

監護處分個案之社區轉銜失敗： 風險評估與再犯的啓示

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摘 要

本報告詳述C先生的個案，一位53歲診斷思覺失調症的男性，目前正在台灣接受監護處分。儘管他過去曾有提早結束監護後再犯的紀錄，現仍以「住院期間表現良好」為由，再次提出提早出院之請求。我們認為，他的首次再犯為一個可預見的系統性失誤，其根源在於系統過度依賴表面的行為順從，而忽略了對內化復元的評估。此失誤源於三個環環相扣的問題：(1) 臨床上未能區分「治療方案完成進度」(可由DUNDRUM-3等工具測量) 與「真實復元」(由DUNDRUM-4測量)的差異；(2) 台灣《刑法》第87條中對於「再犯風險」的法律定義模糊，導致釋放的證據基礎不足；以及(3) 嚴重缺乏能銜接保全照護與社區生活的轉銜基礎設施。藉鑑國際模式，我們提出一個多階段的轉銜框架，並倡議一種新的、以里程碑為基礎的監護處分終止標準；此標準應優先考量動態風險因子和經過驗證的復元指標，而非依賴直覺判斷或病患表面的順從性。

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關鍵詞：司法精神醫學、監護處分、社區轉銜、風險評估、再犯

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Failures in Forensic Psychiatric Transition to the Community: Implications for Risk Assessment and Recidivism

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ABSTRACT

This report details the case of Mr. C, a 53-year-old male with schizophrenia who was subject to custodial protection in Taiwan. Despite a history of a previous early release from custodial protection that was followed by recidivism, he is again seeking premature discharge based on reports of "good in-hospital performance." We argue that his first re-offense was a predictable failure of a system that over-relied on superficial behavioral compliance while neglecting to assess internalized recovery. This failure is rooted in three interconnected issues: (1) a clinical inability to differentiate between progress in programme completion (as measured by tools like the DUNDRUM-3) and genuine recovery (measured by the DUNDRUM-4); (2) the legal ambiguity of "risk of re-offending" under Taiwan's Criminal Code Article 87, which permits release based on inadequate evidence; and (3) a critical lack of transitional infrastructure to bridge the gap between secure care and the community. Drawing on international models, we propose a multi-staged transitional framework and advocate for a new, milestone-based standard for terminating custodial protection, prioritizing dynamic risk factors and validated recovery metrics over intuitive judgement or simple compliance of the patient.

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Key words: Forensic Psychiatry, Custodial Protection, Community Integration, Risk Assessment, Recidivism

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