

How Serious Is Debt Among Probation Clients? A Study Into the Prevalence and Scope of Debt in a Dutch Probation Sample

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Abstract

Although studies point to a relationship between debt and crime, there is a limited understanding of their reciprocal relationship and possible mediating risk factors. Moreover, knowledge about the prevalence and scope of debt among offenders is lacking. Therefore, the present study analyzed 250 client files including risk assessment data from the Dutch probation service on the prevalence of debt and possibly related risk factors. The results show that debt is highly prevalent and complex, which underlines the importance of acquiring more knowledge about debt as a potential risk factor for relapse during supervision. It was found that problems with regard to childhood and living situation, education and work/daytime activities, and mental and physical health may be possible underlying risk factors in the relationship between debt and crime. These insights can help professionals adequately support clients with regard to debt in order to prevent recidivism.

Keywords

financial problems, debt, debts, offending, probation

Introduction

In criminological literature, the influence of socioeconomic conditions on crime is a classic theme (Dunaway et al., 2000; Ellis & McDonald, 2000; Tittle et al., 1978).

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Research on these socioeconomic factors has mainly been conducted from a macroeconomic perspective. Studies have focused on factors such as the economic situation of families (e.g., poverty and parental income; Comanor & Phillips, 2002; Galloway & Skardhamar, 2010; Hsieh & Pugh, 1993), neighborhoods (Leventhal & Brooks-Gunn, 2001), and household economic resources and unemployment (Bjerk, 2007; Phillips & Land, 2012). However, several studies have shown that debt at the individual level may better indicate worsening financial situations than employment or income at the societal level (see Aaltonen et al., 2013; Oksanen et al., 2015). For example, research has shown that debt may mediate the relationship between unemployment and crime, have severe consequences for individuals, enhance criminal behavior, worsen as a consequence of crime, and hinder clients' ability to resocialize and desist from crime (Harris et al., 2010; Hoeve et al., 2014; McCloud & Dwyer, 2011; Van Beek et al., 2020a). Debt and crime thus reinforce each other and this interrelatedness may increase the risk of future crime and cumulative problems for the individual.

Several studies on the relationship between debt and crime have concluded that debt and crime are strongly related (Aaltonen et al., 2016; Blom et al., 2011; Hoeve et al., 2011, 2014, 2016). There is evidence that debt is a risk factor for crime, especially among persistent offenders (De Jong, 2017). In addition, strong reciprocal associations between debt and crime were found, and these associations become stronger with age. For example, a study on male adolescents who were released from a juvenile correctional institution found that debt was related to a higher risk of recidivism, suggesting that offenders who recidivate are more likely to have debt (Van Dam, 2005). Overall, the literature indicates that the relationship between debt and crime is a result of mutual causation and that debt increases the risk of crime, and vice versa (Moffitt et al., 2002; Siennick, 2009; Van Dam, 2005; Zara & Farrington, 2010).

There is a large body of research on risk factors for offending and recidivism. The results of that research demonstrate that many risk factors find their origin in early childhood, education and work, and health (Bonta & Andrews, 2017; Farrington, 2006). For example, evidence has been found that parental education level, low socioeconomic origin, coming from a broken family, serious mental health and substance use problems of family members, and victimization during childhood might be risk factors for crime later in life (Amato, 2001; Button et al., 2005; Leschied et al., 2008; Tuvblad et al., 2006; Wells & Rankin, 1991). It has also been found that lack of education and/or work increases the risk of offending. For instance, poor achievement in school and leaving school at a young age are assumed to be risk factors for crime, among others reasons, because gaining money and being away from home and school might support drug use and (minor) crime (Agnew, 2001). Furthermore, several mental disorders including substance abuse as a coping mechanism—often related to discontinuity and victimization in childhood—were shown to be a risk factor for different types of problems later in life, including crime (Douglas et al., 2009, 2013; Goldstein et al., 2005; Whiting & Fazel, 2020). For example, people who are classified with a cluster B personality disorder (e.g., the Antisocial Personality Disorder or Narcissistic Personality Disorder) are more likely to show impulsive behavior, are usually less able

to control their anger and to show empathy, and are addicted to substances more often than people without personality disorders. As a result of this, they are more likely to have problems with authority, which increases the risk of offending. Although it has not been studied, as far as we know, it can be assumed that physical health may also be a risk factor because disease and inability to work and participate in society might cause isolation.

Notwithstanding the theoretical and empirical knowledge about the interrelatedness of crime and debt and the major progress in research on risk factors for offending, a systematic exploration of this mutual relationship and empirical evidence of the interaction between the established risk factors is still lacking in criminological literature. Empirical studies are scarce and the few studies that have investigated the relationship between debt and crime provide insight from a limited perspective, as they mainly focused on adolescents and young adults and were usually conducted in Western countries (Van Beek et al., 2020a). Insight is thus needed into the characteristics of offenders and the influence of these characteristics on the financial position of clients, as these factors can also increase the risk of offending. In addition, finances should not be considered as a separate risk factor for crime but the interrelatedness with other risk factors should be included in theory and practice. The aim of the present study is thus to explore the prevalence and scope of debt among offenders, as well as the underlying potentially related risk factors for debt such as problems regarding childhood and living situation, education and work or other structured daytime activities, and mental and physical health, including substance abuse. In this study, we will first investigate the finances and debt among probationers and the assistance they receive with regard to finances during offender supervision. Second, we will describe the probation population with respect to their childhood and living situation, education and work or other structured daytime activities, and mental and physical health as domains that are possibly related to debt and therefore may directly and indirectly increase the risk of offending. This insight will help professionals, such as probation officers and other professionals working with clients who commit crimes, adequately support clients with regard to debt in order to prevent recidivism.

Method

Procedure

The present study is part of a larger research project on the relationship between debt and crime. In this study, data was collected for a sample of adult probation clients (i.e., 18 years or older) on the prevalence and scope of debt among the population (i.e., finances, debts and financial assistance). In addition, data was collected on the three domains described above based on a literature review as possibly related to debt, that is, (1) childhood and living situation, (2) education and work/daytime activities, and (3) physical and mental health (Van Beek et al., 2020a). These domains are also included in the risk assessment instrument of the probation service, the RISC, which is also based on literature (as described below in section “Instruments”).

Data was collected from client files from 250 probation clients of the Dutch probation service. First, data was analyzed from the instrument that is standardly used by the Dutch probation service for structured risk assessment called Recidivism Assessment Scales (Recidive Inschattingsschalen, RISC; for an overview of the Dutch probation service and the background of the RISC, see Bosker, 2015). Second, we searched in the client files for background information on these scores. In addition to the risk assessment data, a client file search was thus conducted on the client information and registration system of the Dutch probation service for the same sample of clients. This has been done to gain more insight into the different domains as observed and described by professionals in the client files, according to their professional judgement. This client file search was conducted with official permission of the Dutch probation service. Permission to research the data of clients is included in the general privacy statement of the Dutch probation service. In the client files, case management plans and evaluations based on a standardized and structured format were included. The information in the client files is based on what information probationers tell probation officers and verified and complemented by probation officers by consulting official documents and referents, such as other professionals (e.g., collaborating partners or previous caregivers) and the social network of the client. The client files are thus based on both formal and informal sources. The client file search was conducted by three independent researchers, who frequently discussed their variable ratings to check for inconsistencies. Coding was done in Atlas.ti 8 and frequencies were calculated with IBM SPSS Statistics 25 for Windows. In addition, data was compared to data from Statistics Netherlands on the general Dutch population.

Instruments

The RISC is a standardized and validated risk assessment instrument that was developed for Dutch probation clients and is based on the Offender Assessment System that is used by the probation and prison service in England and Wales (OASys Home Office, 2002). Research has shown that the psychometric qualities of the RISC are fairly good and that the interrater reliability is moderate to substantial for most items (Cohens K for nominal items and Tinsley and Weiss's *T* for ordinal items varied between .30 and .87 with most items having values between .41 and .79). The predictive validity for general recidivism of the total RISC-score was found to be moderate (Area Under the Curve (AUC)=.70; Bosker, 2015; Van der Knaap & Alberda, 2009). The RISC includes scales on (1) current offence, (2) offending history, (3) accommodation, (4) education, employment, and learning, (5) income and financial management, (6) relationships with partner, family, and relatives, (7) relationships with peers and acquaintances, (8) drug abuse, (9) alcohol abuse, (10) antisocial behavior, (11) thinking, behavior, and abilities, and (12) procriminal attitudes. The scale on income and financial management includes items on the main source of income and the current financial situation.

In the client file search, additional topics were included on childhood and living situation (e.g., childhood experiences and accommodation), education and work/day-time activities (e.g., education, work earlier in adulthood, and current job or other

Table 1. Characteristics Sample in Relation to All Clients Who Finished Offender Supervision.

		All clients (N = 3,115)	Sample (N = 250)
Gender	Men	2,881 (92.5%)	235 (94.0%)
	Women	234 (7.5%)	15 (6.0%)
Organization	Dutch Probation Service	1,532 (49.6%)	124 (49.2%)
	Institute for Social Rehabilitation of Addicted Offenders	1,285 (40.8%)	102 (41.3%)
	Salvation Army Probation Service	298 (9.6%)	24 (9.6%)
Age	18–25 years	909 (29.2%)	40 (16.0%)
	26–30 years	501 (16.1%)	43 (17.2%)
	31–40 years	740 (23.8%)	83 (33.2%)
	41–50 years	607 (19.5%)	51 (20.4%)
	51 years or older	358 (11.5%)	33 (13.2%)
Nationality ^a	Dutch		213 (85.2%)
	Western		2 (0.8%)
	Other		35 (14.0%)
Country of birth	The Netherlands		178 (71.2%)
	Western countries		4 (1.6%)
	Other		70 (27.2%)

^aData on nationality and country of birth were not available for all clients.

daytime activities), mental and physical health (e.g., (mental) health care in childhood and earlier in adulthood, psychopathology, and physical health), and finances, debts, and financial assistance (e.g., changes in income sources, debt level and creditors, and financial assistance).

Sample

In the Netherlands, there are three probation organizations, the Dutch Probation Service (Reclassering Nederland, RN), the Institute for Social Rehabilitation of Addicted Offenders (Stichting Verslavingsreclassering GGZ, SVG) and the Salvation Army Probation Service (Leger des Heils Jeugdbescherming & Reclassering, LJ & R). Probation officers in the Netherlands are usually educated at universities of applied sciences and are trained in identifying problems and assessing risks. In total, 15,845 probation supervision cases were finished in 2015 by the three Dutch probation organizations (13,944 unique clients). By using IBM SPSS Statistics 25 for Windows, a random sample of 250 clients was drawn from the offender supervision cases of the Dutch probation service that finished in 2015. The sample was taken from these cases because recidivism data is available for them, enabling follow-up studies to be conducted in a later phase of the research project. Of the 250 clients in the sample, 235 are

men (94%) and 15 are women (6%). Of these 250 clients, 124 (49.6%) were under supervision of RN, 102 (40.8%) of the SVG and 24 (9.6%) of the LJ&R. The distribution by probation organization and region as well as by gender in the sample was equal to the total population of the supervision cases that finished in 2015. The mean age of the sample was slightly higher than the total population (see Table 1 for an overview of the characteristics of the sample in relation to all the clients whose probation supervision finished in 2015). Missing scores on the topics ranged from 1 to 32; in this study, we present valid percentages.

Results

First, we will focus on the finances and debt of clients and the financial assistance that they receive during offender supervision. Second, we will describe the characteristics of the population (i.e., childhood and living situation, education and work/daytime activities, and mental and physical health) and the influence of these characteristics on the financial position of clients as potential risk factors for crime.

Finances, Debts, and Financial Assistance

Income. Almost one third of the clients at one point had income from work (see Table 2). About 5% to 10% of the clients had income from their own business, social assistance or disability benefits, or family and friends. Less than 5% of the clients had income from unemployment benefits or student grants. During probation supervision, about one fifth of the clients had no income and about two thirds of the clients had an income of less than 1,500 euros per month. Some clients, for example, lost their income from work due to behavior or bankruptcy and received social assistance benefits. Other clients lost their income from work due to problems with substance abuse, disease or injury and received disability benefits. There were also clients who never had income from work but had received social assistance benefits. However, they had either become ineligible for benefits after incarceration or they did not claim the benefits again because they had no mailing address, which is obligatory to receive social assistance benefits. In several cases, clients received financial support from family and friends and/or generated income from criminal activities.

Debt. Most of the clients had debt during supervision and about one third of the clients had debt earlier in life. Only four clients in the sample never had debt, although one of them committed a crime based on financial gain because of lack of work, one of them had difficulty with financial management, one of them was financially maintained by his parents and the income sources of the fourth client remained unclear. Common causes of debt were lack of income because of barriers with regard to social assistance benefits or unemployment after dismissal, bankruptcy, disease, addiction, changes after divorce, and criminal fines.

The average debt level was €43,547 (median €11,000, mode €10,000; range €426 (fines)—€2,611,113 (confiscation claim; second highest: €476,000), mean without the

Table 2. Prevalence and Percentages with Regard to Finances, Debts, and Financial Assistance (N = 250).

Finances, debts, and financial assistance		N (%)
Finances	Income source	
	Income from work	108 (30.1%)
	Own company	25 (7.0%)
	Criminal activities	36 (10.0%)
	Unemployment benefits	12 (3.3%)
	Social assistance benefits	31 (8.6%)
	Disability benefits	17 (4.7%)
	Student grants	6 (1.7%)
	Family and friends	22 (6.1%)
	Other	16 (4.5%)
	Unknown	86 (24.0%)
	Net monthly income	45 (20.7%)
	No income	16 (7.4%)
	Less than €500	91 (41.9%)
	€500–€1,000	28 (12.9%)
	€1,000–€1,500	16 (7.5%)
	More than €1,500	21 (9.7%)
	Unknown	

(continued)

Table 2. (continued)

Finances, debts, and financial assistance		N (%)
Debt	Debt	Current debt
	Yes	198 (79.2%)
Debt ever in life	Unknown	19 (7.6%)
	No indications	33 (13.2%)
	Debt during supervision	64 (25.6%)
	Debt before supervision	18 (7.2%)
	No debt ever in life	5 (2.0%)
Debt level	Unknown	154 (65.2%)
	Level known	
	Range	€426 (fines)—€2,611,113 (confiscation claim) (second highest: €476,000)
	Mean	€43,547
Creditors	Mean without outlier	€25,839
	Median	€11,000
	Mode	€10,000
	71	
	Unknown	
	Tax authorities	20 (6.6%)
	Bank (e.g., red balance, personal loan, and credit card)	16 (5.3%)
	Family and friends	7 (2.3%)
	Mortgage or rent	28 (9.2%)
	Energy companies	18 (5.9%)
Health insurers	36 (11.9%)	
Central Judicial Collection Agency	79 (26.1%)	
Student loans	13 (4.3%)	
Mail order company	5 (1.7%)	
Provider (phone, television, and internet)	18 (5.9%)	
Other (e.g., school fees, municipal taxes, gym subscription, and health care)	38 (12.5%)	
Not specified	25 (8.3%)	

(continued)

Table 2. (continued)

Finances, debts, and financial assistance		N (%)
Finances as criminogenic factor ^a	No criminogenic factor	128 (51.4%)
	Criminogenic factor	57 (22.9%)
	Serious criminogenic factor	64 (25.7%)
Special conditions on finances	Yes	25 (10.0%)
	No	225 (90.0%)
Financial goals	No indications	82 (32.8%)
	Unknown	5 (2.0%)
	Yes	163 (65.2%)
	Gaining insight into debt	13 (4.3%)
	Gaining financial insight	27 (8.8%)
	Being financially stable	44 (10.7%)
	Having paid work	14 (4.5%)
	Having a legal income	38 (12.3%)
	Making no new debt anymore	19 (6.2%)
	Having financial assistance	11 (3.6%)
	Honor commitments	14 (4.5%)
	Making payment arrangements	24 (7.8%)
	Paying off debt	24 (7.8%)
Eliminating all debt	22 (7.1%)	
Committing no crime as a result of financial situation anymore	1 (0.3%)	
Other	68 (22.1%)	

(continued)

Table 2. (continued)

Finances, debts, and financial assistance	N (%)
Financial assistance	
No indications	115 (46.0%)
Unknown	9 (3.6%)
Yes	126 (50.4%)
Probation	6 (4.8%)
Debt counseling	7 (5.7%)
Debt settlement	4 (3.2%)
Budget counseling	12 (9.7%)
Protective guardianship	53 (42.7%)
Social work	30 (24.2%)
Family	11 (8.9%)

^aAs coded by the probation officer in the structured risk assessment (RISc).

outlier of the confiscation claim of more than two and a half million: €25,839). The most common creditors were the Dutch Central Judicial Collection Agency (CJIB), the agency that collects fines on behalf of the Dutch government, and health insurers. Other common creditors were housing associations (rent), mortgage lenders, banks, energy companies, internet providers, student loan organizations, and tax authorities).

Financial assistance. For about half of the clients, probation officers—as rated in the RISC—considered finances as a (serious) criminogenic factor. However, in only 10% of the probation cases was a special condition, under which offenders are not incarcerated but may participate relatively free in society, formulated on finances. In the case management plans, financial goals were formulated for approximately two thirds of the clients. Nevertheless, for a considerable number of the clients who had debt no financial goal was formulated. In addition, in most of the cases the goals that were formulated were not specific or attainable for each client (e.g., gaining financial insight, paying off debt, eliminating all debt). Furthermore, in only about 15% of the files of clients for whom financial goals were formulated was the development of the client with regard to these goals or the evaluation of the goal at the end of probation supervision mentioned. If it was mentioned, it was usually in a vague manner, for example, by stating that the client has gained more insight into his finances. Half of the clients had financial assistance, of whom the large majority were under protective guardianship, which means that a protective guardian appointed by a judge takes over the finances of the person who is under protective guardianship. In other cases, clients were dependent on family or social workers for support. Only about 6% of the clients had debt counseling and it rarely occurred that clients were in a debt settlement.

Characteristics of the Population

Childhood. Most of the probation clients in the sample (83%) had mixed or predominantly negative childhood experiences (see Table 3). For example, a substantial number of the clients did not experience continuity in their upbringing because their parents were divorced, were addicted and/or showed criminal behavior and many of these clients were placed in youth institutions and/or foster families. Others, for example, grew up in a war-torn country and had to fight as a child soldier or had to flee as a war refugee. Only a few of the clients had positive childhood experiences, such as a stable situation at home and positive parent-child bonding.

Living situation. Almost half of the probation clients in the sample were single and 60% of the clients had children, although they did not always have contact with them. A substantial number of the clients (40%) owned or rented their home. About a quarter of the clients lived with family or friends. About 14% lived in an institution and another 14% were homeless. For example, clients were homeless for several years after a divorce, were evicted from institutions because of their problematic behavior or were not admitted to a sheltered living facility, or lost their housing due to incarceration. Many of them lived in different shelters or with family and friends or were

Table 3. Prevalence and Percentages with Regard to Childhood Experiences and Living Situation ($N=250$).

Childhood experiences and living situation		N (%)	
Childhood experiences	Predominantly positive childhood experiences	37 (17.0%) ^a	
	Mixed childhood experiences	36 (16.5%)	
	Predominantly negative childhood experiences	145 (66.5%)	
Living situation	Living together/married	27 (10.8%)	
	Living together/married with children	23 (9.2%)	
	Single	119 (47.6%)	
	Single with children	4 (1.6%)	
	Living with (foster) parents	31 (12.4%)	
	Living with family or friends	18 (7.2%)	
	Other	27 (10.8%)	
	Accommodation	Own house	102 (40.8%)
	Living with parents or friends	64 (25.6%)	
	Institution	36 (14.4%)	
	Homeless	35 (14.0%)	
	Unknown	13 (5.2%)	
Children	No	53 (21.2%)	
	Yes	150 (60.0%)	
		1 child	59
		2 children	38
		3 children	28
		4 children	12
		5 or more children	10
		Unknown	3
		Unknown	47 (18.8%)

^aTotal scores do not always count up to 250, missing values on the topics ranged from 1 to 32. Valid percentages are represented.

admitted to mental health facilities. A considerably smaller percentage (80.8%) than among the general Dutch population (99.8% according to data from Statistics Netherlands) had a stable living situation (i.e., their own home or living with family or in an institution for a long time).

Education and work/daytime activities. About 25% of the clients did not finish their education or did only finish primary or special education (a specific form of primary education for children with special educational needs), compared to 8% in the general population (according to data from Statistics Netherlands), and more than half of the clients only had primary and secondary education but no professional or vocational education. Often this was because of instability at home, because their education was interrupted by migration, or because they received special education due to cognitive or behavioral problems. About a quarter of the clients only completed primary or special

Table 4. Prevalence and Percentages with Regard to Education and Work/Daytime Activities (N=250).

Education and daytime activities		N (%)	
Completed education	Only primary or special education completed	60 (24.7%)	
	Primary and secondary education completed	82 (33.7%)	
	Primary, secondary, and professional education completed	101 (41.6%)	
		Earlier in life	During supervision
Work and daytime activities	Steady job or other structured daytime activities	73 (29.4%)	71 (28.7%)
	Alternately work and no work	97 (39.1%)	47 (19.0%)
	No job or other structured daytime activities	78 (31.5%)	129 (52.2%)

education (see Table 4). About one third of the clients also completed secondary education. A substantial number of the clients in the sample (41.6%) completed professional education as well. Later in life, about one third of the clients had a steady job or other structured daytime activities, while another third of the clients only had work intermittently. The remaining third of the clients rarely or never had a job and never gained work experience, often due to injury, mental illness, or addiction.

Mental and physical health. A considerable number of the clients at one point received outpatient mental health care and about a quarter of the clients were hospitalized in a (forensic) mental health care facility. A substantial number of the clients had multiple mental health care trajectories (see Table 5). About three quarters of the clients were classified with a mental disorder or exhibited symptoms (50% official DSM classification, 25% no official classification but suspected of having a disorder by the probation officer or another caregiver). The most common disorders were antisocial personality disorder, mental disabilities, attention deficit (hyperactivity) disorder (AD(H)D), and substance dependence disorder. Borderline and narcissistic personality disorder, autism, schizophrenia, and posttraumatic stress disorder also occurred regularly.

Next to the relatively high prevalence of mental disorders, more than a quarter of the clients had physical problems, and in a large percentage of the cases it was reported that these were likely related to alcohol and drug abuse. The types of physical problems varied. Common diseases were diabetes, heart diseases, joint diseases, and eye and ear diseases, and injuries as a result of, for example, cerebral hemorrhage or accidents. Lung diseases, such as chronic obstructive pulmonary disease (COPD), acquired brain injury, rheumatism and scoliosis, and kidney diseases also occurred regularly. Prevalence rates of diabetes, heart diseases, ear and eye diseases, joint diseases, and

Table 5. Prevalence and Percentages With Regard to Mental and Physical Health in Childhood and Adulthood (N = 250).

Mental health care	Childhood	Earlier in adulthood	During supervision
Outpatient mental health care	24 (9.6%)	43 (17.2%)	111 (44.4%)
Hospitalized	8 (3.2%)	31 (12.4%)	66 (25.6%)
Multiple mental health care trajectories/number of trajectories unknown	195 (78.0%)	159 (63.6%)	53 (21.2%)
No indications	23 (9.2%)	17 (6.9%)	22 (8.8%)
Psychopathology			
No indications			
Yes			
Suspicion probation officer			41 (16.4%)
DSM classification			56 (22.4%)
Attention deficit (hyperactivity) disorder (AD(H)D)			125 (50.0%)
Autism			52 (11.3%)
Mental disabilities			14 (3.0%)
Psychotic disorder/schizophrenia/bipolar disorder			67 (14.5%)
Depression			26 (5.7%)
Posttraumatic stress disorder (PTSS)			11 (2.4%)
Aggression and emotion regulation and impulse control disorder/coping			22 (4.8%)
Substance dependence disorder			31 (6.7%)
Antisocial personality disorder			62 (13.4%)
Borderline personality disorder			86 (18.7%)
Narcissistic personality disorder			24 (5.2%)
Personality disorder NOS			31 (6.7%)
Other			22 (4.8%)
Unknown			13 (2.8%)
			28 (11.2%)

(continued)

Table 5. (continued)

Mental health care	Childhood	Earlier in adulthood	During supervision
Physical diseases		Population ^a	Sample
No indications	182 (72.8%)	5.3%	11 (12.6%)
Yes	68 (27.2%)	4.2%	6 (6.9%)
	Diabetes	5.5%	12 (13.8%)
	Lung diseases (e.g., bronchitis/COPD)	1.9%	3 (3.4%)
	Heart and vascular diseases	3.3%	8 (9.2%)
	Kidney diseases	5.9%	5 (5.7%)
	Eye and ear diseases	6.5%	15 (17.2%)
	Rheumatism/scoliosis	3.0%	9 (10.3%)
	Joint diseases (e.g., back pain, knee, and shoulder)	3.0%	5 (5.7%)
	Injuries (e.g., as a result of accidents)	10.9%	13 (14.9%)
	Acquired brain injury		
	Other (e.g., dementia, epilepsy, HIV, stomach diseases, and hepatitis C)		

^aBased on data from Statistics Netherlands.

cerebral hemorrhage were twice as high as those of the general Dutch population (according to data from Statistics Netherlands).

Discussion and Conclusion

Theory and practice provide evidence that debt is common among probation clients and might be related to crime and that this relationship is mediated by other risk factors. However, little is known about the prevalence and scope of debt among probation clients and the role of potential risk factors in the relationship between debt and crime. Hardly any research has been conducted on debt as a potential risk or possible mediating factor for crime and recidivism, the relationship between debt and crime, or the mediating role of other risk factors in this relationship. Possibly related risk factors such as education, work and health are often not taken into account. In the present study, data from a representative sample of 250 Dutch probation clients was analyzed. The results show that the prevalence of debt is high and this debt is complex and deeply rooted. The findings reveal that many probation clients have (problematic) debt. Of 79.2% of the probationers it is known that they had debt during supervision and only 2% never had debt. This debt is often caused by multiple complex and interfering problems on different life domains. In addition, the study demonstrates that many probation clients had negative childhood experiences. From the literature, we know that victimization during childhood is an important risk factor for developing mental health problems, including substance abuse as a coping mechanism (e.g., Pietrek et al., 2013), which may increase the risk of crime and recidivism (e.g., Douglas et al., 2013). Furthermore, a substantial number of the probation clients never learned to manage their finances, maybe due to the fact that their parents also lived in poverty and/or had debt. The results also show that underlying factors, such as negative childhood experiences, problems related to education and work, and mental and physical health problems, may play a role in the relationship between debt and crime. Concluding, finances may be an important risk factor for (re)offending, but there are also other risk factors that are likely to be strongly related to debt and thus are also possibly mediating factors for crime and recidivism.

Main Findings

The following are the most important conclusions from the present study. First of all, the present study shows that in many client files information about debt is limited or completely lacking. The results show that in a significant number of the cases, most or all creditors were unknown and the debt level could only be roughly estimated or only a part of the debt was made explicit. Sometimes probation officers explicitly mentioned that the debt level might be much higher than reported. Nevertheless, the prevalence of debt among probation clients is very high and often considered by probation officers as a criminogenic factor.

In addition, although the prevalence of debt among probation clients is high and complicates supervision, results show that probation officers generally do not pay

attention to finances, debts or financial assistance on a structural basis. This was reflected in the fact that in one third of the cases no financial goal was formulated and when a financial goal was formulated this goal was often not specific or attainable for each client. In addition, in a considerable number of the cases it was not mentioned that the formulated goals were evaluated. Furthermore, financial assistance among probation clients is often sorely lacking. Even when there is financial assistance, the most common type of assistance, protective guardianship, has several disadvantages. The aim of protective guardianship is not to solve the debt, but to stabilize the financial situation of people. During protective guardianship financial management is taken over for people who are considered unable to manage their finances themselves. However, although protective guardianship can help people on the short term, people under protective guardianship do not learn to gain a sufficient and legal income or to use a budget, which may impede them in the long term. In addition, in the Netherlands, the quality of protective guardians varies considerably because there are no clear criteria or required education for protective guardians. Dutch media show that the number of commercial protective guardianship offices is increasing, that they often misjudge situations or are inaccurate as a result of which the debts of people increase and that the extent to which their quality is checked by judges is limited. As a result of this, in the Netherlands there is a political discussion about the quality of protective guardianship and in 2014 and 2020 bills are accepted to better ensure this quality. In another study in which we interviewed probation officers and clients, we found that probation officers observe that protective guardianship can give clients more peace of mind, but that a substantial number of the clients who are under protective guardianship are not satisfied with it. For example, they experience stress as a result of protective guardianship and do not feel that it helps them (Van Beek et al., 2020b). Considering that protective guardianship is one of the few but not sufficient solutions that probation officers can use, probation officers need more methods and tools to adequately supervise clients with debt.

The finding that the most common creditors are the Dutch Central Judicial Collection Agency (CJIB) and health insurers is worrying because these creditors in the Netherlands create extra barriers for clients, especially when it comes to desistance from crime. For example, debts owed to the CJIB usually cannot be included in a debt settlement and thus they can hinder debt counseling. In addition, when the CJIB's fines are not paid, people may be incarcerated by law. This incarceration has a coercive function to pay the fine and does not replace it; the fine still has to be paid. Therefore, debt, crime, and incarceration are highly interrelated. Debts owed to health insurers can prevent people from applying for the care that they need, which influences their mental and physical health in a negative way. Thus, the way the debt enforcement system is organized in the Netherlands might create extra barriers for probation clients to resocialize and desist from crime. Although debt enforcement systems vary considerably across countries, comparable problems may exist in other countries (see Aaltonen et al., 2016).

The study shows that many clients had experienced an unstable situation during childhood, discontinuity in their upbringing, and physical, mental, pedagogical, and

affective neglect and/or sexual abuse. This instability in childhood has been demonstrated to increase chances of developing mental disorders including addiction (Bonta & Andrews, 2017; Farrington, 2006; Pietrek et al., 2013). Therefore, based on the literature, it may be assumed that the lack of continuity, stability, and affection that many probation clients experienced in their youth might have played a role in the development of their mental and behavioral problems and disorders, possibly associated with the development of an addiction. As a result of this, they are often not able to complete their education and/or to work and have no stable income source. The literature shows that many of these problems which find their origin in (early) childhood may be risk factors for crime later in life (Agnew, 2001; Bonta & Andrews, 2017; Farrington, 2006; Goldstein et al., 2005). Thus, the lack of stability in childhood may be both a direct and an indirect risk factor because it increases the risk of not completing education or not having a job and might also lead to developing mental disorders and substance use problems, which hinder education and work. In that way, lack of stability in childhood, mental disorders, lack of education and work, and debt are likely to interact. Several childhood factors may thus be risk factors for crime. In addition, several mental and physical diseases are more prevalent among probation clients than among the general population and these diseases might influence the clients' participation in society and resocialization. However, information in client files about the clients' childhood and the (mental) health care they received is often limited. In addition, probation officers do usually not relate this information in a meaningful, possibly explaining way to debt and the role of debt in recidivism.

Another important finding is that, although little is mentioned in the client files about the health care clients received in childhood and earlier in adulthood, the majority of probation clients have many complex problems with regard to mental and physical health. These problems are also likely to influence their ability to work and their financial management. Prevalence rates of diseases among the probation clients were found to be considerably higher than among the general Dutch population, based on data from Statistics Netherlands, for diabetes (12.6% among sample vs. 5.3% among general population), heart and vascular diseases (13.8% among sample vs. 5.5% among general population), eye and ear diseases (9.2% among sample vs. 3.3% among general population), joint diseases (17.2% among sample vs. 6.5% among general population), and cerebral hemorrhage and other (brain) injuries (10.3% among sample vs. 3.0% among general population). Moreover, compared to the general population, based on data from Statistics Netherlands, it was found that a considerably smaller percentage of the probation clients had a (relatively) stable living situation (i.e., their own home or living with family or in an institution for a long time; 80.8% among sample vs. 99.8% among general population).

Strengths and Limitations

The results of this study provide a view of debt among Dutch probation clients and potential related factors. These results are based on a unique database of a large representative sample of clients of all three Dutch probation organizations. As far as we

know, a comparable study has not been conducted. Several characteristics of the data have to be taken into account when drawing conclusions from the present study. First of all, the results are based on data from instruments for risk assessment and client files as coded by probation officers. It is therefore possible that this information is incomplete or subjective because it only contains information that probation officers noted as relevant. In addition, a significant part of the information in the client files is based on what clients and other referents, such as family members and other professionals, told probation officers and might therefore be biased. Furthermore, it is possible that probation officers received more relevant information and implemented more interventions than they officially registered in the client files. Still, the information in the client files is based on multiple, both formal and informal sources and the information of clients is usually verified by probation officers as much as possible by consulting other sources. This verification of information is an official part of the work of probation officers and an official working agreement within probation organizations. Therefore, although we do not pretend that the data source is complete and objective, we believe that it gives rich and unique qualitative insights in the factors that play a role in the interaction between debt and crime.

Another possible limitation is that the average age of the sample was slightly higher than that of the total population of probation clients. However, this seems to have had no substantial influence on the results because the characteristics of younger clients, as described in the client files, did not differ considerably from those of older clients.

Implications

Several conclusions can be drawn from the present study that have implications for probation officers. The results underline—especially considering that underestimation of debt might play a role due to the fact that the debt of clients is not always precisely registered by probation officers—that it is important that probation officers precisely determine the origin and level of debt and the creditors in question. In this way, they will be able to gain insight into and monitor the financial situation of clients as an important risk factor for crime and recidivism and as a barrier for resocialization during offender supervision. In addition, probation officers should pay attention to, for example, what clients learned from their parents about financial management and the financial situation of the client's partner.

Structural registration can be an instrument for probation officers to pay more attention to debt and the relation between debt and criminal behavior. This registration is especially important when, for example, the supervision has to be continued by another probation officer or organization or collaborating partner, such as an outpatient mental health service. Therefore, registration of debt is also of major importance for continuity of care. When information is not registered, this may be an important barrier in (health) care trajectories. In addition, this study shows that other factors, such as childhood and living situation, education and work/daytime activities, and mental and physical health, might mediate the relationship between debt and crime, which suggests that probation officers should pay attention to these domains not only

as separate underlying problems, but also as potential direct and indirect risk factors for crime.

The study also shows that the probation service should consider providing more financial assistance for its clients. This does not necessarily mean that probation officers should provide this assistance themselves, but structural inquiry and registration may help them gain insight into the scope of their clients' problems and enable them to collaborate with other professionals who are specialized in financial assistance.

At a societal level, this study emphasizes the complexity of debt and debt enforcement systems and shows that the negative consequences of debt may make it more difficult for probation clients to avoid engaging in criminal activity (for a comparable situation in Finland see Aaltonen et al. (2016), who found a strong correlation between debt and crime in the Finnish context, and concluded that debt hinders offenders' attempt to desist from crime).

Future Research

In our study, there was hardly any probationer who did not have debt or financial problems. As a consequence, a comparison between probation clients with and without debt could not be made. It would be interesting for future research with larger samples to compare probationers with and without debt in order to identify the causes of debt and to examine predictive validity of debt for recidivism.

Furthermore, because of the high prevalence and complexity of debt among probation clients, more insight is needed into the relationship between debt and crime as well as insight into the possibilities to adequately support probation clients with regard to debt. This insight can be gained, for example, by interviewing professionals about the influence of debt among clients in their work and the possibilities that they see to better support their clients. It may also be relevant to ask clients about their experiences receiving supervision, in order to determine what is lacking in supervision from their perspective and what would help them to get out of debt. In addition, because debt enforcement systems are organized considerably differently in other countries (Jungmann & Van Beek, 2016) more insight is needed into the effects of debt enforcement systems on recidivism in different countries and the possibilities to support clients in avoiding criminal behavior at a more societal level and thus into the generalizability of the results of the present study.

In addition, the results indicate that factors such as childhood, living situation, education and work, and mental and physical health are relevant to the financial assistance of probation clients. These factors seem to be strongly related to debt and may increase the risk of offending. Thus, these factors are mediators in the relation between debt and crime. This has to be further analyzed in future research. Moreover, a theoretical model based on future research on the interaction between debt and crime and the underlying risk factors would provide valuable insight. The present study shows that the prevalence of debt among probation clients is high and thus underlines the importance of gaining more knowledge about and paying closer attention to debt among probation clients as a potential risk factor for recidivism during supervision.

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Ethical Approval

The study design was approved by the ethics committee of the Research Centre for Social Innovation of Utrecht University of Applied Sciences. The authors also declare that they honor the International Standards for Authors of the Committee on Publication Ethics.

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