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European oversight of Belgian, French and British prison policies

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Our paper intends to examine the influence of the legal supervision exercised by the Council of Europe on the Belgian, British and French prison services. We show that the condemnations pronounced by the ECtHR against France for lack of healthcare, suicide prevention and its poor prison conditions has resulted in the Prison Act of 2009, the development of suicide prevention in custody, prison renovation and reforms of the medical and psychiatric care of prisoners. The Council of Europe has also extended the scope of its supervision over Belgium to cover suicides, illegal detention, healthcare and insanity. For its part, the UK seems to be reluctant to incorporate the ECtHR's caselaw into domestic legislation and jurisprudence due to long and persistent national tradition. However, the UK has begun complying with the positive obligations pronounced by the European Court of Human Rights in the field of death prevention and judicial reviews for prisoners serving life sentences.

Introduction

Contrary to legal scholars, when addressing human rights, prison sociologists exclusively focus on legal practices and prison law implementation, to the detriment of the oversight exerted by international bodies, international regulations and their impact on national prison laws. The bulk of research in prison sociology has instead been concerned with highlighting the contradictions between the authoritarian and arbitrary structure of prison and the principles of law, the effects of judicialisation on prison life and the increase of the prison population. Sociologist scholars have also shown that appeals lodged by prisoners and prisoner advocacy groups have refocused prison relationships on the question of the exercise of rights[1] and the legitimacy of violence against inmates particularly in terms of discipline, confinement and transfers,[2] as well as the persisting ineffectiveness of law in prison. The latter is perceived as being the product both of the weakness of prison law, although it has been progressively — and quite considerably — reinforced[3] and of the anti-democratic vocation of prison, seen as patently incompatible with human rights. Lastly, it has been emphasised that the legal appeals lodged by advocacy groups with a view to improving detention conditions[4] or promoting the exercise of rights have had the adverse effect of legitimising and encouraging extensive recourse to imprisonment[5] whilst not making a strong impact on prison conditions, and has in fact been counteracted by the prison services in the form of a 'disciplinary governance' backlash.[6]

There are in our opinion two main pitfalls of this sociological approach to prison: firstly, it underestimates the historical role played by international organisations and the content of the regulations they issue; secondly, it addresses litigation increase and judicialisation on a strictly national, actionalist and occupational level (with observation generally focusing on occupational groups, associations and detainees). Yet, a number of international bodies such as the UN, the Council of Europe and even the European Union, created after World War II to ensure compliance with human rights standards and to prevent inhumane and degrading treatments, tend to produce a monitoring of States based on increasingly numerous and influential regulations, standards, recommendations, and even

1. Jacobs, J.B. (1997) 'The Prisoners' Rights Movement and Its Impact', in: Marquart, J.W. and Sorensen, J.R. (Eds.), *Correctional contexts. Contemporary and classical readings*. Los Angeles: Roxbury, pp. 231–247.
2. Belbot, B. (1997) 'Prisoner Classification Litigation', in: Marquart, J. W. and Sorensen, J. R. (Eds.), *Correctional Contexts, Contemporary and Classical Readings*. Roxbury: Los Angeles, pp. 272-280; Crouch, B. and Marquart, J. 'Resolving the Paradox of Reform : Litigation, Prisoner Violence, and Perceptions of Risk', in: Marquart, J. and Sorensen, J. (Eds.), *Correctional Contexts. Contemporary and Classical Readings*. Los Angeles: Roxbury Publishing, pp. 258–271.
3. Herzog-Evans, M. (2012) *Droit pénitentiaire*. Paris : Dalloz.
4. Jacobs, J. B. (1997) *op. cit*.
5 . Gottschalk, M. (2006) *The Prison and the gallows: the politics of mass incarceration in America.* New York: Cambridge University Press; Schoenfeld, H. (2010) 'Mass incarceration and the paradox of prison conditions litigation'. *Law and Society Review*, 44 (3-4): 731–768.
6. Herzog-Evans, M. (2012) *op. cit*. However the main reasons to this backlash are to be found in the punitive policies of the 'Sarkozy era'.

condamnations.[7] The purpose of this monitoring is to govern and oversee correctional facilities, and international institutions, and to ensure that they are effective in domestic law. In particular, the judicial oversight exercised by the ECHR, the judicial organ of the Council of Europe, has significantly increased over time notably thanks to the evolution of its structure and jurisdiction towards a constitutional court and an increasing cooperation with the other organs of the Council of Europe, the Committee of Ministers, the Parliementary Assembly and the Committee for the Prevention of Torture.[8] More precisely, ECHR rulings regarding prisons have been mainly based on the violation of three articles of the European Convention on Human Rights: Articles 2, 3, and 5 and have made demands on these member states with regard to vulnerable prisoners, death and health in custody, prison conditions and coercive or disciplinary measures.

Because legal scholars have not fallen in the aforementioned pitfalls,[9] the authors of this paper shall essentially draw upon legal analysis and literature, whilst endeavouring to maintain a socio-legal compass. This paper intends to examine the influence of the legal supervision exercised by the Council of Europe and its organisations (the ECtHR and the CPT) on the Belgian and French prison services with an additional focus on the UK. In order to study the concrete impact of the legal control exercised by the bodies on these countries, we shall rely on a socio-legal analysis of the Council of Europe's Recommendations, Prison Rules and ECHR rulings to study the impact of those norms on Belgian, British and French legislation and jurisprudence.

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The right to life and the development of death and suicide prevention (article 2) in custody

The right to life constitutes one of the most important rights recognised by Article 2 of the European Convention on Human Rights of 1950. The ECtHR's main priority is wider systemic issues rather than individual cases.[10] This is also true with regard to Article 2 which is considered by the ECtHR as being *'one of the basic values of the democratic societies making up the Council of Europe'*.[11] Accordingly, when faced with potential breaches of this provision, the Court must subject violation allegations to the most careful scrutiny.[12]

The jurisprudence on the right to life has developed in seven fields amongst which the prevention of deaths in prison in relation to healthcare, to prison suicide and homicides in prison, where sick or injured prisoners were denied adequate medical care. The right to life is considered by the ECHR as being a priority that provides not only a negative obligation of not endangering citizens' lives and refraining from the intentional and unlawful taking of life, but also positive obligations which oblige the State to protect human life by way of screening and preventive measures, and step actions.[13]

In this respect, states like France and the UK condemned by the ECHR on the basis of Article 2 and the Recommendation 98(7) of the Committee of Ministers of the Council of Europe have been obliged to develop and sustain death and suicide prevention within its prisons by establishing special procedure based on risk detection and risk management.[14] More precisely, the Court requires from member States that in the case of a suicide risk that is known or must be known due to the prisoner's behaviour and/or to his personal and psychiatric history, they shall take all appropriate precautionary measures to detect and prevent this suicide by using risk calculation along with preventive measures adapted to this risk: constant supervision, placement in a completely bare cell and/or in an adequate block, removal of belts, shoe-laces, and other blunt objects[15] which could be used to commit suicide. The Court also requires that they should pay special attention to any sign of self-mutilation

7. Bond, M. (2011) *The Council of Europe: structure, history and issues in European politics*. New York: Routledge.
8. Van Zyl-Smit, D. and Snacken, S. (2009) *Principles of European prison law and policy: penology and human rights*. Oxford, Oxford University Press.
9. See e.g. Herzog-Evans, M. (2012) *op. cit*.
10. Leach, P. (2013) 'No longer offering fine mantras to a parched child? The European Court's developing approach', in: Føllesdal, A., Peters, B. and Ulfstein, G., *Constituting Europe: The European Court of Human Rights in a National, European and Global Context*. Cambridge: Cambridge University Press, p.165.
11. ECHR, 20 December 2004, *Makaratzis v. Greece* , n° 50385/99, § 56.
12. ECHR, 6 July 2005, *Nachova and Others v. Bulgaria*, n°43577/98 and 43579/98.
13. Cliquennois, G., and Champetier, B. (2013) 'A new risk management for prisoners in France: The emergence of a death-avoidance approach'. *Theoretical Criminology*, 17(3): 397-415.
14. *Ibid*. see also Cliquennois, G. (2010) 'Preventing suicide in French prisons'. *British Journal of Criminology* 50(6): 1023–1040. For the UK see ECHR, 3 April 2001, *Keenan v. United Kingdom*, n° 27229/95.
15. ECHR, *Keenan v. United Kingdom*, op. cit., § 88.

threat.[16] For its part, Belgium was also found in violation of Article 2 in *De Donder and De Clippele v. Belgium* (2012) for not having sufficiently considered suicide risk factors in the case of a mentally ill person interned several times, but *'at the time of his suicide detained in an ordinary prison environment even as he was suffering from a mental disorder'*.[17] This ruling fits within the Court's progressive jurisprudence on the obligation of detecting and preventing suicide risk for prison authorities.

This obligation has been applied previously to death prevention in cases involving the UK. This jurisdiction has been found guilty on several occasions for not having exerted sufficient surveillance and control over inmates who were killed by other inmates: *'For a positive obligation to arise, it must be established that the authorities knew or ought to have known at the time of the existence of a real and immediate risk to the life of an identified individual from the criminal acts of a third party and that they failed to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk'*.[18] Consequently, in the case of violent deaths, it belongs to the State to screen dangerous prisoners and to ensure that informations on dangerousness collected by different professionals and agencies such as medical professions, the police, prosecution and courts are relayed and passed on to the prison authorities[19] (*Edwards v the UK*, 14 March 2002, §64). In the same manner, the ECtHR requires prison authorities to establish and put in place sufficient screening procedures for newly arrived prisoners with the aim of detecting high risk profiles: *'the Court considers that it is self-evident that the screening process of the new arrivals in a prison should serve to identify effectively those prisoners who require for their own welfare or the welfare of other prisoners to be placed under medical supervision'*.[20] The UK and France have effectively replied to these obligations.[21]

The prohibition of torture and inhuman treatment (article 3)

Article 3 of the Convention recognises one of the most fundamental values of democratic society and constitutes a priority for the European Court in its prioritisation and selection policy. Even in the most difficult of circumstances, such as the fight against terrorism or crime, and no matter what the victims's behaviour is, the Convention prohibits in absolute terms torture or inhuman or degrading treatment or punishment.

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Lack of healthcare

In terms of human rights and particularly of the legality of detention and of inhuman and degrading treatment, the right to health is also an especially important matter in the monitoring of detention conditions. In effect, both the UN Standard Minimum Rules for the Treatment of Prisoners and the European Prison Rules (EPR) of 2006 which follow Recommendation 98(7) of the Council of Europe concerning healthcare in prison[22] require the establishment of a medical service within prisons, this in close collaboration with outside medical and hospital facilities operating under the authority of Health Ministries.[23] The ECtHR and the CPT have both gradually come to exercise *external* control over the creation of healthcare services which should be independent from prison authorities. The *internal* control of healthcare in prison settings as exercised by medical services directly connected to national healthcare services is thus arguably reinforced by the external control exercised by European bodies.

This European principle was transcribed in the 2005 Belgian Prison Act, which now states that prisoners shall have access to quality healthcare that meets the standards defined by the general health system, this in close collaboration with external health structures (Article 88). In conformity with the EPR, the Belgian Prison Act — in a

16. *Ibid*.
17. ECHR, 6 December 2011, *De Donder and De Clippel v. Belgium*, n° 8595/06, §78.
18. ECHR, 28 October 1998, *Osman v. the UK*, n° 87/1997/871/1083.
19. ECHR, 14 March 2002, *Paul and Audrey Edwards v. the UK*, n° 46477/99, §64.
20. *Ibid.*, §62.
21. Cliquennois, G. and Champetier, B. (2015) *The development of a risk management approach to conditional release, healthcare and deaths in custody by the Council of Europe*. CARR Discussion Paper, London School of Economics, forthcoming.
22. Resolution 98(7) of the Committee of Ministers concerning the ethical and organisational aspects of healthcare in prison.
23. Rule 40.1 of the EPR.

similar vein to a French 1994 Public Health Act — requires that prisoners whose health requires a medical examination that cannot be conducted in prison be transferred to a health facility (Article 93). A Belgian circular released by prison authorities was published as a response to this obligation resulting from the EPR to create psychiatric services closely connected to psychiatric services provided as part of the general mental health network. The so-called '1800' circular of 7 June 2007 relating to the healthcare teams of psychiatric sections in Belgium prisons and social welfare facilities under the Ministry of Justice recommended the hiring of qualified personnel (psychiatrists, coordinating psychologists, occupational therapists…) which would remain independent from other prison staffers in order to maintain a 'scission between care and expertise'. It also asked for the creation of an Ethics Committee in order to ensure this independence. Studies pertaining to the implementation of the 1800 circular in several prison and social welfare facilities have however highlighted its weak effectiveness, the dependence of the mental health sections toward prison authorities and the circumventions of the principle of separation between care and expertise within these psychiatric sections.[24]

In 1993, the CPT had already noted violations of the European Convention on Human Rights in these psychiatric sections, called in Belgium 'psychiatric annexes'. These included problematic transfers of patients to disciplinary blocks,[25] the complete lack of say of medical supervisors on admissions and discharges,[26] and the recurrent shortage of healthcare personnel attached to the annexes. These observations were shared by the Commissioner for Human Rights of the Council of Europe.[27] In light of these observations, the UN Human Rights Committee has asked the Belgian state to put an end to the psychiatric annex system, since they de facto constitute detention of mentally-ill people settings.[28] In a number of recent rulings the European Court of Human Rights has made up for this lack of supervision by reinforcing the pressure on Belgian authorities to radically reform the national prison system.

One of such rulings was *Claes v. Belgium* (2013), wherein the Court held that the applicant's continuous detention in a prison's psychiatric wing without adequate care constituted a degrading treatment resulting in a violation of Article 3.[29] Belgian prison authorities were blamed for not having provided sufficient onsite medical supervision or offered an alternative by reinforcing ties between the prison services and appropriate healthcare structures. The '*unsuitability of psychiatric wings for the detention of persons with mental health problems, staff shortages, the poor standard of care, the dilapidated state of premises, overcrowding in prisons and a structural shortage of places in psychiatric facilities outside prison'* was more broadly denounced.[30] This ECHR jurisprudence raised the more general question of the structural supervision of mentally ill offenders in need of medical treatment. The Belgian authorities partly responded to the Court by increasing the number of medical staff in prisons and psychiatric wings, by increasing the capacity of psychiatric institutions reserved for offenders, and by launching the construction of three psychiatric units for medium-risk mentally ill defenders (Zelzate, Bierbeek et Rekem) along with two psychiatric detention centres for high-risk mentally ill offenders in Ghent and in the vicinity of Antwerp.[31]

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In several ECtHR cases, and particularly in *Rivière*, France was also held in breach of Article 3 for not having placed vulnerable psychotic and mentally ill inmates in a psychiatric hospital as requested by medical doctor, and for not having transferred physically ill inmates to hospitals.[32] Following these sanctions France reformed

24. Cartuyvels, Y., Champetier, B. and Wywekens, A. (2010) *Soigner ou punir ? Une approche critique de la défense sociale en Belgique*. Bruxelles : Publications de l'Université Saint-Louis Bruxelles.
25. Lantin's psychiatric wing, CPT report of 1993.
26. *Ibid*.
27. Commissioner for human rights- Council of Europe. Visit in Belgium, 15–19 December 2008 (ref. CommDH (2009)14).
28. United Nations Human Rights Committee (CCPR). Consideration of the report submitted by Belgium under the International Covenant on Civil and Political Rights (Draft concluding observations, November 2010).
29. CHR, 10 January 2013, *Claes v. Belgium*, n° 43418/09, §100 -102; ECtHR, 6 December 2011, *De Donder and De Clippel v. Belgium*; ECHR, 10 January 2013, *Duffort v. Belgium*; ECHR, 10 April 2013, *Sweenen v. Belgium*; ECHR, 9 January 2014, *Lankaster v. Belgium*; ECHR, 9 January 2014, *Van Meroye v. Belgium*, ; ECHR, 9 January 2014, *Plaisier v. Belgium*; ECHR, 9 January 2014, *Oukili v. Belgium*; ECHR, 9 January 2014, *Moreels v. Belgium*.
30. ECHR, 10 January 2013, *Claes v. Belgium*, n°43418/09, §98.
31. Belgian Senate, Session 2006–2007, 20 March 2007, legislative document n° 3-2094/3, Justice Commission Report, M. Mahoux.
32. ECHR, 14 November 2002, *Vincent and Mouisel v. France*, n° 67263/01.

prisoners' medical and psychiatric care. In 2002, a special early release measure for prisoners whose medical conditions is incompatible with their detention and for terminally ill prisoners was created (Penal Procedure Code, Art. 721–1), which has recently been extended to mentally ill offenders (Law of August 15, 214). Moreover, psychiatry units specially designed for inmates have gradually opened within psychiatric hospitals (Public Health Code, Art. L. 3214-1). In addition, whilst having existed since 1910, as of 2008, special psychiatric hospitals ('Difficult Patients Units' — *Unités pour malades difficiles:* UMD, Public Health Code, Article L3222-3) for severally mentally ill patients representing a danger to other people and who have thus often been incarcerated have seen a considerable increase in the number of their available beds. Lastly, a 'safety detention unit' has been created in 2008 in the Parisian prison of Fresnes (PPC, Art. 706-53-13 s.), which has however so far only hosted three highly dangerous offenders released from prison.[33]

Poor conditions of detention

France has also been sanctioned for its extremely poor prison conditions, due to a large part to chronic overcrowding. Following the abundant jurisprudence pertaining to prison overcrowding and, in particular the 'pilot case' *Torreggiani and others v. Italy* in 2013,[34] where the ECHR ordered Italy to make the structural changes needed to prevent further violations of Article 3 due to prison poor conditions and overcrowding, it was only a matter of time before France, where the situation was quite similar, would also be found guilty of breaching Article 3.

In *Canali v. France*,[35] France was indeed held in violation of Article 3 because of the lack of basic hygiene and dignity, from which the applicant could only extirpate himself one hour a day for a promenade in a small 50 sq. meter courtyard (§53). With regard to prison conditions, European court cases have been determinant agents in the legislative changes that have ensued. The passing of the Prison Act in 2009 — a rather conservative and, in some cases, retrograde reform, but for a few chosen topics — was in itself the result of the intense jurisprudential activity which had taken place in the previous years at both levels.[36]

Whilst at the end of 2014, France has renewed for the fourth time, a five-year moratorium whereby the prison services have been authorised to delay the implementation of the 'one prisoner per cell' rule (PPC, art. 716), in practice, nothing has changed as many inmates are still sleeping on matresses laid down on their cell floor, as France's prison population continues to rise.

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The prison services have made consistent progress in a number of areas. For instance, toilets are now gradually being separated from the rest of the cells; new prisons are being built as the current government has not cancelled the construction plan that the previous had put in place. However, with regard to solitary confinement, the Prison Act has maintained the possibility for prison authorities and the Ministry of Justice to indefinitely keep prisoners under solitary confinement.[37]

The right to legal detention (article 5)

The third article on which the Court relied to condemn Belgium and the UK was Article 5 ofthe Convention which aims to protect individuals from all arbitrary deprivations of liberty.[38] With this in mind, and on the basis of subparagraph e) of paragraph 1 in Article 5 and of numerous CPT reports, the Court ruled in Aerts (1998), D*e Donder and De Clippel* (2012), *Claes* (2013), *Dufoort* (2013), L.B. (2013), and *Swennen* (2013) that the imprisonment or continued detention of a mentally ill person[39] in the psychiatric

33. Herzog-Evans, M. and van der Wolf, M. (2015) 'Supervision and detention of dangerous offenders in France and the Netherlands: a comparative and Human rights' perspective', in: Herzog-Evans, M. (ed.), *Offender release and supervision: The role of Courts and the use of discretion*. Nijmegen: Wolf Legal Publishers, forthcoming.
34. ECHR, 8 Jan. 2013, *Torreggiani and others v. Italie*, n° 43517/09, 46882/09, 55400/09, 57875/09, 61535/09, 35315/10, 37818/1043517/09, 46882/09, 55400/09, 57875/09, 61535/09, 35315/10, and 37818/10.
35. ECHR, 25 April 2013, *Canalo v. France*, n° 40119/09.
36. Herzog-Evans, M. (2010) « Loi pénitentiaire no 2009-1436 du 24 novembre 2009 : changement de paradigme pénologique et toute puissance administrative ». *Recueil Dalloz. chronique*: 31-38.
37. Herzog-Evans M. (2015), 'Solitary Confinement and Convict Segregation in French Prisons, in Richards S. (ed.), *The Marion Experiment: Long-Term Solitary Confinement and the Supermax Movement*, Southern Illinois University Press.
38. ECHR, 4 April 2000, *Witold Litwa v. Poland*, n° 26629/95 and ECHR, 2 March 1987, *Weeks v. United Kingdom*, n° 9787/82.
39. According to the ECHR, an individual may be considered as being mentally ill, and consequently be deprived of his liberty, if his mental illness has been established conclusively, and if his disorder is serious enough to make internment a legitimate option. Internment cannot be validly extended if the disorder does not persist (ECHR, 24 October 1979, *Winterwerp v. Netherlands*; ECHR, 5 October 2000, *Varbanov c. Bulgaria*).

wing of a prison is illegal and irregular, as this detention takes place in inappropriate conditions, making deficient *'the relationship between the aim of detention and the conditions in which it took place'*.[40] On the basis of article 5§1e), the ECHR therefore requires a relationship between the motive put forward to justify the deprivation of liberty and the prison conditions. On this basis, mentally ill prisoners must be transferred to a hospital, a clinic or another appropriate facility where their symptoms can be treated.

Likewise, and also on the basis of Article 5 (§4), the ECHR considers that in order for detention to be legal, the member state needs to ensure consistency between the offence committed and the reason for which the offender is sent to prison.[41] The Court has distinguished two separate phases for prison sentences: the first phase aims at punishing; the second phase relates to the risk posed by the offender to society.[42] As soon as this second phase of the sentence begins, member states are obligated to regularly evaluate the risks raised by prisoners.[43] It is on this basis that the Court has ruled against Belgium in *Van Droogenbroeck*, and considered that the lack of regular evaluation rendered the applicant detention illegal — even though he had committed numerous theft offences. According to the Court, the authorities should at least have made regular assessments of the prisoner's personality, which they had not.[44] It is noteworthy that the European Probation Rules (CM/Rec(2010)1) likewise recommend regular risk assessement of offenders (Art. 66–71).

British and Belgian authorities have partially replied to this obligation by developing and using risk management assessment more and more regularly.[45] In particular, the UK has been obliged by the ECtHR (notably since the *Vinter* case[46]) to create a mechanism guaranteeing regular judicial reviews for prisoners serving life sentences.[47]

Conclusion

We have shown that the condemnations pronounced by the ECtHR against France for lack of healthcare, suicide prevention and poor prison conditions has resulted in the Prison Act of 2009, the development of suicide prevention in custody, the renovation of prisons and reforms of medical and psychiatric care of prisoners. It has also recently contributed to the enactment of a law reform which endeavours — albeit by unfortunately reducing fair trial and respect for prisoners' agency[48] — to fast release more and more offenders, thereby instrumentalising early release[49] in order to solve overcrowding, the root cause of such problems. The Council of Europe has also extended the scope of its supervision for Belgium to cover suicides, illegal detention, healthcare and insanity. In this regard, this European oversight is increasingly tight, particularly regarding suicide and the detention of mentally ill individuals. For its part, the UK seems to be reluctant to incorporate the ECtHR's caselaw into domestic legislation and jurisprudence due to long and persistent national traditions. However, the UK has begun complying with the positive obligations imposed by the ECtHR with issues such as death prevention and judicial reviews for prisoners serving life sentences.

On the other hand, we could question whether these changes have really had a deep impact on prisoners' material conditions and on overcrowding. One could argue that both issues remain unchanged, due, to a great extent to the punitive legislations which have been enacted in the last decades in the three jurisdictions. Lastly, the prison services have resisted reforms and found new ways of disciplining prisoners and regaining some of the discretionary power they had lost over that period. While legal remedies cannot in themselves totally solve structural and penological issues, they can delay and contain the impact of long term negative trends as vividly shown by the European legal framework.[50]

40. ECHR, 10 January 2013, *Claes v. Belgium*, §120.
41. ECHR, 25 October 1990, *Thynne, Wilson and Gunnell v. the UK*, n° 11787/85, 11978/86.
42. *Ibid*. and ECHR, *Weeks v. the UK*, op. cit.
43. *Ibid*.
44. ECHR, 24 June 1982, *Van Droogenbroeck v. Belgium*.
45. Cliquennois, G. and Champetier, B. (2015) *op.cit*.
46. ECtHR, *Vinter v. UK*, 9 July 2013, 66069/09.
47. *Ibid*.
48. On the very complex issue of balancing due process, prisoner agency, rehabilitation and reentry, whilst releasing enough inmates see: Herzog-Evans M. (ed.), *Offender release and supervision: The role of Courts and the use of discretion*. Nijmegen: Wolf Legal Publishers, forthcoming in 2015.
49. Snacken, S., Beyens, K. & Beernaert, M.A. (2010), 'Belgium', in Padfield, N., van Zyl Smit, D. & Dünkel, F. (Eds.) *Release from prison. European policy and practice*, Cullompton, Devon, Willan Publishing: 70–103.
50. Snacken, S. and Dumortier, S. (eds.) (2012). *Resisting Punitiveness in Europe? Welfare, human rights and democracy,* Routledge.