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ARTICLE

Meetings between victims and offenders suffering from a mental disorder in forensic mental health facilities: a qualitative exploration of their subjective experiences

Mariëtte van Denderen and Michiel van der Wolf*

Abstract

Most studies about victim-offender meetings have been performed within prison populations, with little reference to offenders diagnosed with mental disorders. In establishing the effects of such meetings, these studies often use quantitative measures. Little is known about meetings between victims and offenders with mental disorders and about the more qualitative subjective experiences of the participants regarding these meetings. In this interview study, we inquired into the subjective experiences of sixteen participants in victim-offender meetings, six of whom are victims and ten offenders of severe crimes, currently residing in forensic mental health facilities. Topics of the interviews included benefits of the meeting and perceptions of each other prior to and after the meeting. Important benefits that participants experienced from meeting each other were reconnecting with family, processing the offence and contributing to each other's well-being. Such benefits are comparable to those mentioned in studies on meetings with offenders without a mental disorder, challenging the practice that mentally disordered offenders are often excluded from such meetings. Most victims experienced a positive change in perception of the offender owing to the meeting. They perceived the offender as a human being and associated him less exclusively with his offence. Implications for clinical practice are addressed.

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1 Introduction

1.1 Dutch forensic mental health and restorative justice

Offenders who reside in Dutch high-security forensic mental health facilities are referred to as patients. Their placement in such a facility is based on the fact that they have committed a severe (sexually) violent offence, and owing to their psychopathology were assessed as bearing no or diminished criminal responsibility for the offence, as well as posing a high risk of reoffending. In these facilities, patients are being treated in order to reduce this risk. These patients suffer from a wide range of mental disorders, such as personality disorders, schizophrenia and other psychotic disorders, developmental disorders, or anxiety and mood disorders. The relatively high prevalence of patients with personality disorders in Dutch forensic mental health services is explained by the fact that diminished responsibility is also an entrance criterion for this order of entrustment (Jehle et al., 2021). Their offences are severe (e.g. homicide, sexual abuse, threat against life), and their stay in a forensic facility often takes years.

In committing their criminal act, offenders have caused mental, emotional, physical, financial harm or a combination thereof to victims and/or, in the case of homicide, bereaved family members (Van Denderen et al., 2020). In prisons, and more recently also in forensic mental health facilities, increased attention is being paid to the possible benefits of contact between victims and offenders under the influence of the restorative justice movement (Cook, 2019; Cook et al., 2015; Drennan, & Cooper, 2018; Power, 2017; Tapp et al., 2020; Van Denderen et al., 2020). Restorative justice is an approach to crime that provides victims, offenders and others involved with more influence on the way the consequences of the offence are dealt with (Latimer et al., 2005; Sherman et al., 2015). Restorative justice practices include victim-offender mediation, (family-)group conferences and victim awareness programmes (Baglivio & Jackowski, 2015). Victim-offender mediation is a form of face-to-face dialogue, in which there is a focus on discussing the impact of the offence and finding ways to repair the harm (Abrams et al., 2006). Restorative justice practices may take place at different moments in the judicial stage, such as shortly after the crime (pre-sentencing), as an alternative for or addition to criminal prosecution, or post sentencing, for example during the execution of a prison sentence or the stay in a forensic facility, years after the crime (Latimer et al., 2005; Van Camp & Wemmers, 2016). In the context of this study, we use a broader definition of meetings, compared with mediation. We define a meeting as a face-to-face dialogue between a victim and offender, which could be restorative in nature but is not necessarily about the impact of the offence or ways to repair the harm.

1.2 Research about victim-offender contact

Studies about victim-offender meetings predominantly report positive results. For victims, meeting the offender is found to be associated with fewer post-traumatic stress disorder (PTSD) symptoms, anger, fear and revenge (Angel et al., 2014; Strang et al., 2006) and more insight into the circumstances that led to the crime (Steketee et al., 2006; Strang et al., 2006). In an interview study among victims of minor to moderate offences committed by juveniles, it was found that the meeting helped some victims to 'put their victimisation behind them' (p. 537) and rendered (unspecified) psychological benefits. Some victims, however, felt worse or more fearful after meeting the offender (Wemmers & Cyr, 2005).

For offenders, meeting the victim is associated with increased insight into the consequences of their actions for the victims (Steketee et al., 2006), the scope of these consequences (extending to the victims' family) (Choi et al., 2011) and reduced reoffending rates (Jonas-van Dijk et al., 2019). However, some other studies did not confirm these positive findings. For example, a systematic review about restorative justice programmes for juvenile offenders, offered as an alternative to court proceedings, showed no differences when compared with normal court procedures on a variety of measures, such as reoffending rates, remorse and recognition of wrongdoing (Livingstone et al., 2013).

1.3 Victim-offender meetings in forensic mental health facilities

Knowledge about the subjective experiences of victims and offenders regarding these meetings is scarce, especially in cases where the offender has a mental disorder (Burns, 2014; Cook et al., 2015; Dworkin, 2014). Most relevant studies do not report whether any of the offenders in the study have a mental disorder. It is unknown whether this is because the offenders in the study are simply not suffering from a mental disorder or whether offenders with mental disorders are excluded from participation. This could also be established indirectly, for example because they are too easily considered to lack the required capacities or to pose a risk of secondary victimisation of the other party and are therefore excluded. Studies that do report inclusion criteria mention the importance of being capable of admitting responsibility (Quinn & Simpson, 2013; Wemmers & Cyr, 2005), communicating moral values (Presser & Van Voorhis, 2002) or of expressing remorse (Collins, 2004). Offenders suffering from a mental disorder may be considered less able to take responsibility for their acts, as they are often considered in court to be not fully criminally responsible for their offence (Garner & Hafemeister, 2003). However, despite diminished responsibility in the legal context, generally in the treatment context, taking responsibility for the offence is supported as a protective factor. The ability to take responsibility in the latter sense is also greatly dependent on the type of psychopathology. It has been suggested that taking emotional or moral responsibility may be difficult for a small group of offenders suffering from a mental disorder, for example for offenders who were severely psychotic during the crime, but it might be possible for offenders with a mental disorder in general (Drennan, 2018). There are signs that the introduction of restorative justice practices within forensic mental health is on the rise (Drennan & Swanepoel, 2021). However, as there is limited evidence to support or dispute the idea that

mental disorders among offenders can be assumed to impact adversely on their capacity to tolerate or participate in restorative justice interventions (Cook et al., 2015), this may slow the process down.

To the best of our knowledge, there are only two qualitative empirical studies on contact between victims and offenders suffering from a mental disorder. In an English forensic mental health facility, experiences with supporting victim-offender contact in cases of violent behaviour towards victims and staff members in the clinic were examined by interviewing two victims, two offenders and eight professionals who facilitated the meetings (Cook et al., 2015). Of the ten cases, six did not result in contact, two resulted in individual preparatory work with either the victim or the offender, and two resulted in face-to-face contact (this concerned violence by offenders against staff members in the clinic). The interviews showed some indications of positive effects. One victim who initially felt helpless said that he began to feel 'less of a victim' during the intervention (Cook et al., 2015: 520). Staff members indicated that the meeting not only appealed to personal values but also matched therapeutic goals, such as offenders taking responsibility for their actions. A Dutch study examined decision-making processes and outcomes of contact between patients and victims of the offence for which they were convicted. Staff members from three forensic mental health facilities that had facilitated the contact were interviewed (Van Denderen et al., 2020). Benefits of victim-offender contact observed by staff members were expressing regret, gaining insight into the circumstances that led to the offence, receiving answers, restoring family ties (in case the victim and offender were relatives), and expressing the emotional consequences of the crime (Van Denderen et al., 2020). As these studies focus mainly or completely on the observations of facilitating staff members, more qualitative research is needed into how victims and offenders directly perceive contact with each other and what they gain from meeting each other. In the case of offenders suffering from a mental disorder, such research would also focus on how the disorder influences the contact and what is nevertheless possible (Drennan et al., 2015).

1.4 The influence of a meeting on the participants' perceptions of each other

An interesting perspective with regard to researching victim-offender meetings related to the concept of identity is that of a possible change of perception that participants have of each other. People have several roles in their lives, as parents, students, neighbours or employees (Goffman, 1961). These different roles are all elements of someone's identity (Pemberton, 2019). By being incarcerated in a prison or forensic mental health facility, offenders become deprived of certain roles, such as that of father and husband (Capps, 2015), while their identity as offender is being emphasised (Goffman, 1961). Victims, on the other hand, have to come to terms with their experience of being violated. Such an experience may challenge or change one's identity and the way victims perceive themselves (Pemberton, 2019; Pemberton et al., 2019; Shapland, 2016). Coping with victimisation relies heavily on how victims make sense of the crime and victimisation, which has to be internalised in their identity (Pemberton et al., 2019).

Criminal justice systems might emphasise the identity of someone as a victim or an offender (Vogelvang, 2009). For victims, the long procedures and decision-making processes in criminal law, in addition to complex legal language, may actually hinder them from dealing with the offence (Stuart, 1994). Therefore, going through the criminal process may even strengthen victimisation to the extent that it can become central to someone's identity. Some authors have suggested that restorative justice practices, such as meetings between victims and offenders, might help people to change the perception they have of themselves and perhaps aid in preventing the participants in the meeting from seeing themselves primarily as (ex) perpetrator and as (ex) victim (Vogelvang, 2009). Other authors take it a step further and suggest that by a meeting, victims and offenders also have the opportunity to see each other differently (Oudejans & Pemberton, 2019). In the literature on restorative justice practices, it has been suggested that this may be related to the extent to which victims and offenders are willing to achieve restorative goals (Suzuki, 2020). It has also been suggested that by seeing each other differently, restorative practices have a destigmatising effect (Dworkin, 2014). It has also been linked to social identity theory; by being involved in supportive relationships, people establish new reference groups and replace former identities with new ones (Thomas et al., 2019). It is general sociological knowledge that stereotypical perceptions are maintained in situations in which there is little or no interaction between people. Once people become more acquainted, stereotypical views may become nuanced through sympathy or understanding (Goffman, 1971). Following this line of reasoning, we hypothesised that after their meeting victims and offenders will perceive each other more positively.

1.5 The present study: aim and research questions

In this interview study, we aimed to provide insight into the subjective experiences of victims and offenders with a mental disorder regarding their meeting. As mentioned, we use the term *victim* to also refer to bereaved individuals, in cases of homicide. We addressed the following questions:

- 1 How did participants evaluate the meeting?
 - 1.1 What was the participants' goal of the meeting?
 - 1.2 What were the participants' expectations about the meeting, and were their expectations met?
 - 1.3 How did the meeting go?
 - 1.4 What did participants gain from meeting each other?
- 2 Did the meeting change the participants' perception of the other, and in what way?
- 3 Did the offender's mental disorder influence the meeting, and, if so, how?

2 Method

2.1 Setting

The study was conducted in two high-security forensic mental health facilities in the Netherlands.¹ As mentioned, all offenders in such facilities have been convicted of severe crimes, such as sexual offences, severe violence and (attempted) homicide and were considered to have a degree of diminished responsibility for their offence owing to psychopathology at the time of the offence. In Dutch forensic mental health facilities, the most prevalent types of diagnoses are personality disorders (70%), schizophrenia and other psychotic disorders (30%) and intellectual developmental disorder (21%), with high levels of comorbidity (Van Nieuwenhuizen et al., 2011). The average length of stay in such a facility is eight years. Most offenders reside in prison for several years, prior to their treatment in a forensic clinic (Senn et al., 2020).

2.2 Participants

The design of this study is qualitative and exploratory, given the small sample of sixteen adult participants, of which ten were offenders (all male), referred to as offender-participants, and six were victims. Of the six victims, three were directly victimised (all female) and three were bereaved individuals (two males, one female) and hence referred to as victim-participants. The sixteen participants were related to eleven unique offences. In four cases, the victim and offender of the same offence were interviewed.² Regarding the other offences, only the victim or the offender was interviewed. The ten offender-participants were between 26 and 63 years of age ($M = 44.8$, $SD = 9.5$ years), and the victim-participants between 24 and 71 years of age ($M = 43.2$, $SD = 20.3$). The time span between the offence and the meeting varied between almost immediately after the offence and 13 years ($M = 5.5$, $SD = 3.5$ years).³

The type of offence, psychopathology of the offender and relationship between victim and offender varied widely and are displayed in Table 1. All but one of the participants had a Dutch nationality. The relationship between victim and offender was characterised as a (problematic) family bond ($n = 9$), (superficial) in-law ($n = 4$), vague acquaintance ($n = 1$) or strangers prior to the offence ($n = 2$). The victim-participants in this study were all victims of the offence for which the offender was convicted and committed to the forensic mental health facility. The majority of the victims were female, and we therefore generally refer to victims as 'she' and 'her'.

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2 In one of those cases, three participants, namely the offender and two bereaved individuals, were related to the same case.

3 In two cases where the crimes lasted for years, such as repeated sexual abuse, we counted from the last year in which the abuse took place. In one case, related to two participants, the victim and the offender met three times. When calculating the time span between the offence and the meeting we used the average of those years. In two cases, family contact started directly after the offence.

Table 1 *Characteristics of the participants*

Type	Category	Subcategory	N	n
Offender			10	
Victim			6	
	Direct victim			3
	Bereaved individual			3
Relation between victim and offender	Family		9	
	In-law		4	
	Acquaintances		1	
	Strangers		2	
Type of offence	(Attempted) homicide or manslaughter		6	
	Sexual offence		5	
	Theft		1	
	(Attempted) assault		4	
	Criminal threat (to life)		1	
	Destruction of property		2	
	Burglary		1	
Psychopathology of the offender#	Personality disorder		6	
		Antisocial		2
		Narcissistic		1
		Other		3
	Schizophrenia and other psychotic disorder		6	
	Intellectual developmental disorder		3	
	Attention deficit disorder		1	
	Paraphilic disorder		2	

Note: # Some offenders are diagnosed with multiple mental disorders or were convicted for several crimes at once (for example, theft and abuse). Numbers, therefore, do not always add up to the total number of cases.

As can be seen in Table 1, the most reported types of mental disorders among offenders were psychotic disorders and personality disorders. The most reported types of crime were (attempted) homicide or manslaughter and (hands-on) sexual offences.

In Table 2, the characteristics of the individual participants are reported.

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Table 2 *Characteristics of the cases*

	Case number	Type of	Gender	Relation	Offence*	Main disorder**	Time span between offence and meeting ±
Offences for which either the victim or the offender was interviewed							
5 [#]	104	Victim	Female	Family: mother of the offender	Criminal threat		5 years
4	103	Offender	Male	Vague acquaintance	Theft, abuse	Antisocial personality disorder	4 years
6 [#]	105	Offender	Male	Family: son of the victim	Attempted severe assault		4 years
9 [#]	106	Offender	Male	Family: son of the victim	Assault, burglary, destruction	Unspecified	Immediately ¹
10 [#]	107	Offender	Male	Family: son of the victim	(Attempted) severe assault, destruction of property		Immediately ²
13	109	Offender	Male	Ex-partner of the victim		Personality disorder Not otherwise specified, with antisocial, borderline and narcissistic traits	
1	100	Offender	Male	Family: father of the victim	Rape (multiple times)	Pedophilic disorder	4 years
Offences for which both the victim and the offender were interviewed							
3	102	Victim	Female	Unknown offender	Rape, deprivation of liberty and destruction of property		3 years
7	102	Offender	Male	Unknown victim	Rape, deprivation of liberty and destruction of property		3 years

Table 2 (Continued)

	Case number	Type of	Gender	Relation	Offence*	Main disorder**	Time span between offence and meeting ±
8 [#]	101	Victim (bereaved individual)	Male	Family: son of the offender			7 years
2 [#]	101	Offender	Male	Family: father of the bereaved individual			7 years
16 [#]	110	Victim	Female	Family: daughter of the offender	Rape (multiple times)		7 years
15 [#]	110	Offender	Male	Family: father of the victim	Rape (multiple times)	Paraphilic disorder, other specified personality disorder with narcissistic, borderline and histrionic traits	7 years
11 [¥]	108	Victim (bereaved individual)	Male	In-law: (ex) father-in-law of the offender			5 years (for meeting 1 and 2) and 13 years (for meeting 3)
14	108	Victim (bereaved individual)	Female	In-law: sister-in-law of the offender			13 years
12 [¥]	108	Offender	Male	Ex-partner of the victim		Narcissistic personality disorder	5 years (for meeting 1 and 2) and 13 years (for meeting 3)

Note. [^] First, cases are reported in which either the victim or the offender participated in the study (those with different case numbers). Then, cases are reported in which both the victim and the offender of the same offence were interviewed (those with the same case numbers).

* Most offenders have committed several offences. In this table, only the most severe offence that the offender has committed is reported.

** Only the offenders' main diagnosis or main diagnoses are reported. Other diagnoses, such as substance abuse, are not reported because main diagnoses are most informative in relation to the committed offence. In cases where the victim of an offence is interviewed, and the offender is not a participant in the study, the main disorder of the offender is reported.

± In almost all cases, the offence was committed at one moment. In two cases (participant ID 1, ID 16 and ID 15), the offending behaviour took years. Both cases were of sexual abuse by the father

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of the daughter, which lasted 9 and 10 years. The time between the offence and their contact was calculated from the moment the offence period ended.

¹ The offender and the victim had contact by phone during custody, directly after the offence. One year later, during his stay in the clinic, the offender and the victim had face-to-face contact.

² The offender and the victim had contact immediately after the offence. During his stay in the forensic clinic, it was supervised by a mediation organisation.

Ongoing contact (family related).

¥ Three meetings (in-law).

2.3 Victim-offender meetings in Dutch forensic mental health facilities

Based on the current practice in Dutch forensic mental health facilities, a victim-offender meeting is defined as a face-to-face meeting between the victim and the offender, facilitated by the offender's forensic social worker, a mediator from a neutral mediation organisation⁴ and/or others, such as relatives from either party. A meeting is aimed at fulfilling the needs of both the victim and the offender and is always voluntary. In contrast to certain types of victim-offender mediation, no specific requirements as to the contents of the meeting apply, such as talking about moral values (Presser & Van Voorhis, 2002) or apologising, the impact of the offence, ways to repair the harm (Abrams et al., 2006). In many cases, the meetings did contain one or more of these elements and were restorative in character. The meeting may be either only once or part of multiple get-togethers. The meeting may be initiated by the victim or the offender. The forensic social worker or mediator establishes an inventory of the wishes and expectations of the victim and the offender separately. Decisions about how to proceed (in terms of whether to stay in contact or not and in what way) are made by the treatment team and the facilitator, based also on risk assessment. In some cases there was ongoing family contact. During this study, all meetings took place after the criminal conviction, in all but two cases during the offenders' stay in a forensic mental health facility. In two cases, the offenders were already conditionally and unconditionally discharged from the facility.

2.4 Procedure

Data was collected between March 2019 and January 2021. Forensic social workers of the forensic mental health facility provided us with a list of names of offenders who had met their victim. Before approaching the offenders and the victims, the offenders' clinicians were asked whether the participation of the offender was permitted, considering risks and safety. Offenders were asked to participate in the study by their social worker or psychologist. Victims were approached by a social worker of the facility (in case contact details were known by the social worker) or by an employee of the non-partisan mediation organisation (in case contact details were unknown to the facility). It was not regarded as necessary that both a victim and an offender of the same offence were willing to participate, in order for one of them to be included in the study. In cases in which both a victim and an offender of the same offence participated, the interviews were conducted separately.

Thirteen offenders were asked to participate. Ten participated and three declined (the offender considered participation to be too stressful ($n = 1$), and the

4 The Dutch organisation *Perspectief Herstelbemiddeling* [Perspective restorative mediation].

clinician concerned indicated that the offender's condition was too unstable for participation ($n = 2$). Of the thirteen victims that were asked to participate, only six participated. The rest did not, finding participation too stressful ($n = 2$), they wanted to let the matter rest ($n = 3$), the staff of the forensic mental health facility considered the victim's condition to be too unstable ($n = 1$) and one victim did not respond ($n = 1$). Information about the offenders' offence and mental disorder were obtained from files. The study was approved by the Commission Science Assessment and Ethics of the Faculty of Law of the University of Groningen, the Netherlands. All participants signed an informed consent form before participating in the study.

2.5 Interview

The interviews were semi-structured. Each participant was interviewed once, in most cases years after the meeting. The interview focused on three main time periods: between the offence and the meeting (with questions about the participants' goals, expectations, perceptions and timing), during the meeting (with questions on characteristics and experiences of the meeting) and after the meeting (with questions about perceptions, expectations being met or not and benefits of the meeting). Regarding research question three, we deliberately did not ask participants whether the offenders' disorder influenced the meeting, because we wanted to examine whether the participants would refer to psychopathology directly or indirectly (to certain incapacities, for example) in answering the other questions, without priming them in a certain direction. All interviews were conducted by the first author, either in person or by telephone (in two cases), and were audio recorded and transcribed verbatim.

2.6 Data analysis

To analyse the data and derive meaning from the text, we performed a conventional content analysis on the interviews. This type of design is appropriate for the description of a phenomenon when existing theory is limited (Hsieh & Shannon, 2005). The data was analysed in different steps. First, irrelevant text fragments that were unrelated to the question were removed. Then, open codes were added to the text fragments. Open codes were used to capture the essence in a short phrase or a few words (theme). Duplicate codes and synonyms were removed. We then used axial coding to integrate our findings by making connections between the categories described in the previous phase. In this phase, we described how relevant the relation between themes was and formulated main codes and subcodes. For example, the main code *reconnecting with family members* was supplemented by the subcode *offender was accepted again as father*, as clarification. In coding, both authors were involved, to avoid intersubjectivity.

3 Results

3.1 Characteristics of contact: goals, expectations and timing

‘To have a conversation with the bereaved family was the least I could do, after what I had done.’ (ID 13, offender with a personality disorder, murdered his girlfriend, met with the victim’s sister).

Table 3 *Characteristics of contact*

Feature	Category	N
Who initiated contact	Offender	3
	Victim	11
	Both victim and offender (family)	2
Frequency of contact	Once ^a	6
	Three times ^b	2
	Ongoing family contact	8
Goal of contact ^c	Restore family contact [#]	7
	Move on [#]	3
	Offer apology [¥]	2
	Help the victim [¥]	2
	Fulfil an inner, moral, obligation [¥]	4
	Ask questions [‡]	3
	Instinctive reason [‡]	2

Note: ^aWhen victim and offender met once, they were acquaintances/strangers to each other ($n = 3$), family in-law ($n = 2$) or family members ($n = 1$).

^bVictim and offender were in-law family members of each other.

^cThe presented goals of contact in this table were reported several times (by two or more participants). Goals that were reported once by victim-participants were: because of the wish of the offender, to eliminate emotionlessness, wanting to know how the offender was doing, and to tell the offender that the victim forgave him. Goals that were reported once by offender-participants were: to hear about the impact of the crime and to explain the circumstances of the crime personally.

^{#¥‡} These goals were reported by both victims and offenders ([#]), only by offenders ([¥]) or only by victims ([‡]).

As Table 3 shows, victims initiated contact more often than offenders. However, in some of the cases in which the victim took the initiative, the offender also wanted to reach out for contact but was too afraid to do so ($n = 1$), waited for the victim to be ready ($n = 1$), or the victim had refused the first initiative by the offender ($n = 2$). Frequency of contact varied from ongoing family contact to meeting only once.

3.1.1 Goals

The most frequently reported goal of meeting was to restore family contact. In some cases, this need was more pressing because of the lack of contact with other family members. A daughter, for example, who had been sexually abused by her father stated: 'I have a bad relationship with my mother. If I had a loving relation with my mother, I would never have wanted to see my father again. Actually, then I would only want to speak to him once, to tell him what he has done to me. But since I don't speak to my mother, the situation is different. Everybody needs to share things of their life with their parents. I feel that need. At the end of the day, I want to call my father and tell him about my day.' (ID 16, victim of sexual violence, meeting with her father). Victims and offenders both reported the goal of being able to move on. A father who sexually abused his daughter for years (the offender referred to in the previous quote) said: 'I hope to hear from her about nice things she is doing in her life. I have been waiting for that, actually, hoping for that secretly. If she makes something of her life, that would give me space to live on, try to make something of myself.' (ID 15, offender with paraphilic disorder, sexual offence, meeting with his daughter). Some offenders felt a moral obligation to get in touch with their victim, as was illustrated by the quote at the beginning of Section 3.1.

3.1.2 Expectations

Six participants had no distinct expectations about the meeting. Some offender-participants expected that the meeting would be the beginning of recovery of regular contact. Other offender-participants expected that the victim would be angry, that it would be hard or tense, or were in doubt as to whether the victim was interested in meeting or not. Several victim-participants reported negative expectations about the meeting, such as fear of escalation, misunderstanding of the impact of the offence, an uninterested offender, or an offender who was incapable of functioning normally because of his mental disorder.

3.1.3 Timing of contact

'At that time, I was quite far in my treatment. I had presented my offence scenario to my therapists and parents. That was intense. Because I already had done something that intense, I knew I could speak with the victim.' (ID 13, offender with a personality disorder, murdered his girlfriend, met the victim's sister).

In case the participant did not initiate the meeting themselves, they were asked whether they were ready for a meeting at that particular moment. The participants' responses were classified into the following three theme categories: *immediately ready*, *not at first but later* (sometimes after years) and *not ready*; nevertheless, they agreed on meeting. The first theme, *immediately ready*, was applicable in four cases of family ties. Contact started immediately after the crime, during the offenders' stay in custody. Sometimes it started for functional reasons, because the offender needed money or clothes, or because the offender (son) and the victim (mother) missed each other. In two other cases of family ties, the offender was also ready but waited for the victim to be ready for contact.

The second response, *not at first but later*, was reported by five offenders and five victims. As reasons for the delay in readiness, offenders reported that they first had to process the offence themselves, were too afraid to ask the victim for contact or first wanted to focus on their treatment. In two cases, the clinic advised temporarily against a meeting because of the phase of the offenders' treatment. Victims reported that they did not feel the need for a meeting at first, perceived the actions of the offender as unfathomable, waited for their partner to be ready for a meeting, hesitated, or felt resistant, because of the lies of the offender. In one case the victim reported that she did not want to improve the offender's 'image' in the court deciding on prolongation of commitment, by having contact with his victim. In these cases, it sometimes took years for the offenders and the victims to be ready to meet each other.

Offenders explained their eventual readiness by feeling a moral obligation, reaching agreement on preconditions or progressing in their treatment. One offender reported that it took years before he was ready, during which he heard about the impact of his offence on the victim by a third person. A flyer in the forensic facility about victim-offender meetings gave him the final 'push' to make the decision to meet the victim. Similarly, three victims reported that it took years before they were ready, during which time they went through a process of acceptance, personal development or therapy. One victim reported that through therapy she realised that the offence was not her fault and that the offender no longer had power over her. A son whose father murdered a family member missed him and wanted answers. After a process of years, a woman whose sibling was murdered by her boyfriend wanted to tell him that she forgave him and wanted to see the offender for more than his crime in a sense that she associated him less exclusively with his offence.

Two offenders and one victim reported *not to be ready for contact* but, nevertheless, agreed to meet. Two offenders felt not ready for contact with the victim at all but did agree to fulfil the victims' wishes as contact might help them, and they felt morally obliged to do so. In both cases, the offenders also thought it could benefit themselves, even when experiencing the meeting as difficult. One victim was not ready for contact with her son because of the trauma he had caused her. While still not ready and fearful of the offender, she did agree on meeting because she wanted to fulfil the wish of her son (the offender) and other family members to reunite.

3.2 *The meeting*

The participants reported extensively on their meeting with each other, as well as the preparatory period. In many cases, the offender apologised, they talked about the (consequences of the) offence next to more general conversation, the victim asked questions, or the victim and the offender made agreements, for example about how to act in case they had an unexpected encounter in the future. Most of the questions that the victims had were about the circumstances of the offence, for example whether the victim was chosen randomly, and about the daily activities of the offender.

Some experiences were mentioned less often yet were noticeable. For example, some offenders felt recognition or understanding from the victim, either related to the offence or to their position during the meeting. This made one offender, who had abused an acquaintance, feel uncomfortable: 'I told him that I had lost my house and money and that I was looking for help. The victim said that he understood that I committed this offence. I felt a little understanding. That was very strange to hear, even now. Actually, I tried to avoid that part of the conversation. I don't need understanding for a bad act that I have committed, understanding does not alter the fact that he suffered much.' (ID 4, offender with a personality disorder, theft and abuse, who met the victim, an acquaintance of his).

Only one offender, a father who had sexually abused his daughter for years, was primarily negative about the meeting. He knew in advance that she wanted only one meeting and no further contact. Nevertheless, he had expected a reconnection with her because of the name of the mediating organisation, which included the term 'recovery mediation'. Despite previous agreements, he also thought it was unfair that he was not allowed to respond to her statements during their meeting.

In general, victims evaluated the contact not solely as positive or negative but were nuanced. A mother having continued contact with her son who abused her reported, for example, that she was happy that she could now give her son renewed contact with his family members, but still felt afraid of new violent behaviour against her. A woman who was sexually abused by a stranger reported that, on the one hand, she forgave him, while, on the other hand, noted: 'He has been in a lot more pain and sorrow than I have, he was much more scared. Somehow, that gives me a bit of satisfaction.' (ID 3, victim of sexual violence, contact with a stranger).

3.3 Did the meeting fulfil the participants' expectations?

Participants were asked whether the meeting had fulfilled their prior expectations. Victim- and offender responses could be classified into five themes: *yes, more than expected, different than expected, partly* and *no*. The response *yes* was reported by five offenders as they reconnected with their family member (the victim). One victim, a father whose daughter was murdered, felt totally unemotional regarding the offender. His goal was to connect with his feelings. When the offender cried during the meeting and was comforted by the mediator, the victim became very angry. In connecting with his emotions, the meeting fulfilled his expectations. An example of the response *more than expected* (reported by four offenders, one victim) was an offender who stated that meeting the victim, a vague acquaintance, was easier than expected. An offender who had abused his mother reported that he realised how much he missed physical contact with her.

A victim and an offender who were related to the same (sexual) offence, both replied that the meeting brought something *different than expected*. The offender reported that, contrary to what he had expected, the victim was not angry at him. The victim reported that she did not gain answers to her questions, because the offender did not remember everything. However, his interest in her well-being was unexpected, and she had heard that the offender feared repercussions from her: 'He thought my father was a policeman. Therefore, he was really scared of my

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family and me. Yes, really bizarre, if I had known that earlier, I probably would have been less afraid of him.’ (ID 3, victim of sexual violence, met with a stranger).

A daughter who was sexually abused by her father exemplified the response *partly*. She reported that even though contact with him was restored, their contact was still not normal. Because of the comments he made, she felt that he did not fully understand the impact of his behaviour.

Three participants (two victims, one offender) responded that the meeting did *not* meet their expectations as it did not lead to renewed family contact. A mother responded, for example, that she remained hesitant and anxious during meeting(s) and would never have a normal mother-son bond.

3.4 *The most important thing that participants gained from contact*

If I hadn’t had this conversation, I just would have always wondered ‘how does she feel now, is she afraid on the street’, things like that. (ID 7, offender with a psychotic disorder, sexual violence, met with a stranger).

Participants were asked what they considered the most important thing that they gained from meeting each other. As can be seen in Table 4, four response-themes were reported by both victims and offenders: *reconnecting with family*, *processing the offence*, *contributing to each other’s well-being* and *self-confidence*. As the first type of response was prevalent in cases of family ties, the latter three responses were reported by in-laws, acquaintances and strangers.

A noteworthy finding is that contributing to the well-being of the victim was reported by half of the offenders as the most important thing that they gained from contact. As can be seen in the row of subthemes (in Table 4), this is exemplified as helping the victim move on with their life and providing answers for the victim and making them less fearful. It may be argued that contributing to the victims’ well-being also makes the offenders feel better. One offender actually reported that he could better process the offence because the meeting contributed to the victim’s well-being.

Two victims and two offenders reported that the meeting helped them process the offence. One offender explained it thus: ‘After the conversation, I could just let it rest, give it a place. My heart doesn’t beat as fast, I don’t think much about the offence any more, things like that. It just gave me peace of mind.’ (ID 7, offender with a psychotic disorder, sexual violence, met a stranger). The same offender reported that shaking hands with the victim was important for him. ‘When she came in, she didn’t shake my hand, maybe because she wasn’t ready for that or because she was still angry. After the conversation, she shook my hand and I said sorry. That made me feel good.’

Table 4 *What did participants gain from meeting each other?*

Offenders		Victims	
Main themes (N)* (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
Reconnecting with family (5) (pn 2, 6, 9, 10, 15)	Offender was accepted again as a father by his children (pn 2) Offender showed better commitment to treatment because of contact with children (pn 2) Physical contact with mother is important Important to be able to take care of mother	Reconnecting with family (2) (pn 8, 16)	Sharing things with father
Processing the offence (2) (pn 7, 15)	Because contact contributed to the victim's well-being Shaking hands with the victim was important	Processing the offence (2) (pn 11, 14)	Brought peace of mind Started conversations with relatives about the offender
Contributing to the well-being of the victim (5) (pn 1, 4, 7, 12, 15)	Victim could personally tell about the consequences of the crime Victim can move on with his/her life Feeling that victim is no longer scared of the offender Provide answers to the victim's questions To be there for the offender's daughter	Contributing to the well-being of the offender (1) (pn 5)	Offender can reconnect with other family members
Self-confidence (1) (pn 4)	Proud to have had contact with the victim	Self-confidence (2) (pn 11, 16)	
Fulfil a moral obligation (2) (pn 12, 13)		Less fear of the offender (3) (pn 3, 11, 16) Different perception of the offender (3) (pn 3, 11, 16)	In case of an unexpected confrontation Did not appear to be a monster More than just an offender

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Table 4 (Continued)

Offenders		Victims	
Main themes (N)* (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
		Affirmation of victim's innocence (1) (pn 16)	
		Contact facilitated forgiveness (1) (pn 3)	Brought peace of mind
		Better understanding of things (1) (pn 16)	Being able to discuss the past is helpful

* *Note.* The themes and subthemes that are presented in Tables 4-6 are divided into two columns, one for offender-participants and the other for victim-participants. Themes that are similarly reported by victims and offenders are presented first, followed by themes that differed between victims and offenders. A theme in the offender-column may represent the offender's thoughts about the opinion of the victim, while a theme in the victim-column represents the victims' thoughts about the offenders' thoughts. Our goal was not to verify such statements. In such cases, comments about the other party are always placed in the column of the person who made the comment. These comments should be interpreted in light of who made the statement.

Two other frequently reported responses by victims (by three of the six victims) were that after the meeting they experienced less fear of the offender and perceived him differently (see Section 3.6 about changed perceptions).

3.5 *Participants' perceptions of each other prior to and after the meeting*

Yes, I think he will always remain sick in the head. I don't believe he can get better, or be cured. But he is not as crazy as I thought. In principle, he is just a person with feelings, and yes, he has a limitation. (ID 3, victim of sexual violence, contact with a stranger).

Participants were asked what their perception of the other was prior to and after the meeting. Not every offender-participant was able to report about perceptions. Instead, they answered how frequently or infrequently they thought about the victim. The perception of the other participants is reported in Table 5. The offenders' perception of their victims is overwhelmingly positive prior to the meeting and remains so after the meeting. Half of the victims have predominantly negative perceptions of the offender prior to the meeting (such as insane, a monster or uninterested). The other victims have both a negative *and* a positive perception about the offender, which can be summarised thus: the victim perceives the actions of the offender as unfathomable but also feels forgiving towards him. These participants are related to the offender by a(n) (in-law) family bond. Two of them reported that they are forgiving by nature, which extends towards the offender.

Table 5 *Participants' perception of and attitude towards the other one, prior to and after the meeting*

Offenders		Victims	
Main themes (N) (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
Prior to the meeting			
Victims are strong (1) (pn 12)	Because of their coping strategy	Forgiving (2) (pn 11, 14)	Because of victim's own personality
Compassionate (2) (pn 10, 4)	Owing to impact of offence on victim Owing to family problems		After spiritual development After process of years
Interested in victims' well-being (3) (pn 4, 7, 15)		Uninterested offender (1) (pn 3)	
		(Legally or chronically) insane (2) (pn 3, 11)	Because of mental disorder
		A monster (2) (pn 3, 16)	
		Hateful and loving (1) (pn 16)	Offender is also a good father
		Hateful and aversive (1) (pn 5)	
		Not positive (1) (pn 8)	Offender did not exist for victim
		Unfathomable (2) (pn 8, 14)	
After the meeting			
Respectful (3) (pn 2, 15, 4)	About victims' coping with the crime About victims' willingness to meet	Respectful (2) (pn 11, 14)	About offenders' self-development About his embedding in society and thereby lower chance of recidivism
Peaceful (1) (pn 2)	Victims were not as aggressive as expected	More humane (4) (pn 3, 8, 11, 16)	See the offender for more than his crime
First labile, now strong (1) (pn 13)			Offence obscured the offender's human side
Damaged (1) (pn 15)	Realisation during the meeting		Offender is no longer a monster but a human with feelings and a mental disorder
	Realisation that not everything can be restored	Also a victim (1) (pn 16)	Offender is also a victim of a problematic upbringing

Table 5 (Continued)

Offenders		Victims	
Main themes (N) (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
Strong (1) (pn 4)	Because of participation in victim-offender meeting	Potentially dangerous (1) (pn 5)	Permanent fear of recidivism
Closer family bond (3) (pn 6, 2, 9)		Helpless (1) (pn 16) Responsible for crime (1) (pn 16)	By higher visit frequency, fear of recidivism (ongoing family contact) Offender needs help

After the meeting, all but one of the victims had a different, more positive, perception of the offender. Four victims reported that they perceived the offender as more humane and see him for more than his offence. Only one victim continues to have a negative perception of the offender. This mother, who was abused and threatened by her son with schizophrenia, remains afraid of recidivism. Keeping contact with him is not a personal need but mainly for the sake of his well-being and to be able to facilitate his contact with other family members.

Overall, offenders have a positive perception of their victims prior to the meeting (strong, compassionate), as well as after the meeting (strong, respectful). One offender, a father who sexually abused his daughter, reported that the meeting helped him see how damaged his daughter was. In a case of ongoing family contact, in which both the offender (a father) and the victim (son) were interviewed about the same crime, the offender reported that his child began to say *dad* again. This motivated him to get well, since he could be a better father outside the clinic than inside.

3.6 Influence of the offenders' mental disorder on the contact

When I heard about meeting the offender, I thought it was not relevant for me. That is only suitable for offenders who are normal. Not in my situation, because I thought he was completely crazy (ID 3, victim of sexual violence, contact with a stranger).

More than half of the participants referred to the offenders' mental disorder during the interview: half of the offender-participants and a majority of the victim-participants. Table 6 reports the themes and subthemes in the responses touching on the influence of the offenders' mental disorder on the meeting.

Table 6 *Influence of the offenders' mental disorder on the contact*

Offenders		Victims	
Main themes (N) (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
Prior to the meeting			
Impacted (family) bond (1) (pn 6)	Bad relationship because of drug abuse	Impacted (family) bond (1) (pn 5)	
Accountability of the offender (1) (pn 6)	Victim was forgiving because of disorder	Accountability of the offender (1), (pn 11)	Victim finds offender less accountable because of disorder
Timing of meeting (1) (pn 13)	Cause of offence first subject in therapy	Timing of meeting (1) (pn 11)	Clinic temporarily refused contact because of offender's phase in treatment
Cause of the offence (3) (pn 6, 7, 10)	Offender did not recognise his mother during offence	Perception of the offender (1) (pn 3)	Offender seen as continuously crazy
	Offender was confused	Feelings of guilt (1) (pn 5)	Offender needed help earlier
Little thought of victim (1) (pn 6)	Because offender was confused	Expectations about meeting (1) (pn 3)	Offender not able to function normally
Goal of contact with victim (1) (pn 7)	To explain the offenders' mental state to the victim	Suitability for meeting (1) (pn 3)	Meeting not appropriate for offenders suffering from a mental disorder
During the meeting			
Topics discussed (1) (pn 4)	Offender explained circumstances of the offence	Perceived sincerity of regret (2) (pn 3, 16)	Doubts because of lack of recollection
Timing of meeting in ongoing family contact (1) (pn 10)	Clinic advised temporary break because of relapse in drug use	Topics discussed (1) (pn 5)	Offence not discussed because offender will give disorder as reason
Understanding of the victim (1) (pn 4)	For the circumstances of the crime	Offender has limited coping ability (1) (pn 5)	Contact gives offender too many stimuli
After the meeting			
Perception of oneself (1) (pn 6)	Disorder is permanent	Evaluation of contact (1) (pn 3)	Offender's functioning despite disorder better than expected
	No positive future	Relief that the offender leaves after contact (1) (pn 5)	Permanent fear of recidivism
		Perception about offence (1) (pn 3)	Not committed without disorder

Table 6 (Continued)

Offenders		Victims	
Main themes (N) (participant number)	Subthemes	Main themes (N) (participant number)	Subthemes
		Perception of the offender (3) (pn 3, 11, 16)	Humanising the offender (not a monster) gives peace of mind Offender is a victim of childhood experiences Offender has a tough life Offender will remain ill
		Affirmation of offenders' mental disorder (2) (pn 11, 16)	Affirmation of own innocence Offender is born this way Offender needs help

As can be seen in Table 6, offenders and victims refer to this influence prior to, during and after the meeting. The offenders' disorder influenced the victims' perception of the accountability of the offender (seen as less accountable), of the offender himself (seen as continuously crazy) and of the suitability of a meeting (not appropriate because of mental disorder). During the meeting it influenced the perceived sincerity of the offenders' regret (doubtful) and the topics discussed. A victim reported: 'I never asked him why he did it. He will say yes, I am ill. But I think, I am also ill sometimes, but I also don't hit anyone. When you ask him why, he doesn't know. He did it all during a psychosis. Then you don't know what you're doing' (ID 5, victim of abuse and threat of death, contact with her son).

After the meeting it influenced victims' perception of the circumstances of the offence (committed because of the disorder) and the offender (as more than only an offender). Two victims reported that the meeting affirmed the offenders' mental disorder, which functioned as an affirmation of their own innocence (not their fault). Offenders reported that their disorder influenced the crime (caused the offence), their goal of the meeting (explain their mental state) or perception of themselves (disorder is permanent).

In some cases, the offenders' mental disorder limited the possibilities for the meeting but the limitations were not insurmountable. For instance, the forensic mental health facility advised suspension of the meeting in three cases because the offender had to process the offence first during therapy or because an offender had a relapse in drug use. As such, the disorder influenced the timing of the meeting, and contact with the victim was embedded and timed within the offenders'

treatment. Whether participants referred to the influence of the mental disorder or not was not related to the bond between victim and offender: references about it were made by (in-law) family members, acquaintances and strangers. A minority of the participants (five offenders and two victims) did not refer to the disorder in any way.

4 Discussion

In this study, we aimed to provide insight into the subjective experiences of victims and offenders with a mental disorder who have met each other. To this end, we interviewed ten offenders and six victims about how they evaluated their meeting with each other. The important findings were that participants were overwhelmingly positive or nuanced about their meeting. The meeting was associated with reconnecting with family, processing the offence, contributing to each other's well-being, and self-confidence. Most victims perceived the offenders more positively owing to the meeting.

4.1 *Benefits of contact*

Half of the offenders reported that contributing to the victims' well-being was their most important gain from meeting. It was suggested that increasing the victims' well-being also makes the offenders feel better, for example by worrying less about how the victim is doing. This is consistent with similar findings in other studies on victim-offender meetings (Umbreit et al., 2006). How a meeting may contribute to processing the offence, or closure, often remains somewhat obscure in studies (Presser & Van Voorhis, 2002). When asked to be as specific as possible, victim-participants noted that the meeting facilitated forgiveness, which in turn gave them peace of mind. Being able to discuss the past with the offender as relatives was also helpful. Knowing how the victim was doing caused offenders to worry less and feel physically more at ease.

4.2 *Perception of each other*

The context of penal institutions emphasises that offenders are 'different', unable to change or fundamentally 'bad' (Maruna, 2001; McNeill, 2004). Although that may be somewhat different in a forensic mental health setting, forensic patients are an easily stigmatised group (Goffman, 1963). Restorative justice practices, such as victim-offender meetings, might offer victims and offenders an opportunity to perceive each other differently, but this has not yet been systematically researched. Our study indicated that the perceptions of offenders about their victims were already predominantly positive prior to the meeting and therefore changed less owing to contact in comparison with the perceptions of victims. For most victims, who appeared to have more defined perceptions of the other party than vice versa, their perceptions of the offender became more positive owing to their contact. They perceived the offender as more humane. Whereas at first some victims identified the offender by his criminal act, and one literally spoke of the offender as

‘a monster’, after contact victims reported that they saw the offender for more than his offence, as a human being with feelings.

These findings are consistent with studies that found that meeting with the offender reduced the victim’s fear of the offender (Strang et al., 2006). Other studies found that after a meeting, victims could see the offender as a person rather than as a monster, or in a neutral instead of a violent context (Strang et al., 2006; Tapp et al., 2020; Umbreit et al., 2006; Walters, 2015). Arguably, the positive outcomes may be explained in part by a selection effect. Victims and offenders who meet each other are deemed suitable and ready by the clinic or facilitator, possibly also for a change of perception.

4.3 The influence of the offender’s mental disorder on victim-offender meetings

The offenders in this sample committed severe offences under the influence of mental disorders. Empirical research on meetings between victims and offenders with a mental disorder, or the manner in which the offenders’ disorder impacts contact, is scarce (Cook et al., 2015; Drennan, 2018). In terms of psychopathology, they form a heterogeneous group, consisting of offenders with antisocial personality disorders, schizophrenia and other psychotic disorders, intellectual disabilities, with high levels of comorbidity. As mentioned in Section 1.4, responsibility is a difficult issue, as it has different meanings and functions in the legal-, treatment- and restorative context. Therefore, diminished responsibility in the legal context does not mean that the capacity to take responsibility in the treatment or restorative context is impaired. Regarding the legal context, all but one of the offenders in this sample were found to be with diminished responsibility by the court, the sole (schizophrenic) exception being considered completely criminally irresponsible on account of his mental disorder. Given the reported psychopathology in Table 1, this finding shows that a certain type of disorder is not necessarily linked to a degree of impairment in legal responsibility. Especially related to the legal context, the differences in the legal system also limit the generalisability of research results; however, especially cognitive and psychotic disorders are associated with a possible impact on the decision of legal insanity within Anglo-American criminal justice systems (Knoll & Resnick, 2008). Impaired illness awareness (i.e. in the case of psychotic disorders) or problem awareness (i.e. in the case of personality disorders) may hinder taking responsibility for the offence but not as a general rule (Van Denderen et al., 2020). Clinicians and facilitators should make tailored decisions on whether or how to proceed with a meeting in that respect. The same goes for ‘externalising’ and lack of empathy, as common symptoms in personality disorders, as well as cognitive distortions, are common among pedosexual delinquents (see Hempel, 2013). For example, the offender in our sample who was convicted for a pedosexual crime shared in the interview that the (underaged) victim was also to blame. However, he did not express this in the meeting towards the victim. Offenders can convey their sense of responsibility for the offence by offering an apology, making restitution, acknowledging or repairing the harm they have caused and simply express their responsibility for the crime (Witvliet et al., 2020). In our sample, most offenders did take some responsibility; several offered an apology and acknowledged the

harm they caused. However, several offenders did not fully acknowledge responsibility, as they, for example, refused to pay restitution to the victim or (partly) blamed the offence on others (externalising).

Our study showed that victims and offenders with a mental disorder who committed severe crimes evaluate their meeting overwhelmingly positively. Our results seem to suggest that the mental disorder does indeed influence the meeting but that a meeting can be beneficial for victims and offenders, even in cases where the offender has a mental disorder. More than half of the offenders and victims referred to the influence of the offenders' mental disorder prior to, during and after the meeting. For example, it influenced the timing of the meeting, the victims' perception of the offender and his accountability and the topics discussed. Our study also seemed to confirm the results of a previous study with a forensic population, namely that no types of disorders or offences are found for which contact is ruled out by definition (Van Denderen et al., 2020). On the contrary, the fact that offenders have a mental disorder can lead to questions among victims or can be the reason for contact. As mental disorder, in general, is prone to stigma and prejudiced perceptions (Goffman, 1963), meetings between victims and offenders suffering from a mental disorder offer an opportunity to change such general perceptions, also through psycho-educational elements (Bäumel et al., 2006) that benefit the victim.

4.4 Clinical implications

In case victims and offenders meet each other during the offenders' stay in a forensic facility, the meeting or ongoing contact between family members is always embedded in the offenders' treatment, aimed at reducing recidivism. The question of whether any benefits from these meetings may serve as a proxy for treatment progress can be answered in different ways. In general, offenders stay in a forensic clinic for an average of eight years, during which period the court evaluates the patient's risk of recidivism every one or two years, in order to decide on prolongation of the commitment (Hildebrand, de Ruiter, de Vogel, & van der Wolf, 2002). This decision is based on written and oral advice from the facility, consisting of a structured clinical judgement on the patients' protective- and risk factors. Taking responsibility for the offence is one of the items in risk assessment instruments used in Dutch forensic facilities, even though it is not the most important one when looking at its correlation with recidivism (Spreen et al., 2014). However, engaging in meeting the victim may also serve as a protective factor. For some offenders in our sample, reconnecting with their child or parent (who were victimised in the offence) motivated them to fulfil their role as a father and to be more committed to treatment. The latter is known to be a protective factor, as is having a solid social network (de Vogel et al., 2011). In addition, interventions in prisons for offenders to fulfil their role as fathers are associated with a higher quality of life during imprisonment and (indirectly) with protecting for recidivism (Reef et al., 2018; Reef & Dirkzwager, 2020). It could be recommended that in forensic mental health settings also this aspect is given more attention, through re-establishing contact in cases where children are the victims. Furthermore, the

outcome of being more motivated for treatment is also beneficial for the responsiveness to therapeutic interventions to come.

In a very different way, victim-offender meetings may also provide more insight into existing risk factors of offenders. In one case, an offender with a pedophilic disorder showed limited empathy for his victim during contact. In another case, ongoing contact between an offender and his victimised mother was later assessed by the clinic as a non-beneficial dependency and even a risk factor for delinquent behaviour, leading to his transfer to another facility. This stresses the importance of the need for clinicians in forensic facilities to assess any adverse impact of the meeting not only on victims but also on offenders and to monitor the impact of the victim-offender meeting(s) during the course of the offenders' treatment.

The finding that the mean time span between the offence and the meeting was six years may imply that readiness for a meeting may grow over time and should still be assessed after several years. We could not necessarily infer differences in themes according to the time between the offence (or duration of hospitalisation) and the meeting. The reported themes seemed to be more related to the relationship between victim and offender. For instance, in the two cases in which the offenders contacted their victim immediately after the crime, the victim was their mother. At that particular moment, their contact had a practical function, namely providing clothes or money, more than a restorative or healing function. The lengthy time span between the offence and the meeting could in some cases also be attributable to the required length of custody prior to transfer to the forensic clinic. Maybe there is less attention for victim-offender meetings in prison, either due to the mental disorder or not. On the other hand, in cases of offenders suffering from a mental disorder, the advantage of meeting the victim during treatment is that the clinicians concerned can make assessments of readiness, capacity and risks of secondary victimisation. It may also be recommended that clinicians in forensic clinics continue to discuss the topic periodically during treatment. Also, the initiation of meetings more frequently by victims than by offenders might imply that offenders are less familiar with the possibility to engage in a meeting with the victim.

4.5 Limitations and suggestions for further research

Several limitations have to be taken into account when interpreting the results of this study. One of them is its retrospective nature. Participants were asked retrospectively how they perceived the other party *prior* to the meeting. Consequently, the perception of the participants may be less accurate, also considering that for some the meeting took place several years prior to the interview. On a related note, the fact that the interviews were conducted once, in case of continuing contact even in between meetings, the study merely provides a snapshot of how participants experienced the meeting at the time of the interview. It could well be that their subjective experience will be different later on.

It should also be noted that experiencing both the offence and the meeting are not isolated events but part of a larger context of developments in a participant's life. Other events, such as personal growth, therapy and other life events, may also influence how victims and offenders perceive the offence and each other in retrospect. As such, not all changes in perception of the other are to be attributed to the meeting itself. Victims and offenders with a family bond were slightly overrepresented in the sample (56%). Family members generally know each other better than in-laws or acquaintances, let alone strangers. Hence, it may be hypothesised that for family members a change of perception is less likely to occur by re-establishing contact. Even though our study suggests that some change in perception in victims who are related to the offender could occur, it may be useful to replicate the study with a larger and more diverse sample in order to compare cases of related victims with cases of acquaintances and strangers.

As we only briefly touched upon the reasons for victims and offenders to decline a meeting at all, we can only speculate whether the mental disorder of an offender was rationale contributing factor. Future research on how participants evaluate meetings when offenders have a mental disorder should take this element into account. It should also focus more on whether, and if so how, meeting the victim may help advance the offender's treatment goals. Future research could therefore be extended to incorporate interviews with the offender's clinician/therapist, who is able to indicate the influence of the meeting on the offender's treatment progress.

Despite these limitations, this study may be noted to be the first of its kind to describe the subjective experiences of victims and offenders with severe mental disorders in regard to their meeting.

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