Facility ward (*Extra Zorg Voorziening*); a Penitentiary Psychiatric Centre (PPC), which comprises a variety of wards and can address more severe psychological problems; the preparation wing where forensic psychiatric patients with long combined sentences are prepared for treatment in a fph (*prepassanten afdeling*) and finally a fph where forensic psychiatric treatment is provided.

Long combined sentences through the eyes of practitioners
A long combined sentence feels contradictory and paradoxical to most practitioners; they advocate to stop the imposition of long combined sentences. Practitioners consider different durations to be ‘long’, ranging from 4 years or more to 15 years or more, and, as noted earlier, on average arriving at 10 years or more. Practitioners observe that those with a long combined sentence have mainly committed (attempted) homicide offences, sometimes in combination with sexual offences. In terms of psychopathology, forensic psychiatric patients with long combined sentences mainly present with personality disorders, addiction problems, and less often psychotic disorders and intellectual disabilities. Most have been found to have diminished criminal responsibility.

Problems
Practitioners experience various problems in relation to long combined sentences. They observe forms of detention related harm among individuals who have spent long periods in prison arising from the ‘prison mode’ that can develop due to deprivation, hierarchy and lack of safety in prison. They also note the strengthening of certain risk factors such as hardening of (some) psychological problems and the loss of a social network as forms of detention related harm. Many practitioners also argue that moderating factors contribute to the exacerbation of the aforementioned forms of detention related harm, namely age (particularly ageing) and the rapid changes in society. During the course of treatment, long-sentenced forensic psychiatric patients imposed a tbs measure need more time to become accustomed to the climate in the fph. This is may be described as ‘shaking off the effects of prison’ (*ontbajesen*). Many practitioners also experience difficulties administering the offence analysis (*delictanalyse*) because of the long time that has elapsed between the offence and the analysis. Some respondents also indicate that among the long-sentenced group there is less motivation to cooperate with forensic psychiatric treatment. Furthermore, the loss of the prosocial network and the increase in pro-criminal networks are mentioned as problems associated with long combined sentences. A large proportion of practitioners qualify that it is not always possible to determine whether the experienced problems are due to the long period spent in prison or to the forensic psychiatric patient’s psychopathology.

Solutions
Most practitioners describe as the ideal solution to prevent imposing such sentences in the first place. Other suggested solutions can be grouped into proposals for amendments to legislation and regulations, suggestions for adjusting the trajectory, performing certain parts of the treatment earlier, and limiting detention related harm. The first possible legislative amendment proposed is to statutorily cap the prison sentence that may be imposed in combination with a tbs measure. Some practitioners also envision a combined system that takes into account the degree of (diminished) criminal responsibility. Furthermore, some practitioners are in favour of reintroducing the Fokkens Regulation, whereby the portion of the prison sentence to be served after imposition would be significantly less than the imposed portion. They do add the caveat that the Forensic Psychiatric Leave Regulation must then also be amended so that leave becomes possible as soon as treatment allows, as also emerged from the legal analysis. Some respondents also see a solution in imposing the tbs measure conditionally, whereby near the end of the prison sentence it is again assessed whether enforcement is necessary, similar to the Measure on Behavioural Influence and Limitation of Freedom (MBI, Article 38z DCC). The MBI is imposed during conviction by the judge but enforced only when a second judicial procedure decides it

is necessary, after the combined prison sentence and/or tbs measure has nearly been completed. A special committee could be established to reassess near the end of the prison term whether enforcement of the tbs measure remains necessary for long-sentenced patients, for example similarly to the Dutch Advisory Committee on Life-Long offenders.

If judges nevertheless continue to impose long combined sentences, and for those who currently already have such a sentence, respondents propose that the time in detention should be made as smooth as possible to prevent detention related harm. This can be done, for example, by offering various treatment modules during the prison term that are suitable and often also necessary in the context of providing adequate care, according to practitioners. These include offence analysis, medication, trauma treatment, schema therapy and addiction support. Detention related harm can also be prevented by enriching the detention environment, actively involving the prosocial network and actively engaging detainees with societal developments. Such treatment modules can take different forms: patients with a long combined sentences can be placed during their prison term in a special wing within the PI, or on several such specialised wards located across the country. It is also possible to consider a national forensic care team that offers the suggested treatment modules to those concerned in their own PI. Further, it has been suggested that treatment in the PPCs could be expanded, although these centres were not established or configured for long-term trajectories.

Conclusions

1. The analysis of legislation shows that, in particular, the standard provision from the Fokkens Regulation, which provided for an earlier start of the forensic psychiatric treatment after one third of the imposed prison sentence, is no longer in force. As a result of its abolition, a patient imposed a tbs measure was, by default, required to serve two thirds of the prison sentence, one third more than previously. Most of the grounds for exception to the standard provision that existed at the time of the Fokkens Regulation and concerned an earlier start of treatment are, as of 2026, still in force (three out of four). A later start is less often possible; two of these three grounds for exception have been abolished. However, in order to qualify for the grounds for exception, an individual administrative decision must first be taken, which allows the forensic psychiatric patient under a tbs measure a weaker legal position than if this were a judicial decision. Due to the abolition of the Fokkens Regulation and the simultaneous retention of most grounds for exception, the possibility of commencing forensic psychiatric treatment earlier has become more dependent on such an administrative decision.
2. With the introduction of other legislation following the abolition of the Fokkens Regulation, the start of forensic psychiatric treatment and the progression through leave have also been adversely affected. These concern the APP, which since 2021 has delayed the CR date and, consequently, the date forensic psychiatric treatment starts in case of prison sentences of more than six years, and the Forensic Psychiatric Leave Regulation, which since 2011 has made it impossible to take leave steps prior to the CR date/the date forensic psychiatric treatment starts. The combined effect of both changes can in practice work out particularly unfavourably for forensic psychiatric patients who have been imposed a tbs measure with long combined sentences, especially in cases involving prison terms of six years or more.

3. In total, over the past 25 years, a combined sentence of 10 years or longer (gross sentence length) has been imposed 160 times. This represents 6% of the total number of combined sentences imposed from 2000 through 2024. The number of long combined sentences has risen significantly, both in the last five years compared to the preceding five years, and in the last 12 years compared to the preceding 13 years. This is mainly due to an increase in long combined sentences of 10 to 15 years; longer combined sentences than that are uncommon (2.3% of the total number of long combined sentences). This increase in the number of long combined sentences aligns with the perception among many practitioners in FPCs and PPCs regarding the increase of long combined sentences in practice.
4. The number of long combined sentences with a net sentence length (adjusted for the CR date) of 10 years or longer is considerably lower, this occurred 47 times in the past 25 years. It is further evident that from 2000 through 2008 no combined sentences with a net sentence length of 10 years or longer were imposed. This has occurred since 2009, which means that from 2019 experience was first gained with a long combined sentence in forensic psychiatric treatment practice. This may explain why the issues surrounding long combined sentences have been noted by practitioners in recent years.
5. Forensic psychiatric patients with a tbs measure with a long combined sentence differ significantly on several characteristics from those with a short combined sentence (analyses across all combined sentences). On average, they are older at the time the judgment becomes final, they have more often committed a homicide offence, and they have less often committed other violent offences, sexual offences, and arson. This is also in line with what practitioners say about forensic psychiatric patients with a tbs measure with long combined sentences.
6. Forensic psychiatric patients with a tbs measure with completed long combined sentences are on average 47 years old at the start of forensic psychiatric treatment; this does not differ significantly from those with a completed short combined sentence. On average, it takes longer before they receive a first authorisation for supervised and for unsupervised leave than for forensic psychiatric patients with a tbs measure with a short combined sentence. The total average treatment duration does not differ significantly between those with a completed long or short combined sentence. From this, no conclusion can be drawn as to whether, and to what extent, the length of the prison sentence is related to the duration of the forensic psychiatric treatment; no insight was obtained into factors that may underlie, on the one hand, the emergence of differences and, on the other, the absence thereof. Such factors could not be included in the present study because they are not available at the population level, but they are thought to include differences in criminal history, psychopathology, intellectual functioning, and degree of criminal responsibility. The fact that forensic psychiatric patients with a tbs measure with completed long combined sentences on average receive a first authorisation for supervised and unsupervised leave later does appear to accord with what practitioners report about their experiences in practice: individuals with a long prison sentence seem to require somewhat more time to acclimatise to the environment of the fph. The figures further seem to suggest that this effect may diminish as treatment continues, since the total treatment duration does not differ significantly; however, this should first be further investigated.
7. Forensic psychiatric patients with a tbs measure with an ongoing long or short combined sentence hardly differ from each other. The only difference is that those with an ongoing long combined sentence are more often convicted of a homicide offence, while those with an ongoing short combined sentence are more often convicted of other types of violent offences. The average treatment duration at the

reference date also differs; for persons under a hospital order with a long combined sentence it is, on average, shorter than for those with an ongoing short combined sentence. Furthermore, they are equally likely to have authorisation for escorted, unescorted, transmural and trial leave, and to be under FPCR. Nor is there any difference between the two groups in the average time to those permits. No significant difference was found in whether or not a first authorisation for LFPZ was obtained.

8 Nine domains of detention related harm were identified which may negatively affect the health and treatment progress of prisoners in general and, in some cases, of forensic psychiatric patients with a tbs measure with a prior long prison sentence in particular. These are detention-related harm and the brain, mental health, physical health, addiction and/or substance misuse, victimisation of the prisoner, sense of agency, living climate, basic conditions for reintegration and ageing. Detention-related harm and the brain, mental health, self-reliance, and ageing are expected to be particularly adversarial for forensic psychiatric patients with a tbs measure.

9 In line with the integration model, time in detention can have different effects for different prisoners. On the one hand, these domains of detention-related harm are expected to equally apply to forensic psychiatric patients with a tbs measure and possibly even more strongly. This is because, prior to forensic psychiatric treatment, they, like regular prisoners, are housed in prison and because, inherent to the imposed a tbs measure, they will have (personality) disorders and associated vulnerabilities with which they enter the system. On the other hand, there may also be individuals with a tbs measure who benefit from their time in detention and whose problems decrease, in part because significant problems already existed prior to detention and because the structure and availability of care is sometimes better arranged for them within the prison walls than outside in society. There may thus be both a positive and a negative interaction between pre-existing problems and the prison environment.

10 To practitioners, a long combined sentence feels contradictory, and most of them advocate discontinuing the imposition of long combined sentences. Other possible solutions relate to amendments to laws and regulations, suggestions for revising the pathway, earlier implementation of certain components of treatment, and limiting detention-related harm.

11 The suggested legislative amendments are: capping the prison sentence that may be imposed in combination with a tbs measure, limiting the duration of the prison sentence in line with the degree of criminal responsibility, reintroducing the Fokkens Regulation while simultaneously amending the Forensic Psychiatric Leave Regulation, and imposing the tbs measure conditionally, whereby near the end of the prison sentence it is reconsidered whether its execution is still necessary.

12 The suggestions for revising the time in prison are twofold: a parallel system to that for life-sentenced prisoners in which a special committee advises on whether or not to enforce the tbs measure near the end of the prison sentence, and placement based on pathology.

13 As treatment modules to be implemented earlier, the main suggestions are the offence analysis, pharmacological treatment, Schema Therapy, trauma treatment, and addiction support. Some of these treatment modules are already offered in a number of PPCs and PIs. Preconditions include clear agreements and communication between all parties involved regarding the division of responsibilities and how the treatment modules already completed will be recorded.

14 Limiting detention-related harm is best achieved by enriching the detention environment, actively involving the pro-social network, for example through network meetings, and staying informed of and discussing developments in society.

Recommendations

Legislation and practice

1. With the abolition of the Fokkens Regulation, a forensic psychiatric patient imposed a tbs measure can only commence forensic psychiatric treatment earlier on the basis of the statutory grounds for exception to the standard start linked to the CR date. These grounds for exception are decided upon by the Minister. To improve the legal position of forensic psychiatric patients under a tbs measure, it could be considered to place this decision with the court instead (conclusion 1).
2. If the aim is to facilitate earlier treatment of forensic psychiatric patients under a tbs measure in cases of long combined sentences, it is recommended to reinstate the Fokkens Regulation, at least for combined sentences longer than six years (conclusion 2).
3. If the aim is to facilitate earlier treatment of forensic psychiatric patients under a tbs measure in cases of long combined sentences, it is recommended to abolish the generic provision in the Forensic Psychiatric Leave Regulation that links the first possibility for supervised leave to the CR date. At the same time, it is recommended to leave the assessment for taking leave steps, including in cases of long combined sentences, to the Advisory Committee on Leave Assessment for Forensic Psychiatric Patients (*Adviescollege Verloftoetsing TBS*). This is a well-functioning committee that can make a sound assessment of when leave is responsible, and it also enables a tailored approach (conclusion 2).
4. To prevent detention-related harm among forensic psychiatric patients under a tbs measure with long prison terms, it is advised to enrich their detention environment as much as possible. This promotes not only cognitive functioning but also mental and physical health. This can be achieved, among other things, by providing a meaningful daily programme that makes greater demands on their thinking and decision-making abilities. Examples include more activities in prison such as (more often) cooking for themselves, watching sports such as football, exercising, encouraging peer conversations, starting a kitchen garden, or caring for animals (chickens, birds, rabbits or cats) under supervision/guidance (conclusions 8 and 9).
5. Current risk assessment practice is not tailored to forensic psychiatric patients under a tbs measure with a long combined sentence, in part because their higher age may entail specific risk and protective factors. By adapting instruments for risk and protective factors to be suitable for older forensic psychiatric patients, it may be possible to make a better estimate of the risk of recidivism among forensic psychiatric patients under a tbs measure who return to society at a higher age.
6. Various amendments to laws and regulations can be deployed to enable earlier treatment of forensic psychiatric patients under a tbs measure with a long combined sentence: capping the prison term that may be imposed in combination with a tbs measure, limiting the duration of the prison term in line with the degree of criminal responsibility, reintroducing the Fokkens Regulation while simultaneously amending the Forensic Psychiatric Leave Regulation; and imposing the tbs measure conditionally, whereby near the end of the prison term it is assessed whether its execution is still necessary (conclusion 11).
7. To prevent detention related harm among forensic psychiatric patients under a tbs measure with long prison terms, essential treatment components identified by TBS clinicians can also be started during detention: offence analysis, pharmacological treatment, Schema Therapy, trauma treatment and addiction support (conclusion 13).

8 The enrichment of the detention climate and the start of essential treatment components for forensic psychiatric patients under a tbs measure with a long combined sentence can take place either centrally in a special unit in the country or by setting up small-scale separate units in various locations. The need for such facilities will increase in the coming period, with 69 forensic psychiatric patients under a tbs measure who, in 2025–2035, will commence their treatment following a long combined sentence (conclusions 13 and 14).

Follow-up research

1 If the influence of long prison sentences on forensic psychiatric treatment is to be determined more precisely, greater insight is needed into the underlying factors that may explain differences between forensic psychiatric patients imposed a tbs measure with long combined sentences and those with short combined sentences. The present study found differences in the average time to the first authorisation for supervised leave and for unsupervised leave, and found no difference in total treatment duration between forensic psychiatric patients with a completed long combined sentence and those with a completed short combined sentence. At the same time, it has remained unclear which characteristics of the two groups might explain the differences found or the absence thereof. Follow-up research should in any case include differences in criminal history, psychopathology, intellectual functioning, and the degree of criminal responsibility. Preferably, such research should be conducted at population level, but the present study showed that these data are not available at that level. An alternative is to conduct file-based research, which can examine these and potentially other factors on which the two groups differ a priori. Other outcome measures related to treatment success than treatment progress as reflected in (time to) leave authorisations can then also be included; factors envisaged include the increase or decrease of symptoms, disorders, quality of life, et cetera. It is recommended to study a sufficiently large group of forensic psychiatric patients with a long combined sentence (30–50 files) and to compare them with a matched control group of forensic psychiatric patients with a short combined sentence. Factors that must in any case be controlled for are age at the start of forensic psychiatric treatment, year of treatment commencement, sex, and offence types. Such file-based research can provide greater insight into the factors underlying any differences in treatment duration or the absence thereof, and can also enable a better examination of various outcome measures of treatment progress. Moreover, the group differences currently identified leave no room to capture individual differences, which could emerge from such file-based research. Such differences are also anticipated from the import, deprivation and integration model. File-based research makes it possible to distinguish between these types of individual differences and could partially answer research questions 2b through 2d that could not be addressed in this study.
2 To gain greater insight into how a long prison sentence can affect the treatment of current forensic psychiatric patients imposed a tbs measure with a long combined sentence, prospective longitudinal research with repeated measurements could also be set up in prison. It is advisable to start with an extensive diagnostic phase for forensic psychiatric patients with a long combined sentence who are at the beginning of their prison term, so that it is clear with which disorders, risk factors and problems they commence their imprisonment. Such research can clarify how symptoms, disorders, treatment success and quality of life develop in real time. It can thereby also provide greater insight into the applicability of the import, deprivation or integration model. Such a study could also include how time in prison

is spent and how the forensic psychiatric patient imposed a tbs measure, the staff and fellow detainees experience the long prison sentence.

3 A proportion of forensic psychiatric patients imposed a tbs measure with a long combined sentence have not yet started their treatment; this concerns 47 forensic psychiatric patients (29% of all forensic psychiatric patients with a long combined sentence). It may be useful to repeat the study in a number of years to determine for these forensic psychiatric patients as well whether and how the length of the prison sentence correlates with treatment progress.

Limitations of the study

Quantitative analysis

The quantitative analyses concern three subgroups of forensic psychiatric patients imposed a tbs measure with a combined sentence: all forensic psychiatric patients with a combined sentence, those with a completed long combined sentence, and those with an ongoing long combined sentence. A limitation of the analyses of the ongoing long combined sentences is that the treatment of the forensic psychiatric patients concerned has not yet been completed. This concerns 58 forensic psychiatric patients imposed a tbs measure (36% of the long combined sentences). For these forensic psychiatric patients not all treatment outcome measures could yet be examined. In addition, there is a group of individuals imposed a tbs measure with a long combined sentence who have not yet commenced treatment. This concerns 47 forensic psychiatric patients (29% of the long combined sentences). For them as well, the treatment progress is not yet known. The findings regarding the subgroup of forensic psychiatric patients with a completed long combined sentence therefore do not pertain to all forensic psychiatric patients with a long combined sentence. This is not necessarily a methodological limitation; this information simply does not yet exist. However, it is as yet unknown whether the differences found, or the absence thereof, will also be observed for these forensic psychiatric patients with a long combined sentence.

Another limitation is that insight has been obtained primarily into group averages. This may mean that some individuals do and others do not show differences on the outcome measures of treatment progress considered here, namely the average durations until leave authorisations, until the conditional termination of the tbs measure, and until total treatment duration. As noted, it has also remained unknown which characteristics of the two groups might explain the differences found, or the absence thereof, although differences in criminal history, psychopathology, intellectual functioning and the degree of criminal responsibility are expected to play a role. An advantage of the research method employed is that it has provided an overview of the entire population of forensic psychiatric patients imposed a tbs measure over 25 years, making the outcomes generalisable to the entire TBS population.

Finally, the group of forensic psychiatric patients with a long combined sentence is small, meaning that differences from the group with a short combined sentence will only be significant if the differences are large. This is because the statistical power of the test is lower when statistical testing is conducted with a small group. This must be taken into account when interpreting the quantitative results. For example, this could explain why the average age at the time the judgment became final differs significantly between long and short combined sentences when analysed for all

combined sentences (160 forensic psychiatric patients with a long combined sentence), but why age differences between the two groups are no longer significant when the analyses are conducted only for completed or only for ongoing combined sentences (42 and 58 forensic psychiatric patients with a long combined sentence, respectively).

Literature analysis

Ideally, the present study would have provided an overview of various studies on the relationship between detention related harm and forensic psychiatric treatment progress, such as treatment duration. This proved not to be possible, as no such research exists. We therefore opted to conduct a scoping review, which can map topics that may be relevant to this relationship. An advantage of this method is that it identified a broad range of domains. A disadvantage is that it does not provide a systematic overview of all studies within these domains. This could be undertaken in follow-up research, should greater insight into the identified domains of potential detention-related harm be desired.

Qualitative analysis

The researchers intended to organise a large experts' meeting to enable clinicians in fph's to discuss problems and possible solutions concerning long combined sentences. However, attendance at this meeting was low (five respondents), primarily for scheduling reasons. It was therefore decided to conduct supplementary individual interviews. As a result, a great deal of information was still collected, but the scope for discussion among respondents, as could have taken place during a broad experts' meeting, was less extensive than envisaged. This was partly mitigated by conducting some interviews with two or more respondents simultaneously, which sometimes created space for conversation and debate among these respondents. In total, 25 clinicians from all fph's were interviewed, ensuring nationwide coverage, and they had substantial clinical experience. Nevertheless, these interview data are not representative of all clinicians in the forensic psychiatric field; this is, however, inherent to the chosen research method of conducting qualitative interviews.

Discussion

As the results show, the number of long combined sentences has increased in recent years. Not only have long combined sentences (10 years or more) increased significantly, but the same applies to long prison sentences in general (10 years or more). The rise in long combined sentences therefore fits within a broader trend towards longer sentencing.

It cannot be determined precisely why it takes significantly longer before forensic psychiatric patients imposed a tbs measure with a completed long combined sentence obtain a first authorisation for supervised and for unsupervised leave. The present study did not yield insight into the factors that may underlie this difference, and it cannot be concluded whether treatment duration is associated with the duration of the preceding detention, nor, if so, to what extent. As noted, differences in factors such as criminal history, psychopathology, intellectual functioning and the degree of criminal responsibility are thought to play a role. It is also possible that this is related to the factors raised in the interviews with clinicians concerning the so-called "prison mode"

(*bajesmodus*). According to them, the detention climate causes offenders to adapt in specific ways; they become more withdrawn and grow accustomed to a lack of decisional autonomy. When, after a long period in this detention climate, individuals suddenly enter a fph, time is needed to emerge from this 'prison mode'. This adjustment process may slow the start of forensic psychiatric treatment, which may contribute to the perception among clinicians that, in cases involving a long combined sentence, forensic psychiatric treatment takes longer. The figures further suggest that the subsequent steps in the treatment process align more closely between forensic psychiatric patients with long and short combined sentences. This concerns the later leave stages, the conditional termination and the final termination of the tbs measure. However, further research is needed into the a priori differences between the two groups of forensic psychiatric patients imposed a tbs measure. It can also not be predicted how long forensic psychiatric patients with a long prison sentence would have taken to complete their treatment in the absence of that long prison sentence. That multiple factors, beyond the length of the prison sentence, influence treatment duration is also evident from other research into the treatment duration of forensic psychiatric patients imposed a tbs measure. These studies show that, in addition to detention duration, the problems present are associated with the length of forensic psychiatric treatment.

As noted, there is currently an acute capacity shortage in the forensic psychiatric system (as in the prison system). This gives rise to rule-of-law concerns; among others, judges have repeatedly called on the Dutch government to address the capacity issue. A solution to the challenges surrounding long combined sentences cannot be found without taking the capacity problem into account. Although capacity constraints are not the main subject of the present study, the researchers urge the government to increase and/or relieve the capacity of the various providers of forensic care (forensic mental hospitals, follow-up care, and supported living facilities), so that potential solutions for forensic psychiatric patients imposed a tbs measure with long combined sentences can be implemented more effectively.

Wetenschappelijk Onderzoek- en Datacentrum

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