

# XXXVIII<sup>th</sup> International Congress on Law and Mental Health

Barcelona  
July 22<sup>nd</sup> – 26<sup>th</sup>, 2024

*Under the auspices of*

International Academy of Law and Mental Health

*Sponsor*

University of Barcelona

*Collaborators*

Académie internationale d'éthique, médecine et politique  
publique, Paris

International Society for Therapeutic Jurisprudence



# Abstracts of the XXXVIII International Congress on Law and Mental Health

---

Résumés du XXXVIII<sup>e</sup> congrès international de droit et  
de santé mentale

David N. Weisstub

*Editor*

International Academy of Law and Mental Health

International Academy of Medical Ethics and Public Health

# International Scientific Committee

David N. Weisstub

Chair

*International Academy of Law and Mental  
Health*

*International Academy of Medical Ethics and  
Public Health*

Jeffrey Bishop  
Natalie Bonfine  
Monica Broome  
Terry Carney  
Beverly Clough  
Eric Drogin  
Julian Gojer  
Christopher Hughes  
Tara S. Jungersen  
Isabel Karpin  
Elizabeth Kelley  
Shelley Kierstead  
Sjors Ligthart

Roxanne Myktiuk  
Jacqueline Pei  
Elizabeth Pendo  
Joel Michael Reynolds  
Dominique Roe-Sepowitz  
Isaac Romano  
Tess Sheldon  
Janet Schrager  
Karen Shin  
Linda Steele  
Anne Troy  
Michiel van der Wolf  
Sheila Wildeman  
David Yamada

# Table of Contents

1.	A COMPARATIVE ANALYSIS OF THE INSANITY DEFENCE IN NEW ZEALAND AND SOUTH AFRICA: THE CASE OF LAUREN DICKASON	9
2.	A MULTIDIMENSIONAL APPROACH TO RADICALIZATION AND EXTREMISM .....	10
3.	ADVANCE CARE PLANNING IN MENTAL HEALTHCARE.....	13
4.	ALTERNATIVE CLINICAL APPROACHES TO SUPPORT MARGINALIZED YOUTH .....	15
5.	ARTIFICIAL INTELLIGENCE AT THE FOREFRONT OF REDEFINING LAW AND MENTAL HEALTH .....	17
6.	ATTEND TO CHILDREN: DEVELOPMENTAL FOUNDATION OF MENTAL DISORDERS, MENTAL HEALTH, VIOLENCE, AND VIOLENCE PREVENTION .....	19
7.	BEING IN THE MINORITY: HOW DOES BEING A MINORITY IMPACT ATHLETES AND CELEBRITIES? .....	22
8.	BIOPHILOSOPHY AND BIOETHICS.....	23
9.	BRAZILIAN FORENSIC PSYCHIATRY NEW CHALLENGES .....	24
10.	CHANGING POLICE CULTURE THROUGH RECRUIT TRAINING AND EARLY INTERVENTION?.....	26
11.	CHILD SEX ABUSE: INVESTIGATION TO COURT – THEN AND NOW.....	28
12.	CHILD’S RIGHTS AND ABUSE: HISTORICAL AND INTERNATIONAL COMPARISONS .....	29
13.	CHILDREN AND ADOLESCENTS IN AND OUT OF THE FORENSIC SYSTEM.....	31
14.	CHRONIC PAIN AND THE LAW: IS THE PAIN SOMATIC? IS IT SOMATOFORM? .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
15.	COMMUNITY ENGAGED RESPONSES TO COMPLEX NEEDS .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
16.	CONSIDERING MENTAL HEALTH CARE AND PLANNING FOR THE NEXT PUBLIC HEALTH EMERGENCY .....	32
17.	CONTEMPORARY APPROPRIATIONS OF LACANIAN THEORY IN LAW .....	34
18.	CONTROVERSIES IN MENTAL HEALTH CARE IN THE UNITED STATES: PRAXIS, TECHNOLOGY, AND REGULATION.....	36
19.	CORRECTIONS AND FORENSIC PSYCHIATRY.....	38
20.	COVID, CUSTODY AND CLOSED SPACES: THE COLOURS AND TONE OF LIMITATIONS TO FREEDOM (I).....	40
21.	COVID, CUSTODY AND CLOSED SPACES: THE COLOURS AND TONE OF LIMITATIONS TO FREEDOM (II).....	43
22.	COVID, CUSTODY AND CLOSED SPACES: THE COLOURS AND TONE OF LIMITATIONS TO FREEDOM (III).....	45
23.	CREATING AND EVALUATING TRAUMA-INFORMED SYSTEMS .....	46
24.	CRIMINAL PRACTICE, CRIMINAL ADJUDICATION .....	49
25.	CRIMINOLOGY AT THE COAL FACE: THE IMPORTANCE OF APPLIED CRIMINOLOGY IN SUPPORTING WELLBEING AND MENTAL HEALTH.....	51
26.	CRITIQUING JURISDICTIONAL DISPARITIES: EXPLORING THE VARIED IMPLEMENTATION OF COMMUNITY TREATMENT ORDERS.....	54
27.	CURRENT STATUS OF WOMEN’S RIGHTS IN HEALTHCARE IN POLAND.....	56
28.	CUSTODIAL ISSUES IN THE 21ST CENTURY.....	56
29.	DANGEROUSNESS: PERSPECTIVES FROM CRIMINAL LAW, PSYCHIATRY, AND AI .....	59
30.	DEATH IN DESPAIR AND ITS PRACTICAL RESPONSE IN KOREA .....	61
31.	DECISIONS AND DECISION-MAKING IN SCANDINAVIAN FORENSIC PSYCHIATRIC ASSESSMENTS, PAST AND PRESENT .....	63
32.	DEVELOPMENT OF EVIDENCE-BASED PRACTICE IN FORENSIC PSYCHIATRY: A TRANSDISCIPLINARY CHARACTERIZATION AND DEVELOPMENT OF NEW METHODOLOGIES.....	66
33.	DISPARITIES IN MENTAL ILLNESS: PREVENTION, TREATMENT, AND RESEARCH.....	68
34.	DISTRESS ON THE FARM: THE IMPACTS OF AGRICULTURAL POLICIES ON FARMER MENTAL HEALTH .....	70
35.	DYING AND DEATH PERSPECTIVES FROM THE 21ST CENTURY .....	73
36.	EDUCATIONAL INNOVATIONS FOR MEDICAL STUDENTS AND RESIDENTS .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
37.	EDUCATING PSYCHOLOGISTS IN LAW AND MENTAL HEALTH.....	74
38.	EMPIRICAL FINDINGS ON DUTCH FORENSIC MENTAL HEALTH: CRIMINAL RESPONSIBILITY ASSESSMENT, DIVERSION AND FORENSIC CARE .....	75
39.	ETHICAL AND LEGAL CONSIDERATIONS OF HIGH-RISK ORGAN DONATION AND WITHDRAWAL OF MECHANICAL CIRCULATORY SUPPORT.....	77
40.	ETHICAL CHALLENGES IN DISPARATE MENTAL HEALTH SETTINGS (I) .....	79
41.	ETHICAL CHALLENGES IN DISPARATE MENTAL HEALTH SETTINGS (II) .....	79
42.	ETHICAL CHALLENGES IN REPRESENTING UNREPRESENTED PATIENTS WITH DISABILITIES .....	81
43.	ETHICAL CONSIDERATIONS IN COMMUNITY BASED HEALTH RESEARCH.....	82

44.	EVALUATION OF SUBSTANCE-RELATED POLICIES: WHERE WE STAND TODAY? .....	84
45.	EXPLORING CRIMINOGENIC THINKING IN INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND HISTORY OF INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM.....	87
46.	EXPLORING HUMAN TRAFFICKING : STUDIES OF ECONOMICS, TECHNOLOGY, AND GANGS. ....	88
47.	FALLING BETWEEN THE CRACKS: GAPS AND TENSIONS IN MENTAL HEALTH LAW .....	90
48.	FAMILIES AND DISTRESS: MENTAL HEALTH AND LEGAL INTERACTION.....	92
49.	FAMILIES TORN APART: THE MENTAL HEALTH IMPLICATIONS OF PARENTAL INCARCERATION ON YOUTH .....	94
50.	FAMILY JUSTICE IN THE UK. PROGRESS, INJURY - AND EVERYTHING IN BETWEEN.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
51.	FORENSIC ASPECTS IN ALCOHOL DEPENDENT PATIENTS.....	96
52.	FORENSIC MENTAL HEALTH IN HISTORICAL AND COMPARATIVE PERSPECTIVE: NETHERLANDS, ENGLAND & WALES AND TURKEY	99
53.	FORENSIC MENTAL HEALTH TRAINING – INTERNATIONAL PERSPECTIVE .....	101
54.	FORENSIC SERVICES FOR SEXUAL OFFENDERS IN GERMANY .....	102
55.	FROM POLICY TO PERSONNEL: A MODEL FOR TRAUMA-INFORMED HIGHER EDUCATION .....	103
56.	GENDER AND SEX ISSUES IN ALCOHOL USE DISORDERS .....	106
57.	GLOBAL MENTAL HEALTH IN CONTEXT .....	108
58.	HEALING INDIVIDUALS AND COMMUNITIES FOLLOWING VIOLENCE AND TRAUMA: A COLLABORATIVE APPROACH.....	110
59.	HELPING ADVANCE TRAUMA-INFORMED LEGAL EDUCATION AND LAWYERINGATION .....	112
60.	HOW TO DO HEALTH JUSTICE .....	114
61.	HUMAN TRAFFICKING INNOVATIVE INTERVENTION RESEARCH .....	116
62.	IDENTIFYING AND MANAGING VULNERABILITIES ACROSS FORENSIC SETTINGS.....	118
63.	IMMIGRANT PATIENTS: NEW PROBLEMS, NEW SOLUTIONS - OR NOT? .....	120
64.	INNOVATIONS IN HEALTHCARE EDUCATION.....	122
65.	INTERGENERATIONAL INDIGENOUS HEALING KNOWLEDGES & THEIR RELATIONSHIP TO THE RIGHT TO SURVIVAL, DIGNITY AND WELL-BEING.....	123
66.	INTEGRATIVE LAW .....	125
67.	INTERNATIONAL TRAINING IN FORENSIC MENTAL HEALTH .....	127
68.	INTERVENTIONS FOR EVERYDAY LIFE AND BEHAVIOUR.....	127
69.	IS IT TIME FOR MENTAL HEALTH LAW REFORM? PERSPECTIVES FROM CANADA (I).....	130
70.	IS IT TIME FOR MENTAL HEALTH LAW REFORM? PERSPECTIVES FROM CANADA (II).....	131
71.	KANTIAN COSMOPOLITANISM .....	133
72.	KILLING THE SPIRIT OF CHILDREN & ADOLESCENTS WRONGFUL CONVICTIONS IN JAIL AND PRISONS .....	135
73.	LEADERSHIP SKILLS AND ISSUES ACROSS MULTIPLE PLATFORMS.....	136
74.	LEADING WITH DIGNITY: TRAUMA-INFORMED POLICY IN SEXUAL MISCONDUCT AND HUMANITARIAN INVESTIGATIONS .....	138
75.	LEGAL AND REGULATORY IMPLICATIONS OF TRAUMA MITIGATION IN POST-PANDEMIC CLINICAL TRAINING .....	139
76.	LEGAL CHANGE AS A STRUCTURAL DETERMINANT OF HEALTH .....	141
77.	LEGISLATION AND ETHICAL CONSIDERATIONS IN HEALTHCARE .....	143
78.	LINKING LEGALLY-INVOLVED INDIVIDUALS TO NEEDED HEALTH SERVICES.....	145
79.	MAD OR BAD? DILEMMAS IN CRIMINAL JUSTICE AND MENTAL HEALTH CARE. HOW TO COMBINE PUNISHMENT WITH CARE?	147
80.	MEDICAL ASSISTANCE IN DYING IN THE 21ST CENTURY .....	149
81.	MEDICAL ASSISTANCE IN DYING IN A RURAL HEALTHCARE SETTING .....	151
82.	MENTAL HEALTH AND CAPACITY LEGISLATION IN ENGLAND & WALES: DEVELOPMENTS AND PRACTICE CONSIDERATIONS ...	153
83.	MENTAL HEALTH AND HUMAN RIGHTS.....	154
84.	MENTAL HEALTH ASSESSMENTS: CONFRONTING DISPARITIES .....	157
85.	MENTAL HEALTH COURTS AND LEGISLATION: PRESSURES FOR REFORM .....	158
86.	MENTAL HEALTH ISSUES IN SPECIFIC PATIENT POPULATIONS.....	159
87.	MENTAL HEALTH LAW REFORM AND ASSOCIATED LAWS.....	161
88.	MENTAL HEALTH POLICY AND LEGISLATION .....	164
89.	MENTAL HEALTH PROVISION IN THE UNITED KINGDOM- MENTAL HEALTH POLICY, ROLES, AND PRACTICE.....	165
90.	MENTAL HEALTH REVIEWS: CLINICIANS, PATIENTS, AND POLICY PLANNERS .....	167
91.	MIGRANT MENTAL HEALTH AND POLICY IN INTERNATIONAL CONTEXT .....	169
92.	MIND OF THE MAFIA .....	171

93.	MISTREATMENT OF WOMEN'S RIGHTS: FROM HISTORY TO CURRENT CHALLENGES .....	173
94.	NEUROSCIENCE AND THE LAW.....	175
95.	NEUROTECHNOLOGY IN FORENSIC PSYCHIATRY: LAW AND ETHICS.....	177
96.	OBESITY AND LEGAL CHALLENGES.....	180
97.	OPPRESSED GROUPS .....	181
98.	PRISON MENTAL HEALTH.....	183
99.	PROJECT AIM - SIMILAR BY ITS SPIRIT OF WELCOME TO THE STATUE OF LIBERTY, "THE WELCOMING" MONUMENTAL SCULPTURE FOR QUEBEC, CANADA.....	186
100.	PSYCHIATRY OF FLYING - CLINICAL AND REGULATORY ASPECTS .....	187
101.	PSYCHOPATHS OR JUST "NO BRAKES"? THE GREAT DILEMMA OF INTENT OR IMPULSE IN ILLEGAL ACTIONS IN THOSE ADULTS WITH FETAL ALCOHOL SYNDROME (FASD) .....	190
102.	REPAIRING TRUST VIOLATIONS IN SEPARATED AND DIVORCED FAMILIES: THE ROLE OF APOLOGIES, FORGIVENESS AND THERAPEUTIC RECONCILIATION IN FAMILY LAW .....	192
103.	RESILIENCE AND PSYCHOSOCIAL HEALTH IN THE CONTEXT OF CLIMATE CHANGE AND DISASTERS .....	195
104.	RISK ASSESSMENT OF VIOLENT BEHAVIOR IN FEMALE FORENSIC PSYCHIATRIC PATIENTS.....	197
105.	SEXUAL HEALTH AND RIGHTS IN CUSTODIAL SETTINGS IN GERMANY AND THE U.S. – CONVERSATIONS BETWEEN LAW AND MEDICINE .....	199
106.	SEXUALITY, LAW, AND MENTAL HEALTH .....	200
107.	SHARED DECISION MAKING AND INFORMED CONSENT IN CHALLENGING PATIENT POPULATIONS .....	203
108.	SOCIALLY ENGAGED ARTISTIC AND LEGAL COLLABORATIONS IN HUMAN RIGHTS AND CHILDREN'S RIGHTS ADVOCACY.....	205
109.	STATUS OF WOMEN'S RIGHTS IN HEALTHCARE IN POLAND .....	206
110.	SUBSTANCE ABUSE: INVESTIGATING GENERATIONAL CONTEXTS.....	208
111.	SYSTEMIC RACISM AND INEQUALITY .....	209
112.	SYSTEMIC SOLUTIONS TO ADDRESSING CRIMINAL LEGAL SYSTEM INVOLVEMENT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS (I) 211	
113.	SYSTEMIC SOLUTIONS TO ADDRESSING CRIMINAL LEGAL SYSTEM INVOLVEMENT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS (II) 213	
114.	TEACHING HEALTHY LAW STUDENTS: AN EXPLORATION OF IDENTITY, SELF-TRANSCENDENCE, AND INNER ARTISTRY.....	215
115.	THE AI UNIVERSE: NEW AND EXPECTED IMPACTS ON LAW AND MENTAL HEALTH (I).....	217
116.	THE AI UNIVERSE: NEW AND EXPECTED IMPACTS ON LAW AND MENTAL HEALTH (II).....	218
117.	THE CENTRALITY OF GENDER: CRISES AND CULTURE.....	220
118.	THE CHANGING ROLE OF THE POLICE IN MENTAL HEALTH LAW .....	223
119.	THE COMPLEXITY OF TRAUMA ASSOCIATED WITH COVID-19.....	225
120.	THE CONTINUED RELEVANCE OF THE INSANITY DEFENCE: NUANCES AND CHANGES .....	228
121.	THE DIMENSIONS PROJECT .....	229
122.	THE ELDERLY AND RESEARCH ETHICS: ORPHANED POPULATIONS AT RISK .....	231
123.	THE EVOLUTION OF STRUCTURES IN FORENSIC MANAGEMENT .....	233
124.	THE FUTURE OF THE CONCEPT OF DISABILITY IN BIOMEDICINE AND HEALTH LAW I .....	235
125.	THE FUTURE OF THE CONCEPT OF DISABILITY IN BIOMEDICINE AND HEALTH LAW (II).....	236
126.	THE GROWING ROLE OF DEMENTIA IN THE JUSTICE SYSTEM (I) .....	238
127.	THE GROWING ROLE OF DEMENTIA IN THE JUSTICE SYSTEM (II) .....	239
128.	THE GUISES OF PARENTHOOD: DIVERSIFICATION IN RAPIDLY CHANGING CONTEXTS.....	240
129.	THE IMPACT ON CHILDREN OF COMMUNITY VIOLENCE & SCHOOL SHOOTINGS.....	242
130.	THE INTERNET AT THE CUTTING EDGE.....	244
131.	THE INTERPLAY BETWEEN MENTAL HEALTH AND PUNITION: COSTS AND PROJECTIONS (I) .....	247
132.	THE INTERPLAY BETWEEN MENTAL HEALTH AND PUNITION: COSTS AND PROJECTIONS (II) .....	249
133.	THE INTERSECTION OF THE OPIOID EPIDEMIC AND THE CRIMINAL-LEGAL SYSTEM IN KENTUCKY .....	252
134.	THE MULTI-LAYERED WORLD OF PUNISHMENT: CASES, DEFINITIONS, AND POLICY .....	255
135.	THE MULTIPLE PLAYERS IN LAW AND MENTAL HEALTH: FROM LAWYERS TO TREATMENT SPECIALISTS .....	257
136.	THE NEXUS BETWEEN YOUTH JUSTICE AND CHILDREN PROTECTION .....	259
137.	THE POLITICIZATION OF PSYCHIATRY .....	262
138.	THE PSYCHOLOGICAL IMPACT OF WORKING WITH POTENTIALLY DISTRESSING MATERIAL.....	264
139.	THERAPEUTIC RESPONSE TO ADULTS DISCLOSING CHILD SEXUAL ABUSE DURING JURY SELECTION I.....	265

140.	THERAPEUTIC RESPONSES TO ADULTS DISCLOSING CHILD SEXUAL ABUSE DURING JURY SELECTION II .....	268
141.	THE ROLE OF NURSES IN ADDRESSING ABUSE THROUGHOUT THE LIFESPAN .....	270
142.	THE ROLE OF LAWYERS: MENTAL HEALTH AND ITS SPECIFICITIES.....	271
143.	THE RORSCHACH METHOD: METHODOLOGICAL DEVELOPMENTS IN CLINICAL AND FORENSIC DIAGNOSIS .....	273
144.	THE TRAUMATIZED FAMILY .....	275
145.	THE VALUE OF INTRA-PROFESSIONAL CONSULTATION IN FORENSIC MENTAL HEALTH .....	277
146.	TRAUMA AND ITS CONSEQUENCES .....	279
147.	TRAUMA AND TORTURE: DIAGNOSIS, TREATMENT AND OUTCOMES .....	281
148.	TREATMENT AND THERAPEUTIC INTERVENTION .....	284
149.	TRUTH.... AND DOUBT - PERSPECTIVES ON APPELLATE LETHAL INJECTION CASES IN THE UNITED STATES.....	286
150.	UNDERSTANDING THE IMPACT OF PERSONALITY DISORDERS IN DIVORCE .....	289
151.	USE OF SOCIODRAMA TO MITIGATE JUSTICE SYSTEM INVOLVEMENT AND MENTAL HEALTH ISSUES IN ADOLESCENTS AND YOUNG ADULTS.....	290
152.	VARIABLES IN TREATMENT AND ASSESSMENTS: FREQUENTLY ENCOUNTERED FORENSIC CHALLENGES.....	292
153.	WELLNESS AND VULNERABILITY.....	294
154.	WELLNESS, PROFESSIONALS AND VULNERABILITY.....	296
155.	WHEN INTELLECTUAL DISABILITY IS THE BASIS FOR INCOMPETENCE TO STAND TRIAL.....	298
156.	WHEN THE PSYCHIATRIST BECAME VICTIM, CRIMINAL OR ASSISTANT .....	299
157.	WORKPLACE VIOLENCE AGAINST PUBLIC SERVICE PROFESSIONALS .....	300
158.	WORKSHOP ON MANAGING SPECIFIC FORENSIC PROBLEMS IN AN INTEGRATED FORENSIC PROGRAM .....	303
159.	WORKSHOP ON SEX AND SEX OFFENDING .....	305
<b>DISABILITY, LAW AND SOCIETY .....</b>		<b>308</b>
160.	ALTERNATIVE CLINICAL APPROACHES TO SUPPORT MARGINALIZED YOUTH .....	308
161.	DISABILITY, LAW AND SOCIETY (1) .....	312
162.	DISABILITY, LAW AND SOCIETY (2) .....	315
163.	DISABILITY, LAW AND SOCIETY (3) .....	318
164.	DISABILITY, LAW AND SOCIETY (4) .....	320
165.	DISABILITY, LAW AND SOCIETY (5) .....	321
166.	DISABILITY, LAW AND SOCIETY (6) .....	323
167.	DISABILITY, LAW AND SOCIETY (7) .....	324
168.	DISABILITY SUBORDINATION UNDER LAW: POLICING, PUNISHMENT, AND INSTITUTIONALIZATION IN HISTORICAL CONTEXT ..	326
169.	SERVING VULNERABLE POPULATIONS THROUGH TRAINEE COLLABORATION IN LAW CLINICS AND FORENSIC PSYCHIATRY FELLOWSHIPS .....	328
170.	UNVEILING THE COMPLEXITIES OF COMMUNITY TREATMENT ORDERS: WEIGHING THE CONTROVERSIES, SHORTCOMINGS, AND LEGAL IMPLICATIONS .....	330
171.	VOICE AND CHOICE – MAXIMISING AUTONOMY AND SELF-DIRECTION IN SCOTTISH MENTAL HEALTH, CAPACITY, AND ADULT PROTECTION LAW, POLICY AND PRACTICE .....	332
172.	"WICKED PROBLEMS": UNDERSTANDING AND ASSESSING CAPACITY.....	334
<b>FRENCH SESSIONS.....</b>		<b>338</b>
173.	DE LA COERCITION FORMELLE À LA COERCITION INFORMELLE .....	338
174.	DROIT DE LA RESPONSABILITÉ ET TROUBLE PSYCHIQUE.....	340
175.	LA JUDICARISATION DES SOINS ET DES TRAITEMENTS PSYCHIATRIQUES : ENTRE TENSIONS NORMATIVES ET CONTRAINTES CLINIQUES .....	345
176.	VICTIMISATION, TRAUMAS, VIOLENCES ET DÉSISTANCE .....	347
<b>SPANISH SESSIONS .....</b>		<b>349</b>
177.	VULNERABILIDAD Y SALUD MENTAL : MODELOS DE PROTECCIÓN JURÍDICA - PERSPECTIVAS COMPARADAS FRANCO-ESPAÑOLAS <b>ERROR! BOOKMARK NOT DEFINED.</b>	
<b>THERAPEUTIC JURISPRUDENCE.....</b>		<b>350</b>
178.	ASSESSMENT IN FORENSIC PSYCHIATRIC INVESTIGATIONS: METHODOLOGY AND SUBGROUPS .....	350

179. CULTIVATING A LIFE IN THE LAW AND BEYOND .....	351
180. CUTTING EDGE TJ APPROACHES .....	353
181. EXAMINING LEGAL SYSTEM IMPACTS ON CHILDREN AND YOUTH .....	354
182. MENTAL HEALTH IN CRIMINAL DEFENSE: A CASE COMPARISON OF NOT GUILTY BY REASON OF INSANITY AND EXTREME EMOTIONAL DISTURBANCE DEFENSES .....	357
183. MOVING TO SAFETY: OFFERING PROTECTION TO BLACK AND BROWN MIGRANTS THROUGH JURISPRUDENCE .....	359
184. RECONCEPTUALIZING U.S. HEALTH LAW TOWARD HEALTH EQUITY .....	360
185. REIMAGINING LAW AND POLICY AFFECTING INDIVIDUALS WITH SUBSTANCE USE DISORDERS AND PAIN CONDITIONS .....	363
186. REMAND PRISONERS WITH SEVERE MENTAL ILLNESS IN IRELAND 2006-2019: PENROSE PEOPLE? .....	365
187. RESTORATIVE JUSTICE IN CASES OF SEXUAL VIOLENCE: A TJ LENS .....	367
188. TENSION IN LEGAL SYSTEM TREATMENTS AND PROCESSES .....	369
189. THERAPEUTIC AND CULTURALLY SUSTAINING CONFLICT TRANSFORMATION: PERSPECTIVES FROM THREE CONTINENTS .....	372
190. TJ AND PUBLIC POLICY .....	373
191. TJ FOCUSED COURTS AND JUDGING .....	375
192. TJ - MEASUREMENT AND EVALUATION METHODS (I) .....	377
193. TJ - MEASUREMENT AND EVALUATION METHODS (II) .....	379
194. TJ-RELATED PEDAGOGY AND PRACTICE .....	381
195. TRAINING MENTAL HEALTH PROFESSIONALS FOR WORKING IN THE COURT SYSTEM .....	383



# 1. A Comparative Analysis of the Insanity Defence in New Zealand and South Africa: The Case of Lauren Dickason

## *A Comparative Analysis of the Insanity Defence in New Zealand and South Africa: The Case of Lauren Dickason*

Magdaleen Swanepoel, *University of South Africa (UNISA)*, (swanem@unisa.ac.za)

On 16 August 2023, a jury in the High Court of Christchurch found Lauren Dickason guilty of the murder of her three children. The key idea of the case is that a physician with a history of depression and anxiety killed her daughters due to postpartum depression with psychosis, but her true motive remains a mystery. Some argue that Lauren was found guilty because she knew her actions were wrong, despite her mental health issues, and she admitted to causing the death of her children after stopping her medication and researching homicidal methods. The analysis of this case highlights the importance of considering background information and the timeline of events when examining criminal cases. The jury found Lauren guilty of murder, suggesting that they believed she understood the nature and quality of her actions and knew they were morally wrong. Lauren's behaviour was so unusual and unexpected that it naturally invoked a mental health defence, but an accurate mental health assessment is almost impossible in criminal cases. This presentation will deal with the insanity defence in South Africa and New Zealand and consider whether the verdict would have differed if the case had been heard in a South African court.

## *Postpartum Disorders, the Trauma of Migration and Criminal Responsibility*

Marozane Spammers, *University of Canterbury*, (marozane.spammers@canterbury.ac.nz)

The tragic case of Lauren Dickason, a South African migrant to New Zealand with documented postpartum depression who was convicted in 2023 of murdering her three children, captured media attention around the world. The case highlights the need to examine how criminal responsibility and sentencing are impacted by postpartum disorders and trauma stemming from migration in New Zealand. This presentation will critically consider how New Zealand's criminal courts have managed these issues since the adoption of the Convention on the Rights of Persons with Disabilities in 2006 by examining case law and statistics regarding the use of the insanity defence in cases involving postpartum disorders and migration trauma. The expert evidence provided, verdicts handed down, orders made and/or sentencing decisions in these cases will be considered and the findings analysed in light of the aims of the criminal law through a human rights lens.

## *Perceptions of Conflicting Mental Health Experts: A Comparison of Judges' and Juries' Decision-Making*

Chazanne Grobler, *University of Witwatersrand* ([chazanne.grobler@wits.ac.za](mailto:chazanne.grobler@wits.ac.za))

Expert evidence by forensic psychiatrists and psychologists play a pivotal role when the defence of criminal incapacity or the insanity defence is raised. In highly contested cases such as the recent New Zealand case of Lauren Dickason, the jury was faced with the difficult task of considering the conflicting expert evidence of five mental health experts. Conflicting psychiatric evidence has been used to illustrate the lack of scientific basis of psychiatry and the bias of the expert witnesses. The criticism is not necessarily warranted but it does raise the issue of the potential incompatibility of medical knowledge in the legal context. The dilemmas with conflicting experts place the court in a precarious position of wanting to benefit from an expert's skill but needing to ensure that the evidence is reliable and valid. This presentation will consider how the South African courts have dealt with conflicting expert testimonies in comparison to decision-making in jury trials in New Zealand. The presentation will focus on the difficulties arising in insanity cases and whether the traditional approaches to weighing up evidence in an adversarial system are sufficient to determine the reliability and validity of the expert evidence.

### *Criminal Liability for Omissions: A South African Perspective on the Legal and Ethical Duty of Parents to Protect their Children*

Chrislie Boers, *Akademia Private Higher Education Institution* ([chrislieb@akademia.ac.za](mailto:chrislieb@akademia.ac.za))

In South African criminal law, an omission is only punishable if a legal duty rests upon someone to perform a certain type of active conduct. Such a legal duty may arise, inter alia, where a person stands in a protective relationship towards somebody else. The legal convictions of society play an important role and need to be considered to ascertain whether a legal duty exists. Furthermore, a health professional's widely proliferated ethical duty to protect and the 'duty to warn' in cases where a patient poses a threat to a third party must be considered. A third crucial aspect is whether the omission unlawfully and negligently caused the death of a person. An omission must first be a factual cause and secondly a legal cause of the condition in question. In light of the aforementioned legal and ethical considerations, this paper will discuss the possible criminal liability of Doctor Graham Dickason, the husband of the recently convicted Lauren Dickason, for the death of his three young children.

## **2. A Multidimensional Approach to Radicalization and Extremism**

### *Lone-Actor Terrorism: Legal and Mental Health Approaches in England and Wales*

John Williams, *Aberystwyth University* ([jow@aber.ac.uk](mailto:jow@aber.ac.uk))

According to the Crown Prosecution Service, the Terrorism Act 2000 identifies amongst the specific actions that constitute lone-actor terrorism in England and Wales those designed to “intimidate the public” by means of “creating a serious risk to the health or safety of the public or a section of the public.” By no means should recognition of the “health or safety” in question be limited to consideration of mere physical or economic consequences. This perspective comports with that of a recent RAND Europe study that focuses explicitly upon “wider psychological effects of terrorism, such as life satisfaction, happiness, and trust.” It has long been recognized that the goals of lone-actor as well as other forms of terrorism are to disrupt the mental health as well as the physical sustenance, public reputation, and operational capacities of targeted populations and organizations. This presentation addresses the means by which England and Wales have endeavored to develop both legislative and public health responses to the ongoing threat of lone-actor terrorism.

### *Strategic Readiness: Hospital Preparedness for Mass Casualty Incidents in the Aftermath of Lone-Actor Terrorism*

Sejal Shah, *Harvard Medical School* ([sshah@bwh.harvard.edu](mailto:sshah@bwh.harvard.edu))

Potentiated in many instances by the destructive capacities of modern chemical and other weapons technology, lone-actor terrorism is decreasingly limited in scope, despite its having been perpetrated by a single individual. Explosions at well-attended public events, poisoning or infection on the site of poorly monitored facilities, and disruption of vital supply and communications hubs are but a few contexts for highly impactful occurrences of lone-actor terrorism. Hospitals need to maintain a high level of preparedness for mass casualty incidents, building in part upon lessons learned from the implementation of planned and improvised responses in the face of pandemics and weather-driven natural disasters. Mental health personnel—including, in particular, those associated with consultation-liaison psychiatry service delivery—have a crucial role to play when various elements of hospital-based operations require assistance in dealing with the trauma occasioned by terroristic phenomena. This presentation will reflect direct experience in the management of such crises from an integrated care perspective.

### *Beyond the Chaos: Understanding and Healing the Psychological Fallout of Lone-Actor Terrorism*

Jhila Biswas, *Harvard Medical School* ([jbiswas@bwh.harvard.edu](mailto:jbiswas@bwh.harvard.edu))

The reverberations of psychological harm from incidents of lone-actor terrorism extend far beyond the initial shock experienced by those bearing direct witness to these tragedies. Traditional and evolving models of posttraumatic stress disorder inform the clinical treatment needs of individuals, but these models serve to inspire rather than to supplant or obviate the development of public mental health measures for ameliorating the impact of discrete and aggregate terroristic events. Public mental health measures are in turn funded, popularized, and integrated as a result of public

mental health legislation—a process in which mental health professionals continue to play a unique and indispensable role. Legislative advocacy in this context is more than merely an opportunity; rather, it is an obligation reflected in ethical codes and guidelines of all helping professions. This presentation will highlight effective measures for collaboration with legislators in the promulgation of statutes and regulations for mental health care of the broadest conceivable scope when contending with the psychological fallout of lone-actor terrorism.

## *Impact of the Internet and Social Media on Extremist Ideology*

Anne Speckhard, *Georgetown University* ([annespeckhard@icsve.org](mailto:annespeckhard@icsve.org))

Individuals arrested for domestic terrorism or attempts to, or actual travel and stay abroad living with terrorist groups, raise complex legal issues upon arrest or when they return voluntarily or through official repatriations. Returnees often lie about their actual experiences living within terrorist-controlled territory and their crimes may only be discovered years later. Likewise, battleground evidence is hard to come by and often doesn't meet courtroom standards, witnesses are out of country and hearsay abounds with many being tried in the press as well as the courtrooms. Radicalized individuals also may be both perpetrators and victims. Females were often locked up upon entering ISIS and had their passports taken from them. Children born or brought into ISIS by parents were not guilty of joining the group but may have been weapons trained or ideologically indoctrinated during their time in Syria. Their mothers may have children with fathers of differing nationalities and establishing nationality is difficult with DNA testing. Recently teen boys in the al Hol and al Roj camps where ISIS affiliated family members are detained were found to be victims of sexual predation by the older ISIS women raising thorny issues of when should youth be separated from their detained parents who are suspected of terrorist involvement? Likewise, what are the legal issues for ISIS youth who age into adulthood to be 13 moved into adult prisons housing ISIS men? Legal issues also abound for releases of terrorist prisoners who are still deemed dangerous raising questions about how rehabilitation and radicalization are measured and reported in courtroom situations. This presentation will discuss the radicalization and deradicalization, rehabilitation and reintegration processes as they apply to actual legal cases involving violent extremists and terrorists. Issues of mental health and religion are also paramount with militant jihadists claiming to be under the influence of jinn or wanting to claim their right to religious expression.

## *Propaganda and Lone-Actor Terrorism*

Eric Drogin, *Harvard University* ([edrogin@bwh.harvard.edu](mailto:edrogin@bwh.harvard.edu))

There exists a critical symbiotic relationship between propaganda and lone-actor terrorism. Propaganda relies upon the martyrdom of lone-actor terrorists as a symbolic factor in promoting militant political causes. Lone-actors terrorists are attracted, recruited, indoctrinated, radicalized, and operationalized by propaganda. With an exhaustively documented history that extends back many centuries, propaganda can be distinguished from other forms of persuasion such as religion, political campaigning, advertising, and legal notions of undue influence. “White” propaganda emanates from a known source and is typically neither deceitful nor false, while “black”

propaganda emanates from an undisclosed source and purports to be the product of the very movement it seeks to undermine. Recently conducted analyses identify a number of vulnerabilities of lone-actor terrorists that leave such persons particularly susceptible to targeted propaganda. Propagandists, in turn, have managed to exploit specific examples of lone-actor terrorism in films, magazine articles, and Internet-based incitements. This presentation will conclude that the relationship between propaganda and lone-actor terrorism can be addressed by removing the causes for this relationship, eradicating the means of dissemination, employing either “white” or “black” propaganda in response, or ignoring this relationship in order to avoid inadvertently amplifying the messages it conveys.

### **3. Advance Care Planning in Mental Healthcare**

#### *Psychiatric Advance Directives as an Alternative to Compulsory Treatment: Developing Law*

Penelope J. Weller, *RMIT University* (penelopejune.weller@rmit.edu.au)

As psychiatric advance directives (PADs) have gained acceptance around the world, divergent approaches have developed. Variations in PADs law reflect the characteristics and traditions of different legal systems as much as they illustrate the diversity of opinions about conceptual and legal implications of PADs use. There is mounting evidence that PADs can reduce compulsory mental health admissions (but not overall admissions), engender trust, improve therapeutic relationships, reduce the use of seclusion and restraint, and reduce the distress commonly experienced by those who receive compulsory mental health treatment. It follows that PADs can be conceived as an alternative to compulsory mental health treatment. The aspiration to use PADs in this way has grown in intensity following the Convention on the Rights of Persons with Disabilities (2006) and amplified interests in support for decision making. While there continues to be divergent opinions about whether PADs can be regarded as consistent CRPD obligations, there are legal developments that better support the use of PADs. This paper argues that PADs can reduce coercive interventions where good law is complemented by appropriate practice and a shared understanding of operation and benefits.

#### *Advance Directives; the UN Convention on the Rights of Persons with Disabilities (CRPD); ‘Will and Preferences’*

George Szmukler, *King’s College London* (george.szmukler@kcl.ac.uk)

An Advance Directive (AD) is an instrument supporting patient autonomy. P, based on past experiences of illness and recognizing the possibility of a relapse where P will likely express particular preferences that P considers damaging to P’s deeply held values, may create an AD requesting those preferences be overridden. The UNCRPD Committee in GC1 interprets the Convention as prohibiting ‘substitute-decision making’ because it represents a loss of ‘legal

capacity' due to an imputed impairment of 'mental capacity'. At the same time, the Committee endorses advance planning whereby P can state P's 'will and preferences' which should be followed when P 'may not be in a position to communicate their wishes to others'. It recommends P should define when the AD should be triggered. It thus appears that overriding a contemporaneous, but previously unwilled preference in such circumstances would not constitute a violation of the Convention. What if there is no written AD, but it is clear through P's past statements and actions, evidenced by people who know P well, that a contemporaneous preference of P is radically inconsistent with P's deeply held beliefs and values (or 'will')? It is left unclear whether the Committee would hold it could be overridden or not.

### *Development of a Template for Psychiatric Advance Directives*

Esther Braun, *Ruhr University* (esther.braun@rub.de)

Psychiatric advance directives (PADs) are documents that allow users of mental health services to express their treatment preferences for future mental health crises. Despite high rates of interest among service users and empirically confirmed benefits of their use, completion rates for PADs remain low. An accessible template for PADs informed by the perspectives of service users, mental healthcare professionals and legal guardians may improve the implementation of PADs in practice. We first performed two systematic reviews of empirical studies on (1) service users' perspectives on PADs and (2) the content of PADs. The first review found that service users face difficulties in completing PADs, have concerns about clinicians' compliance with their PADs, and strongly endorse receiving support in creating PADs. The second review found that the information provided in PADs is generally clear, clinically relevant, and compatible with professional standards. Based on our findings, we developed a preliminary template for a PAD together with a co-researcher who is an expert by experience. The template was evaluated in three homogeneous focus groups with service users, professionals, and legal guardians, respectively, and adjusted based on the stakeholder input received.

### *Opportunities and Challenges of Self-Binding Directives: A Comparison of Empirical Research with Stakeholders and Recommendations from Three European Countries*

Matthé Scholten, *Ruhr University* (matthe.scholten@rub.de)

Self-binding directives (SBDs) are psychiatric advance directives that include a clause in which mental health service users consent in advance to involuntary hospital admission and treatment under self-prescribed conditions. Until recently, little was known about the views of stakeholders on the opportunities and challenges of SBDs. To compare recent empirical findings on stakeholders' views on the opportunities and challenges of SBDs from three European countries and to derive recommendations for implementation. Comparisons between the empirical findings were drawn and recommendations were derived using a structured expert consensus process. Perceived opportunities of SBDs include promotion of autonomy, avoidance of personally defined harms, early intervention, reduction of admission duration, improvement of the therapeutic relationship, involvement of persons of trust, avoidance of involuntary hospital admission,

addressing trauma, destigmatization of involuntary treatment, increase of professionals' confidence, and relief for proxy decisionmakers. Perceived challenges include lack of awareness and knowledge, lack of support, undue influence, inaccessibility during crisis, lack of cross-agency coordination, problems of interpretation, difficulties in capacity assessment, restricted therapeutic flexibility, scarce resources, disappointment due to noncompliance, and outdated content. A number of implementation principles and safeguards were derived. Stakeholders tend to see the implementation of SBDs as ethically desirable, provided that the associated challenges are addressed through suitable safeguards.

## **4. Alternative Clinical Approaches to Support Marginalized Youth**

### *Interpreting Risks: Analysis of Risk Appraisals in Emerging Adulthood*

Erika Makowecki, *University of Alberta* (emakowec@ualberta.ca)

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)

Engagement in risk-taking behaviours increases the likelihood of adverse health impacts for individuals across their lifetimes. Understanding individuals' perceptions of the benefits and risks involved with various risk behaviour is instrumental in implementing effective prevention and intervention initiatives. Researchers suggest that risk-taking behaviours often emerge in adolescence; however, the trajectory of cognitive development continues until age 25. Therefore, the current study sought to gain a clearer understanding of risk-taking behaviours, specifically by examining the cognitive appraisals of individuals in the transitional period of emerging adulthood. In examining the impact of individual differences of past experiences, including individuals' propensity for reactive and reasoned risk-taking and appraisals of benefits and risks, we hope to clarify what motivates expected future risk-taking. The sample comprised 105 participants (M age = 21.9) and considered four distinct domains of risk-taking behaviours: (a) sexual activities, (b) heavy drinking, (c) drug use, (d) drinking and driving behaviours. Associations among the participants' demographic and psychosocial variables and expected future involvement were examined. Implications of the current research findings include considerations for supporting the health and well-being of emerging adults and reducing harm in terms of risk-taking behaviours.

### *How Does Puberty Affect Internalizing and Externalizing Symptoms in Children with and without Prenatal Alcohol Exposure?*

Devon Heath, *University of Alberta*, (dheath@ualberta.ca)

Erika Makowecki, *University of Alberta*, (emakowec@ualberta.ca)

Jacqueline Pei, *University of Alberta*, (jpei@ualberta.ca)

Carly McMorris, *University of Calgary* (camcmorr@ucalgary.ca)

Children prenatally exposed to alcohol are at a higher risk of developing internalizing and externalizing disorders. However, it is unclear whether puberty exacerbates this risk. The current study uses longitudinal mental health data from the Prenatal Exposure And Child brain and mental Health (PEACH) study, and compares individuals with and without prenatal alcohol exposure. Internalizing and externalizing symptoms are measured using the Behavior Assessment System for Children, Third Edition (BASC-3). Pre- and post-puberty is determined by self- or parent-reported data from our puberty questionnaire, which queries differences in physical traits (e.g., amount of hair growth). The data will be analyzed using a two sample t-test to compare pre- and post-puberty differences in internalizing and externalizing symptoms in the clinical and control groups. The PEACH study is actively recruiting and collecting data; therefore, results will be finalized closer to the conference date to ensure the data are accurate and complete. The current study hopes to provide new insights into how puberty affects internalizing and externalizing symptoms in children with and without prenatal alcohol exposure. This study is the first to characterize longitudinal mental health patterns in individuals who were prenatally exposed to alcohol, and how puberty affects these trajectories.

### *Advancing Mental Health Recommendations Following a Fetal Alcohol Spectrum Disorder Assessment: The COMPASS Approach*

Kathleen Kennedy, *University of Alberta* (kk4@ualberta.ca)

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)

Kaitlyn McLachlan, *University of Guelph* (kmclac02@uoguelph.ca)

Jocelynn Cook, *University of Ottawa* (jcook@sogc.ca)

Kathy Unsworth, *Canada FASD Research Network* (kathy.unsworth@canfasd.ca)

Vannesa Joly, *University of Alberta* (vannesa@ualberta.ca)

Chantel Ritter, *University of Guelph* (ritterc@uoguelph.ca)

Martina Faitakis, *University of Guelph* (mfaitaki@uoguelph.ca)

Individuals with fetal alcohol spectrum disorder (FASD) experience a wide range of strengths and areas where supports and other avenues of service delivery are required. The clinical FASD diagnostic assessment process provides a unique opportunity for clinicians to gain an understanding of the unique profile for each individual and identify well-suited and targeted recommendations that can optimize healthy outcomes, especially in the area of mental health and wellbeing. At times, diagnostic reports following an FASD assessment contain a myriad of recommendations and are not accessible and actionable. Our research team in collaboration with four Canadian diagnostic clinic partners worked towards understanding and developing a knowledge translation resource that effectively communicates important evidence-based information, recommendations, and resources related to mental health, among other areas to clients, community members, and families following an FASD diagnostic assessment. Through this collaborative process a Client-Oriented Mapping for Point of Access to Supports and Services (COMPASS) was developed. This presentation will summarize the process of integrating multiple



sources of evidence and developing a resource that supports goal-oriented intervention and support planning for mental health to optimize outcomes for individuals with FASD across the lifespan.

## *Activism as a Culturally Grounded Intervention for Enhancing Indigenous Youth's Mental Health*

Jasmine Kowalewski, *University of Alberta* (jkowalew@ualberta.ca)

Melissa Tremblay, *University of Alberta* (mkd@ualberta.ca)

Charis Auger

Canadian Indigenous youth face increased adverse mental health conditions due to historical trauma and ongoing effects of colonialism. This research explores the potential of activism, specifically through participation in the Missing and Murdered Indigenous Women and Girls (MMIWG) March, as a culturally grounded intervention to address the unique mental health needs of Indigenous youth. To (1) investigate the impact of the MMIWG crisis on Indigenous youth and (2) understand how involvement in the MMIWG March can function as a therapeutic intervention that addresses historical trauma, a strength-based framework, Indigenous methodology, and community-based participatory approach was used. Local Indigenous high school students engaged in discussion after attending the March. The recorded discussion was transcribed and thematically analyzed. Themes of Resiliency, Healing, and Personal Growth, highlight the MMIWG March as a catalyst for transformative experiences and self-realizations. Culture and Community played a therapeutic role in empowering Indigenous youth to adapt and thrive amidst adversity. This study illustrates activism as potential therapeutic community-based intervention. It pushes the boundaries of clinical approaches, encouraging reflection of how cultural and community can be integrated in clinical settings. To promote healing, mental health interventions for Indigenous youth must address historical trauma and promote cultural and community engagement.

## **5. Artificial Intelligence at the Forefront of Redefining Law and Mental Health**

### *Artificial Intelligence and Compassionate, Human Rights Respecting, Mental Healthcare: What Role for Law?*

Sophie Nunnelle, *University of Ottawa* (snunnell@uottawa.ca)

This paper analyzes law's role in ensuring compassionate, human rights-consistent, artificial intelligence (AI) use in mental healthcare. Canada, like most countries, urgently needs better access to mental health services. The COVID-19 pandemic exacerbated this need and laid bare the deep inequities in mental healthcare access. Digital and AI tools have been enthusiastically

embraced as a means of combatting these problems. For instance, a growing number of AI-powered chatbots offer “therapy”. However, AI-use can also raise significant legal issues, e.g., relating to informed consent, safety, and liability, and non-discrimination. For instance, informed consent is essential to the therapeutic alliance; yet, in the case of direct-to-consumer apps, who will ensure patients understand the risks, and who is responsible for patient harm? Improperly regulated mental health AI can also create and exacerbate inequality, for example, where many AI tools for emotion detection are reportedly plagued by racial bias. AI could also exacerbate inequities in access between those who can afford in-person services and those who are referred to unregulated “bots”. This presentation explores these issues and possible solutions, recognizing that having a compassionate and human rights-compliant healthcare system will require that our legal and governance mechanisms keep pace with our technological innovation.

### *Will Artificial Intelligence Improve or Exacerbate Health Disparities*

Natasha H. Williams, *Loyola University* (nwilliams12@luc.edu)

In the United States, research shows that health disparity populations fall behind Whites for a number of chronic health conditions. AI promises to improve the quality of patient care, lower health care costs, improve patient treatment outcomes, and decrease patient mortality. AI may also reduce health disparities, however, to do so, health disparity populations must be included in the data. Data may not adequately represent racial and ethnic populations and exclude small data populations “such as American Indians, Alaska Natives, Pacific-Islanders, and sexual and gender minorities with unique characteristics that may be critical for understanding etiology of specific conditions and health care delivery in such populations.” In addition to capturing these populations, data must also capture the social determinants of health, genetic information, environmental exposures, health care delivery and outcomes. Some recommendations to optimize the use of AI as a tool to reduce health disparities are to: integrate standardized demographic information and social determinants into data and link geographic variables and social determinants to clinical data increase the participation of racial and ethnic minorities in clinical trials to improve data diversity; and examine the impact of data bias in health care algorithms. Findings and implications will be discussed in the presentation.

### *Ethical Challenges in Artificial Intelligence Tools to Predict Violence in Psychiatric Inpatient Settings*

Mirjam Faissner, *Charité/Medical University of Berlin* (mirjam-sophie.faissner@charite.de)

Christin Hempeler, *Ruhr University Bochum* (Christin.Hempeler@rub.de)

Esther Braun, *Ruhr University Bochum* (esther.braun@rub.de)

Violent behaviour of service users towards staff is common in mental healthcare. Several recent studies have harnessed artificial intelligence (AI)/machine learning (ML) tools to predict the risk of aggressive events in psychiatry. These tools use electronic health records and other data to predict the risk of aggressive events in inpatient or forensic psychiatric settings. Predictors of violent behaviour may include demographic variables and psychiatric characteristics. In the future, such AI/ML violence risk assessment tools could be used for increasing surveillance in

psychiatric settings, for example by preventive allocation of staff. In this presentation, we discuss two main ethical issues that arise from their use in clinical practice. First, we show that algorithms may be based on biased data, and thus lead to inaccurate predictions with a disproportionate risk of false positives in structurally marginalized individuals. Second, we argue that the use of such tools may compound injustice. Past coercive measures can be a predictor of future aggressive events. Whether a person experienced coercive measures is often influenced by attributes such as race. Even if Black people accurately receive greater risk scores, increased surveillance may be unjust. Findings and implications will be discussed in the presentation.

### *Robots We Relate to and Confer Moral Status On*

Nancy Jecker, *University of Washington* (nsjecker@uw.edu)

Throughout history, humans have often failed to recognize other humans as full-fledged persons with moral standing. When humans consider the moral standing of nonhumans directly, the starting point is often that to be other than human is to be soulless, outranked, and base. The noun animal, which has multiple origins, includes the Old French “stupid or uncouth person,” and the classical Latin, “animal other than a man (applied contemptuously to a person), creature, brute.” The most recent nonhumans to enter the lexicon, robots, are similarly denigrated. The word robot, has multiple origins, including the Slavonic, robota, meaning, ‘slave.’ To be a ‘slave’ is to belong to a lower class and often, to a race regarded as inferior. This presentation makes the case that humans should shed biases against robots and nonhumans more broadly. It argues that intelligent prosocial machines can acquire moral status by entering into robot-human relationships that humans have reason to value. After a brief introduction it will (1) challenge the idea that consciousness is the sole relevant consideration for moral standing, using the case of animals to illustrate the value we place on prosocial qualities; (2) set forth a capability framework to think more systematically about machine moral standing; (3) provide a provisional list of central capabilities that intelligent social robots would need to acquire moral standing; and (4) reply to objections. The presentation concludes that we can design intelligent social robots that we can form valuable relationships with and that this is sufficient condition for moral standing.

## **6. Attend to Children: Developmental Foundation of Mental Disorders, Mental Health, Violence, and Violence Prevention**

### *Tyranny of Diagnosis: Limitations on Services for Adolescents and Young Adults in the Criminal Justice System*

Madelon Visintainer Baranoski, *Yale University* (madelon.baranoski@yale.edu)

Court diversionary programs are designed to connect persons with mental disorders to treatment in lieu of incarceration and court adjudication. Judges frequently seek programing for juvenile

offenders and young adults to prevent a lifetime of recidivism and incarceration. Mental health diversionary programs serve upon arrest persons with psychiatric and/or substance-use diagnoses who have never been in treatment or have dropped out. These programs are effective, but significant cohorts of adolescents and young adults without diagnoses have no access to supportive educational, social, housing, and employment resources. Perhaps more critical is that absent a diagnosis, the offender is considered characterologically flawed, at higher risk for recidivism. Current allocation of services perpetuates biased and distorted distinctions between “those who are mad and those who are bad.” Further, requirements of a diagnosis prevent application of psychiatric and psychological expertise to address social, community, neighborhood, and family needs and risk factors for violence and recidivism. This session will present data from a jail diversion program to map trajectories of two adolescent groups arrested for serious gun violence – those with psychiatric diagnoses and those without - and to explore merits of integrated community interventions designed for youth regardless of diagnoses.

### *A Resilience View of the COVID-19 Pandemic’s Effect on Children’s Developmental Pathway: Implications for Mental Health Services/Treatment and Diagnosis*

Susan G.M. Parke, *Yale University* (susan.parke@yale.edu)

COVID-19, caused by the SARS-CoV-2 virus, began in the spring of 2020 and quickly became a U.S. public health emergency and then a global pandemic. Because the virus was highly contagious, physical distancing was encouraged and enforced. Most schools abruptly closed as students transitioned to remote learning for the completion of the 2019-2020 academic year. Students were forced to suddenly adapt to a different learning environment, and many found themselves isolated at home, disconnected to their usual social outlets with high levels of uncertainty. Even prior to the pandemic there was a struggle to meet the rising demand for mental health care, an increase that was not met with an increase in funding and led to higher caseloads and as families began to seek treatment to their children, they were faced with a dearth of services. And when services were found, they tended to be telehealth based. This discussion will focus on one family’s journey through the mental health system during a challenging time. Implications will be discussed in terms of overdiagnosis, avoiding overidentification with a diagnosis, ways to foster resilience and evident inequities in who could access treatment during this stressful period.

### *Mitigation of Violence Risk in Adolescents with Autism Spectrum Disorder*

Marta Lea Herger, *Yale University* (marta.hoes@yale.edu)

Certain features of autism spectrum disorder (ASD) alter the calculus of violence risk, including deficits in theory of mind, decreased moral reasoning ability, social isolation, restricted interests, and increased susceptibility to co-occurring mental illness. While existing research sheds light on violence risk assessment of individuals with ASD, there is little evidence for effective risk

reduction. Community resources to care for this specific but growing population are scarce and may leave families feeling unsupported. Pharmacological interventions may modify some risk factors, such as impulsivity, but offer little benefit for social and cognitive risk factors. This case series will focus on the unique challenges of evaluating and reducing violence risk in this population, including limited availability of resources specific to adolescents with ASD, the possibility of exclusion of adolescents from general mental health treatment programs based on ASD diagnosis, and stigma and misunderstanding of features of ASD in educational and legal systems.

## *Social Media, Isolation, and Vulnerability to Developing Violent Extremism*

Alexander Westphal, *Yale University* (alexander.westphal@yale.edu)

Josephine Broyd, *Research Assistant, West London NHS Trust, United Kingdom*  
(alexander.westphal@yale.edu)

Social Media has the capacity to transform society, with numerous early examples of its capacity to catalyze positive change (i.e., the Arab spring). However this comes at a price, and over the last decade many examples of its capacity to do harm have accrued. Of particular concern is the impact that social media has on the developmental process, both in typical children, and in those with vulnerabilities. One of the most vulnerable populations is children with social disabilities (i.e., autism) who by virtue of their condition may already be isolated and obsessive. In this presentation, we discuss how these traits, in the context of social media use, confer vulnerability to the development of extreme, violent ideologies. We discuss strategies to mitigate this on multiple levels, including at an individual level, at a community level, and at a societal level.

## *The TikTok Challenge of Mental Health Diagnosis in Youth*

Paul Abbott Bryant, *Yale University* (paul.bryant@yale.edu)

TikTok and other social media platforms have been the focus of much attention recently regarding their impact on the mental health of adolescents. While such a proliferation of mental health-related posts and discussions of diagnoses can certainly create challenges and at times misinformation, it has also served to destigmatize and normalize the experience of mental illness. A more concerning phenomenon is the over diagnosis of certain disruptive behavior disorders by clinicians. Studies have found that youth from minoritized ethnic groups are more likely to receive diagnoses of conduct disorder and oppositional defiant disorder, while their dominant group peers are most often diagnosed with less stigmatizing disorders, such as attention deficit hyperactivity disorder. As these disruptive behavior diagnoses tend to follow youth and can lead to even more stigmatizing diagnoses such as antisocial personality disorder, such a trend can have profound impacts on youth and their likelihood of significant involvement in the justice system. This presentation will help clinicians recognize patterns of shared experiences on social media,

particularly in non-dominant groups, with the goal of reducing the impact of bias and diagnostic burden on minoritized youth.

## **7. Being in the Minority: How does Being a Minority Impact Athletes and Celebrities?**

*“Did Racism Kill My Cousin Jackie Robinson?”*

Willard Walden Christopher Ashley, *Rutgers University* (dr.wwca@icloud.com)

"Did Racism Kill Jackie Robinson?" The impact of being a minority in the context of athletes and celebrities has long been a subject of interest, exploring how individuals from marginalized groups navigate their careers amidst societal prejudices. Delving into this theme, the inquiry into whether racism played a role in the demise of the iconic athlete Jackie Robinson raises significant societal questions. Dr. Ashley explores this topic as both a psychoanalyst and cousin of Jackie Robinson, hearing family concerns voiced. This exploration aims to uncover systemic discrimination's potential effects on high-profile figures' health and well-being. Jackie Robinson, revered for breaking baseball's modern color barrier, faced immense racial hostility throughout his career and post-career. Analyzing the stressors and pressures he countered, particularly the virulent racism prevalent in his era, sheds light on the tolls these experiences may have had on his health and life expectancy. This examination intertwines historical context, medical insights, and societal perspectives to investigate the plausible impact of racism on Robinson's health outcomes. It ultimately probes the question: Did racism contribute to the premature death of this baseball legend? The research seeks to offer a nuanced understanding of the intersection between racial discrimination, fame, and health outcomes for athletes and celebrities from minority backgrounds.

*Breaking Barriers: Understanding The Impact of Harassment on Athletes Who Are a Minority in Their Sport*

Cheryl D. Wills, *American Psychiatric Association* (cwforensic@earthlink.net)

Professional athletes can experience scrutiny, including verbal assaults, at higher rates than the general public. These days, some contend that tolerating verbal aggression without retaliating is part of the athlete's job. Yet, the hostility can affect the athlete's emotional health, athletic performance, and quality of life. The abuse can be more significant for athletes who excel in sports in which they are minorities based on their race, gender, and culture. This presentation will examine how microaggressions and other forms of race and culture-based harassment can affect athletes' mental health, performance, public behavior, and quality of life. The discussion will also address what athletes, as public figures, can do when they are unfairly treated in the public and by the media.

## 8. Biophilosophy and Bioethics

### *The Failings of Bioethical Humanisms*

Jeffrey Bishop, *Saint Louis University* (jeffrey.bishop@slu.edu)

Paper 1 of this panel will provide context for all the presentations in this panel in addition to giving his own paper. This panel session proposes to broaden the way people typically think of bioethics. Bioethics typically imagines a single human being, or a population of human beings. Thus, bioethics tends to be very human-centered, and the history of bioethics has imagined ethics as foundationally committed to one of the many different iterations of humanism. This panel proposes a posthuman bioethics grounded in a biophilosophy that acknowledges that the human is not an easily isolated being since the human is biologically constituted. Things lesser than the human animal and things greater than the human animal are constitutive of human beings. This biophilosophical insight brings about a different kind of bioethics.

### *The Microbiome and Human Flourishing*

Agnieszka Romanowska, *Saint Louis University* (agnieszka.romanowska@slu.edu)

Paper 2 of this panel will explore the microbiome as constitutive of human health, including mental health. Many scholars would agree that numerous contextual, extra-biological features of life—a good environment, enough food, good and safe working spaces, spiritual meaning—contribute to the human sense of a good life. There is good evidence that the presence of other microorganisms are constitutive of and essential to human flourishing. Hedonic states require the work of other beings. Thus, living things that are not typically thought to be constitutive of the body of an individual human body are biologically important and constitutive of human mental states, and thus are constitutive of the flourishing of human beings.

### *Integral Ecology, Intergral Bioethics*

Jason T. Eberl, *Saint Louis University* (jason.eberl@slu.edu)

Paper 3 of this panel will relate our concept of biophilosophy to that of “integral ecology” as has been recently articulated by philosophers and theologians seeking to reclaim the original understanding of the term “bioethics” as referring to moral valuation in both the biomedical and ecological sciences. Human persons, as embodied and environmentally embedded beings, must be viewed from a broader ecological perspective. Recent biological—e.g., epigenetics—and philosophical—e.g., extended mind theory—developments exemplify and reinforce this wider view of human nature. The human is participant in a larger system of relations and it must be understood in this system of relations for any bioethics to be relevant.

## *Systems Theory and the Clinical Gaze*

Martin J. Fitzgerald, *The Ohio State University* (martin.fitzgerald@osumc.edu)

Paper 4 of this panel uses findings in biophilosophy and posthumanism to reexamine the metaphysical commitments present in clinical medicine. The clinic typically supposes a view of the human as discrete, individual, and separable from its surroundings. The paper will claim, via insights in systems theory, that what grounds this view is a series of ethical commitments and not metaphysical commitments. Where human health is the evaluative goal of medicine, it is sensible to treat aspects of the environment with indifference, though one must be extremely careful to realize that indifference is not the indicator of a fundamentally metaphysical attitude. This paper, then, provides a new look at what sits at the base of the clinical gaze.

## **9. Brazilian Forensic Psychiatry New Challenges**

### *Feminine and femicide: what's the link?*

Vivian Peres Day, *Centro de Estudos Luis Guedes, Universidade Federal do Rio Grande do Sul* (vivianperesday@icloud.com)

Despite advances on equal civil rights, new laws to protect the most vulnerable groups, in Brazil and other countries, the number of homicides against women continues to grow. While the deaths of men occur on the streets, victims of other men and traumas of all kinds, women in general are killed in their homes, victims of aggressors as intimate partners in general. Society, perplexed by such violence, has created a specific typification for this type of crime, femicide, as a way to combat it more efficiently. Why is this? There are risk factors related to specific social and cultural aspects, but others, such as pregnancy, are universal. Why would femininity be so threatening? What collective unconscious influences present themselves in this way within contemporary reality? From concerns arising in the analytical setting and different scientific data from the forensic psychiatric point of view, it is intended in this presentation to reflect on some bases of violent behavior involving the homicide of women.

### *Sexual Violence Against Children and Adolescents: Data From A Forensic Victim Evaluation Service Located In Rio Grande Do Sul, Brazil*

Mariana Ribeiro de Almeida, *Forensic Psychiatrist, Instituto Geral de Perícias do Rio Grande do Sul, Brazil*, (mralmeida83@gmail.com)



Sexual violence against children and adolescents represents an important public health issue, with serious and long-term effects on its victims, as well as considerable implications for society. Forensic psychological and psychiatric evaluation of victims of sexual abuse poses considerable challenges for mental health experts and constitutes, in most cases, the sole evidence of these crimes for Public Security and Law professionals. The aim of this work is to present important data on sexual violence against children and adolescents referred to a forensic evaluation service in Rio Grande do Sul, Brazil. Our study comprises all cases evaluated in the city of Canoas, in Greater Porto Alegre, Rio Grande do Sul, by the three forensic professionals – two psychologists and one psychiatrist – responsible for all the cases appointed to that location during the year 2023. The variables examined are related to the victims, such as their age at the onset of the sexual abuse, their gender, the presence of a previous history of mental health symptoms or mental health treatment and a positive history of symptomatology or mental disorder after the abuse, with special attention to suicidal behaviour, as well as to the aggressors (age, gender, nature of relationship/kinship with the victim), and also address other important information, such as the distinction between isolated episodes and chronic abuse and how much time (days, weeks, months, years) did it take for the case to be reported to the police. This work intends to be not only a portrait of the current state of sexual abuse against children and adolescents referred to expert examination in the city of Canoas, but also a pilot study that intends to contribute to public policies directed at the prevention of poor outcomes related to sexual abuse against children and adolescents in Rio Grande do Sul.

### *Female homicide followed by the perpetrator's suicide: analysis of the necropsies performed in the south of Brazil between 2010 and 2016*

Angelita Maria Ferreira Machado Rios, Forensic Psychiatrist, *Universidade Federal do Rio Grande do Sul, Brazil*, ([angelita-rios@igp.rs.gov.br](mailto:angelita-rios@igp.rs.gov.br))

The phenomenon of homicide (femicide) followed by the perpetrator's suicide represents about one third of deaths caused by intimate partners and has a strong impact and misunderstanding on society. The aim of the study was to describe the characteristics of homicides followed by suicide of the perpetrator in the Porto Alegre morgue between 2010 and 2016. Sociodemographic, criminal, and forensic variables of the victims and perpetrators were analyzed. A cross-sectional study was conducted with retrospective data collection and analysis of 28 autopsy reports of female homicide victims and 22 aggressors who committed suicide. Six aggressors made suicide attempts. The predominant age group of female victims was between 30 and 34 years old and of the aggressors was 35 to 39 years old. The most frequent place of death was the victim's residence and, in 64.2% of the cases, the aggressor was the current partner. In 82.1% of cases, women had a previous history of violence. In Brazil, homicide-suicide is not usually studied as a single statistical phenomenon and many data remain scattered between homicides and isolated suicides. In counteracting this phenomenon of extreme violence there is the need to implement preventive actions that broadly address the issue of domestic violence.

### *The impact of law 487 CNJ on forensic psychiatric evaluations*

Luiz Felipe Rigonatti, *Instituto de Medicina Social e Criminologia do Estado de São Paulo, Brazil*, ([luizrigo@gmail.com](mailto:luizrigo@gmail.com))

The Brazilian penal code defines in art 26 that an agent who, due to mental illness or incomplete or delayed mental development, was, at the time of the action or omission, entirely incapable of understanding the illicit nature of the act or of determining it, is exempt from punishment. If in accordance with this understanding. The definition of criminal imputability follows the biopsychological criterion with the purpose of determining the individual's capacity for understanding and determination, which is carried out through psychiatric expertise. Considered non-imputable or semi-imputable, the agent is referred to an inpatient or outpatient treatment regimen, depending on their dangerousness. Law 847 CNJ, enacted in February 2023, changes the way imputability and its consequences are assessed. In this new context, the definition of imputability is no longer carried out by an expert but by a multidisciplinary team that already assists the patient. The present work seeks to analyze the possible positive and negative consequences of changes to the law, their impact on people with mental disorders and in addition to comparing imputability assessment systems in other countries.

## **10. Changing Police Culture through Recruit Training and Early Intervention?**

*Making Change One Recruit and One Community Member at a Time: the Seattle Police Department's "Before the Badge" Community-Police Dialogues*

Jacqueline Helfgott, *Seattle University* ([jhelfgot@seattleu.edu](mailto:jhelfgot@seattleu.edu))

Ana Carpenter, *Seattle University* ([acarpenter@seattleu.edu](mailto:acarpenter@seattleu.edu))

In 2022, the Seattle Police Department implemented a police recruit training program called "Before the Badge" involving a 45-day training prior to entry into Basic Law Enforcement Academy. The training engages recruits with community members to further the Seattle Police Department's goal of relational policing providing recruits and community members the opportunity to form relationships at the onset of the recruits' career prior to entering the academy that they will carry with them as they move throughout their careers. One part of the BTB training involves community-police dialogues held via Zoom that engages recruits in dialogue with community members at the precinct and neighborhood-micro-community levels. This presentation outlines results from 32 community-police dialogues held in 2022 and 2023. Qualitative data collected through participant observation notes and closed-caption transcripts is analyzed via ATLAS.ti for themes. Results show that dialogue themes include: Information exchange; Building and improving community-police relationships; Informal social control; and how new recruits and community members can work together to improve community perception of police legitimacy. Implications for the Seattle Police Department's relational policing emphasis and community role in improving public safety in Seattle and how to implement and expand

restorative community-police dialogues on a national and global scale in other jurisdictions, cities, and countries will be discussed in the presentation.

### *Trilogy of Policies: the Case of Tobacco, Alcohol and Cannabis Policies in Chile Implemented in the 2000s*

Adrian Diaz, *Seattle Police Department, Seattle, USA* ([adrian.diaz@seattle.gov](mailto:adrian.diaz@seattle.gov))

Kim Bogucki, *Seattle Police Department, Seattle, USA* ([kim.bogucki@seattle.gov](mailto:kim.bogucki@seattle.gov))

The Seattle Police Department implemented the “Before the Badge” (BTB) training program for new recruits in 2022. The BTB Training program is a groundbreaking, first-of-its kind approach to community policing in the City of Seattle committed to fostering positive relationships between law enforcement and the communities we serve. The program is founded on the principles of relational policing with training components aimed at preparing officers for effective engagement with the diverse communities they serve emphasizing the importance of building trust with community members and inspiring in officers a deep appreciation for the unique needs, perspectives, and cultures of residents. Through Before the Badge, officers undergo comprehensive training beyond traditional law enforcement practices engaging in immersive experiences, including cultural sensitivity workshops, community dialogues, and ride-alongs with community leaders. These experiences allow officers to gain valuable insights and develop empathetic approaches to policing. The history of the movement in Seattle towards relational policing and the logistics, insights, and experiences from the BTB implementation and the impact of BTB on community relationships, crime rates and public satisfaction with police will be discussed in this presentation.

### *Did Cannabis Legalization in Canada Change Diagnostic Trends in Physical Diseases and Mental Disorders and Health Service Utilization Patterns Among Treated Individuals with a Cannabis-Related Disorder?*

Loren Atherley, *Seattle Police Department* ([loren.atherley@seattle.gov](mailto:loren.atherley@seattle.gov))

In 2012, the Seattle Police Department (SPD) came under a court ordered reform effort known as a consent decree. While the impetus for reform was an allegation of excessive use of force, issues of biased policing and police accountability/misconduct were tightly intertwined with the effort. As a result, the SPD deployed a threshold based Early Intervention System (EIS) later found to unfairly penalize women and high productive officers, and widely considered to degrade the relationship between line employees and their supervisors. In the second half of 2023, the SPD deployed a Machine Learning (ML) based alternative designed with Evidence-Based Policing (EBP) principles (targeting, testing and tracking) to render highly accurate forecasts of adverse events (i.e., sustained complaints), and explain them in such a way that narrowly tailors a supervisor’s efforts to address the supportive needs of their most vulnerable employees. 91.4% accurate (AUC), naturally accountable and designed to be intuitive to the extent training is not

necessary to deploy the approach, this Proactive Integrated Support Model (PrISM) turns the concept of EIS on its head. Findings and implications will be discussed in the presentation.

### *Integrating Gender- and Trauma-Responsive Strategies in Policing*

Emily J. Salisbury, *University of Utah* (emily.salisbury@utah.edu)

Kim Bogucki, *Seattle Police Department, United States of America* (kim.bogucki@seattle.gov)

Gender- and trauma-responsive strategies have begun to take root among correctional environments worldwide due, in part, to the adoption of the United Nations Bangkok Rules in 2010, which set minimum standards of treatment for custodial and non-custodial women. The gender-responsive principles of these strategies are also applicable to police officers who encounter women as part of their routine professional environments. In 2023, the Seattle Police Department (Washington, USA) began Before the Badge, a program designed for police recruits to learn the meaning of the badge, the cultures among ethnic communities which they will be serving, and the relational aspects of policing. One module of the program focused on training recruits on the principles of gender- and trauma-responsive policing, taught by formerly incarcerated women. This presentation will discuss the Before the Badge program, principles of gender- and trauma-responsive policing, and the participatory-action feedback received from recruits and trainers on the curriculum. Implications for the psychology of policing will be discussed.

## **11. Child Sex Abuse: Investigation to Court – Then and Now**

### *Challenges in Early Child Sexual Abuse Investigations*

Howard Sovronsky, *Chief Behavioural Health Officer, Connecticut Children's Specialty Group, United States of America* (hsovronsky@connecticutchildrens.org)

Our understanding of how to approach alleged child sex abuse has significantly evolved over the past 30 years. As I experienced working on the notorious Friedman sex abuse case that occurred in 1987 in Nassau County, Long Island, New York, vital issues emerged that demanded our collective attention. The most critical are law enforcement's approach to interrogation and collection of evidence from young children, the admissibility of recovered memories derived from hypnosis and the reliability of child testimony. The pervasive community-wide panic that existed in the late 1980's was a critical factor shaping the way this case was understood and approached by the entire mental health and criminal justice system. These serious issues have challenged us for decades to find more effective, evidence based approaches that limit the trauma children experienced during the investigation and assessment of alleged abuse and establish a more

effective, credible approach to the collection and presentation of evidence in court proceedings. This session will contrast past practices with current improvements as established by uniform standards, evidence based research delivered within a broader context of child health and development. (20 min)

### *Children's Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs)*

Nina Livingston, Division Head, *Connecticut Children's Specialty Group, United States of America* (nlivingston@connecticutchildens.org)

The investigation and treatment of possible child sexual abuse is a complex endeavor involving community partners from the fields of child protection, law enforcement, medicine, mental health, and victim advocacy. The model of Children's Advocacy Centers and regional Multidisciplinary Teams has evolved in the US with the goals of reducing trauma for children, obtaining forensically sound information about possible abuse, and coordinating needed care for the child and family. The non-profit National Children's Alliance sets standards and provides resources for CACs and MDTs across the US. This session will demonstrate how these systems work in practice in the state of Connecticut and discuss resources for developing systems of care. (20 min)

## **12. Child's Rights and Abuse: Historical and International Comparisons**

### *Legal Capacity, Developmental Capacity, and Impaired Mental Capacity in Children Under 16*

Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)

When people of any age, despite support being provided, are unable to make a necessary decision, it is important to have a legal framework which protects their rights. There is ongoing debate about how this can be achieved, in a non-discriminatory way, for adults but it is also important for children. In Northern Ireland, the Mental Capacity Act (NI) 2016, when fully implemented will provide a non-discriminatory framework for those aged 16 and over. Arguably this addresses discrimination based on disability but continues to discriminate based on age. This presentation will explore some of the ways the rights of those aged under 16 could be further protected. These approaches may include: retaining the current law but developing new guidance; codifying case law to clarify under what circumstances those under 16 can accept, and refuse, interventions; amend the Children (NI) Order 1995 to provide a more comprehensive framework; extend the Mental Capacity Act (NI) 2016 to those under 16; or develop a new law specifically for those under 16. There are complex issues involved including how to consider emerging decision-making

ability, and the role of those with parental responsibility, but the complexities involved should not prevent these issues being addressed.

### *Analysis of Legislation and Policy Frameworks for ‘Children in Care’ in South Africa and Sweden*

Marianne Larsson Lindahl, *Lund University* (marianne.larsson\_lindahl@soch.lu.se)

Pia Nykänen, *University of Gothenburg* (pia.nykanen@gu.se)

Linda Mossberg, *University West* (linda.mossberg@hv.se)

Our research group, with members from Sweden and South Africa, have identified similar challenges in our countries when it comes to children not being heard or respected. Children, especially children who are ‘children of the state’, need to be afforded the opportunity to be listened to and to meaningfully participate in important life decisions. We aim to create an initiative to contribute knowledge and social development strategies for child agency since children's participation in their development and decision-making are crucial. Our objectives are to present and problematise legal frameworks for children in care concerning the children's opportunities for participation, and also to scrutinise policies as tools for organisations and professionals when applying the legislation during the process of taking children into care. The other aim is to discuss different theoretical attempts to bridge the gap between the legal content and policies concerning participation and participation in practice as illustrated by models for participation such as Hart's, Shier's and Lundy's. Based on the findings of the analyses, the challenges of legislation and policy to support the practice in action and to strengthen the voice of the children will be addressed in the presentation.

### *V-RISK-Y: A New Screener to Help Identifying Risk of Violence Among Youth*

John Olav Roaldset, *Oslo University Hospital* (johroa@ous-hf.no)

Anniken L. W. Laake, *Oslo Metropolitan University* (annikenl@oslomet.no)

Øyvind Lockertsen, *Oslo University Hospital* (uxloyv@ous-hf.no)

Addressing the lack of risk assessment screening tools for violent behavior among young people, the Violence Risk Screening for Youth (V-RISK-Y see [www.sifer.no](http://www.sifer.no)) was developed based on a validated violence risk screener for adults, the V-RISK-10. V-RISK-Y is designed to be self-explanatory and quick to administer and can be used without prior training. It is particularly suitable for acute units required to assess individuals around the clock based on urgent need, where experienced staff may not be readily available. In collaboration with departments and specialists in child and adolescent psychiatry in Norway, Nordic countries and the US, the development of V-RISK-Y started in 2018. The screener was first tested in a pilot study at the Acute Adolescent Psychiatric Department at Oslo University Hospital. Upon revising the instrument based on experiences and results from the pilot, a Norwegian multi-centre project was carried out with four acute youth psychiatry departments and four acute institutions within child protection services to validate the screener. Both projects had a prospective observational design, where scores on the

V-RISK-Y at admission were compared with recorded episodes of violence or threats of violence during institutional stay. Findings and implications will be discussed in the presentation.

### *Overcoming Mental Health Challenges for Children in Wales? Reflections on an NGO Led Approach to Participative and Community-Based Music Therapy*

Anthony Charles, *Swansea University* (a.d.charles@swansea.ac.uk)

That children's mental health remains a key public health priority is undeniable. Certainly, in England and Wales, provision to support children's mental health has been criticised as: inaccessible; under-resourced; and not always appropriate. This is despite positive policy rhetoric (especially in Wales) concerning the full range of health provision which should be available for children, children's rights and the need for service providers to secure the well-being of future generations. This presentation will reflect on how, in Wales, partnership work with NGOs can generate constructive outcomes and meet children's needs. Research into a flagship project called 'Evolve', which offered a participative and community-based approach to music therapy to assist those who had or were at risk of experiencing a first episode of psychotic illness, will be explored. Critically, insights from children concerning their engagement with an NGO (as opposed to state) mental health provider and the impacts of participation in music therapy will be considered. The presentation will conclude by offering reflections concerning the engagement of NGOs in children's mental health services, the use of music therapy, and the ways in which alternative provision such as 'Evolve' may meet rights-based standards, such as those stated in the UNCRC.

## **13. Children and Adolescents In and Out of the Forensic System**

### *Adolescence, Consent and the Developing Mind*

Katharine Steinbeck, *University of Sydney* (katharine.steinbeck@sydney.edu.au)

Sharon Medlow, *University of Sydney* (sharon.medlow@sydney.edu.au)

Neha Faruqui, *University of Sydney* (neha.faruqui@sydney.edu.au)

The second decade of life, adolescence, is a major developmental period: Puberty and physical development; Multiple psychosocial transitions and emerging autonomy: Neurocognitive development where the brain exhibits both plasticity and vulnerability. Misunderstanding this complexity contributes to stigma and stereotypy. Young people's behaviours are viewed as high risk, though not all risk behaviour is bad. For many young people their mental health deteriorates over this decade, with increasing prevalence of non-suicidal self-harm in both sexes. Puberty hormones are often blamed with very limited evidence, and such attribution means other aetiologies are not considered. The health and wellbeing of young people remain under-researched, and their voices are regularly absent from conversations about their best interests. This situation is



inequitable and often concerns the contentious issues of capacity to consent and of responsibility. Chronological age usually defines capacity to consent (including for Institutional Ethics Boards) where one day represents the difference between childhood and adulthood. This presentation is based on our research and calls for a better understanding of adolescent development, a greater involvement of young people in decision making that affects their health and well-being, and a more nuanced definition of capacity to consent

### *School-Based Mindfulness Programs and Adolescent Anxiety*

Kelly E. Butler, *University of Toronto* (kbutl045@uottawa.ca)

Raywat Deonandan, *University of Ottawa* (rdeonand@uottawa.ca)

This presentation explores findings of school-based mindfulness interventions as a proactive strategy to address adolescent anxiety. These interventions, centered on self-regulation of attention and cultivating qualities like curiosity, openness, and acceptance, have proven effective in enhancing mental health and overall well-being. Accessible, cost-effective, and adaptable, school-based mindfulness interventions may provide valuable tools for promoting emotional and mental resilience among adolescents. As a universal program, school-based interventions support a large subclinical population while reducing stigma for participants. Targeting youth before mental health challenges become established may promote long-term resiliency and provide protection against anxiety and other mental health disorders. With its potential to reduce anxiety and perceived stress, mindfulness practices offer cumulative benefits to students. With increasing rates of mental disorders and stress among youth, equipping students with essential coping skills, stress management techniques, and emotional regulation strategies is important preventative healthcare. With the focused awareness and non-judgemental attention cultivated by a mindfulness practice, the improved emotional regulation, impulse control, and coping skills may reduce recidivism for youth involved with juvenile justice system. Mindfulness may provide an important tool for decision-making, communication, and problem-solving for at-risk youth.

## **14. Considering Mental Health Care and Planning for the Next Public Health Emergency**

### *Future Pandemics*

Pat C. Lord, *Wake Forest University* (lordpc@wfu.edu)

Lord, a virologist, will focus on the biology of viruses. Between 2007 and 2020, the WHO declared six different pandemics to be a Public Health Emergency of International Concern (PHEIC), each of which were spread from human to human by a virus originating from an animal host or reservoir. Near the end of the pandemic, Mpox, which had not spread from human to human prior to 2021,



was declared a PHEIC. Now, the Avian H5N1 influenza virus is circulating in wild bird populations but has also infected domestic poultry leading to culling of millions of poultry in Europe, Africa, Asia, and North and South America. Although H5N1 has not spread from human to human yet, that potential does exist. While public is “breathing a sigh of relief” that SARS CoV 2 is no longer a PHEIC, we are not well prepared for another viral pandemic, stemming from either H5N1 or a previously unidentified human virus. Lord will frame her remarks from a One Health perspective that recognizes that to achieve optimal health outcomes the interaction between human health, animal health and plant health in their shared environment must be examined closely.

### *A More Equitable Framework for Public Health Emergencies*

Christine Nero Coughlin, *Wake Forest University* (coughlcn@wfu.edu)

Coughlin, a law professor, will examine how the frameworks for public health emergencies (PHEs), both from a global perspective and from individual countries and states, could be reformed to provide for further transparency and consistency within mental health care (and in other areas), with input from a diverse group of stakeholders. Coughlin will discuss the positive and negative effects of various public health responses, particularly where responses were based on political gamesmanship versus public health policy. While there are benefits in molding public health response based on geographic and demographic needs, wide inconsistencies in policies lead to disparate outcomes that negatively affected citizens and neighboring states and nations. The panelist will recommend how specific practices, that can exist or be expanded within PHEs frameworks (including but not limited to expanding telehealth access, tracking mental health symptoms and care, exploring the role of genetics in psychiatry, etc.), can alleviate burdens on individuals and health care systems during the next pandemic.

### *Public Health Emergency Planning and Ethics*

Ana Smith Iltis, *Wake Forest University* (iltisas@wfu.edu)

Iltis, a philosopher, will focus on the types of ethical issues and concerns related to mental health and mental health care that should be considered in PHE planning locally, regionally, and globally and demonstrate some of the concrete implications this could have. Iltis will highlight some of success and failures in containing and mitigating a novel virus during the Covid-19 pandemic, and discuss how those challenges, even when successfully navigated, exacted a tremendous psychological toll on society, including stress, anxiety, anger, fear, grief, social isolation, and post-traumatic stress. Scholars argue that embedding ethicists in the public health teams making decisions and recommendations during the COVID-19 pandemic could have prevented these teams from relying on tactics that eroded trust, undermined efforts to curb the spread of disease, and perpetuated injustice. Iltis will argue that a comprehensive PHE planning process, rather than merely the response process, should include ethicists and community members with relevant lived experience, among others. PHE planning should explicitly and proactively address ethical issues and concerns related to four often-intersecting domains of bioethics—clinical, research, public health, and human research ethics.

## *Public Engagement in Times of Crisis*

Kirstin R.W. Matthews, *Rice University* (krwm@rice.edu)

Matthews, whose speciality is science policy, will focus on the importance of public engagement is vital during times of crisis. Good public engagement communicates issues and guidance as well as dissuades fear and anxieties. However, a lack of a cohesively PHE planned public engagement, such as we saw during the Covid-19 pandemic, can result in confusion, creating and compounding existing mental health issues. The panelist will argue that public engagement needs to be part of the PHE planning process to ensure that the right voices and messages are being heard by the public at the right time. This presentation will highlight the successes and failures of public engagement during the pandemic including both the early stages of the virus (spring 2020) and through the vaccine dissemination, affecting the ability of health care workers and public health officials to monitor and protect the public, as well as negatively impacting mental health and mental health care.

## **15. Contemporary Appropriations of Lacanian Theory in Law**

### *Lacan on the Crisis of Expertise: Between Distrust, and Idealization, of Science*

David S. Caudill, *Villanova University* (caudill@law.villanova.edu)

The Covid-19 pandemic exacerbated the so-called Crisis of Expertise, a term referring to the distrust of consensus science in large segments, often right-wing, of the U.S. population. The reaction on the Left, unfortunately, was an idealization of science beyond its capacities—t-shirts reading “Trust Science, Not Morons” likely contributed to the polarization in U.S. society. Both sides, in their ideological commitments, behave like religious communities. Social scientists in the field of science communication, as well as many practicing scientists, propose that we should both trust consensus science as the best information we have, while at the same time recognizing the limits of science—its social, linguistic, tentative, and probabilistic aspects. Decades ago, Lacan steered a similar course between (i) his respect for science, reflected in his belief that psychoanalysis should be recognized as a science, and (ii) his critique of scientism as a failure to recognize the subjective dimension of science. The discourse of those who idealize science forget that science is a symbolic activity—its objects change as science progresses—and thereby construct a fantasy of objectivity. Scientists misrecognize language as communication, when the symbolic order of language is actually the unconscious determinant of the limits of scientific knowledge. Implications will be discussed in the presentation.

## *The Haunting of Wealth Transfer Law*

Allison Tait, *University of Richmond* (athenais1674@gmail.com)

Ghosts are commonplace in wealth transfer law. There are the recently departed decedents with wills to probate and assets to distribute. There are tombstones and monuments to the long-dead, markers of legacy and a concretized form of longevity. There is the problem of dead-hand control – how long should anyone be able to control the disposition of property after death – that troubles legal scholars and legislators. However, discussion of ghosts and haunting are rare. This presentation takes up a study of ghosts as both a symbol of something that is “persistent and vanishing” as well as “a form of social figuration” and enquires into which ghosts persist and how they are contoured, where ghosts reside within the pages and postures of estate law, and how ghosts haunt the realm of wealth transfer. In seeking the spectral, this presentation draws upon psychoanalytic frames that help us better understand confrontations with non-being, the possibilities and limits of desire, and accession to the Symbolic realm.

## *Lack as Loss in Trump's America*

Carls Spivak, *Oklahoma City University* (CSpivack@okcu.edu)

It's a pillar of Lacanian psychoanalysis that there is a tendency to reconfigure the existential human condition of lack as actual material loss of something that can be restored. Lacan posits that the subject's entry into language leaves the subject in a permanent state of longing, never able to attain the desired wholeness of the undifferentiated body. One response to this is to reimagine the lack as an actual loss – an Eden from which he is banished, childhood, “the good old days.” This presentation will argue that this reimagining is a feature of reactionary politics, in particular those of Trump's America. It will use a selection of cultural texts to show how 21st century resentment has offered a perfect way to materialize lack as loss – the loss of a good, fair, white, male America, to the forces that destroyed it. In doing so, I hope to offer a psychoanalytic reading of today's American politics and the appeal of Donald Trump.

## *Lacan & Marx, or, Critical Race Theory in a New Key*

Anthony Paul Farley, *Albany Law School* (afarl@albanylaw.edu)

“La vida es un sueño.” The world around us is not the world as it is, only the world as it appears, and it only appears to us in dreams. What we jurists commonly take to be life isn't life at all, it is death's repetition, albeit in an endless array of disguises. “The unconscious is structured like a language.” Waking life? Waking life offers a juridical dream, a juridical dream that we have all been dreaming. Our juridical consensus, built upon a foundation of murdered peoples and destroyed languages, is chief among the disguises. As Marx observed, capital entered the world bathed in blood and covered in dirt. In the beginning, there were millions of murders. Genocide,

colonialism, and slavery created race, the mark on the body that divides flesh that is to have from flesh that is to have not. The violence of the original accumulation is not lost, the violence is not forgotten; nothing is ever forgotten, nothing is ever lost, everything is remembered, everything is repeated. The unconscious of law, then, is key to understanding the inequalities that happened and keep happening. Findings and implications will be discussed in the presentation.

## **16. Controversies in Mental Health Care in the United States: Praxis, Technology, and Regulation**

### *Key Stakeholders' Preferences on Policies Regarding Access to Psychiatric Electroceutical Interventions for Treatment-Resistant Depression: Results from a U.S. National Survey*

Eric Achtyes, *Western Michigan University* (eric.achtyes@wmed.edu)

As newer psychiatric electroceutical interventions (PEIs) are developed and tested for treating major depressive disorder, their reception by various stakeholder groups may be influenced by lingering mistrust of older treatments, particularly electroconvulsive therapy (ECT) and frontal lobotomy. Other contextual factors likely shape stakeholders' views on PEIs, which may affect support for or opposition to policies impacting the availability of these interventions. We investigated the associations between modality and stakeholder group and views on policies either expanding or restricting the use of four PEIs. As part of an online U.S. national survey, we asked stakeholders about their views on three policies that would expand and three that would restrict the use of four PEIs for treating depression: ECT, repetitive transcranial magnetic stimulation (rTMS), deep brain stimulation (DBS), and adaptive brain implants (ABIs). Participants included board-certified psychiatrists (n=505), people with depression (n=1050), caregivers for people with depression (n=1026), and members of the general public (n=1022). Support for these policies varied by PEI, stakeholder group, and their interaction. Findings and implications will be discussed in the presentation.

### *Is Deep Brain Stimulation (DBS) for Psychiatric Disorders Ethically or Legally Distinct from Psychosurgery?*

Tyler Gibb, *Western Michigan University* (tyler.gibb@wmed.edu)

Deep brain stimulation (DBS) is a surgical procedure that involves implanting electrodes in specific brain regions to modulate neural activity. DBS has been used to treat various medical conditions, including Parkinson's disease, essential tremor, and obsessive-compulsive disorder. In recent years, there has been growing interest in using DBS for psychiatric disorders, such as depression, schizophrenia, and addiction. However, using DBS for psychiatric disorders raises

several ethical and legal concerns. These concerns are similar to those that led to the regulation of earlier forms of psychosurgery, such as lobotomy. For example, DBS is a highly invasive procedure that raises questions about the patient's right to bodily autonomy. There is also the risk of harm, as DBS can have unintended consequences, such as changes in personality or mood. Additionally, DBS could be used to coerce people into treatment or to control their behavior. In this presentation, we carefully consider the ethical and regulatory implications of DBS before it is used to treat psychiatric disorders, particularly as DBS moves from the research arena into clinical treatment plans. Drawing on the history of psychosurgery to identify the key concerns that need to be addressed, this presentation discusses three recommendations for regulating DBS.

## *AI in Psychiatry Training*

Madhavi-Latha Nagalla, *Western Michigan University* (madhavi.nagalla@wmed.edu)

Artificial [Augmented] intelligence is now the “IT” word in health care. Not everybody is aware of what it fully means in a practical perspective nor is everybody aware of the legal and ethical issues that come with this. There seems to be an overall better understanding as to how AI will be used in some fields like Radiology, but for psychiatry, where the diagnostic criteria, work up and treatment plans are not simple algorithms, it is unclear. This session will discuss the ethical concerns that come with AI in health care in general and particularly so in psychiatry. We will discuss concerns about data security and privacy concerns and also concerns about potential to exacerbate health care inequality. We will then discuss issues that relate particularly to the mental health in matters of the complications with developing algorithms for psychiatric diagnosis and risk assessment and also the balance between transparency in the use of algorithms and how this can affect the understanding of psychiatric illness, especially the psychosomatic illness. We will then discuss the need and ability to have courses/didactics on this topic during medical school and Psychiatry residency training. Additionally, we will also discuss the need to have conversations about ethical issues related to using AI in application process and also scholarly activity.

## *Boarding State Psychiatric Patients: An Examination of Potential Unlawful Seizure of Hospital Property by the State*

Kathryn Redinger, *Western Michigan University* (kathryn.redinger@wmed.edu)

Psychiatric “boarding”, wherein state psychiatric patients are held in hospital emergency departments or medical facilities due to a lack of available psychiatric beds, raises substantial challenges for hospitals and medical professionals. The state's decision to board patients without their consent or proper compensation may be perceived as a de facto seizure of private hospital property for public use. Drawing on the principles of the Takings Clause in the Fifth Amendment of the United States Constitution, which prohibits private property from being taken for public use without just compensation, we explore the potential application of this clause to the extended housing of state psychiatric patients. We investigate whether the prolonged use of hospital facilities and resources without appropriate reimbursement qualifies as a “taking” under this

constitutional principle as well as a recent federal case pertaining to this topic. This presentation delves into the burdens placed on hospitals when tasked with providing extended care and services for boarded psychiatric patients, exceeding their medical capabilities and resources. We analyze the ethical and legal implications when hospitals are unable to decline boarding patients, leading to a potential violation of their private property rights.

## *Psychiatric Advocacy in Reforming Surrogate Decision-Making Legislation*

Michael Redinger, *Western Michigan University* (michael.redinger@wmed.edu)

In the United States, the law surrounding surrogate decision-making for patients who lack decision-making capacity for medical treatment decisions are governed by state-specific statutes that vary widely. Psychiatric involvement primarily involves assessment for the presence and impact of mental illness on medical decision-making. For those patients found to lack the ability to make some or all treatment decisions, psychiatric involvement may also include a recommendation of who may be the most appropriate legally-authorized surrogate decision-maker for the patient. This presentation focuses on the legislative advocacy efforts of a psychiatrist to reform the surrogate decision-making statute in the US state of Michigan. While many psychiatrists are hesitant to engage in direct political advocacy, lack of engagement in the legislative process can result in law that fails to incorporate a robust understanding of mental illness or the expertise of mental health care practitioners. Ignorance and stigma surrounding mental illness may result in statute that fails to respect the autonomy of patients with mental illness who may retain the ability to make their own medical treatment decisions or have expressed clear preferences that are later disregarded. The presentation will show that psychiatric advocacy can improve state statute through engagement in the legislative process.

## **17. Corrections and Forensic Psychiatry**

### *Towards a Model of Ethics in Correctional Mental Health*

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)  
Kiran Patel, *University of Toronto* (Kiran.patel@camh.ca)

Traditional medical ethics are based on the principles of patient beneficence and non-maleficence. This involves striving to benefit the patient and above all to do no harm. It has been recognized that practitioners of forensic mental health straddle two different ethical worlds. They act both as treaters and as agents of the justice system. This complicates their relationship with the core principles of medical ethics. Correctional mental health is a growing field that has features of the field of general mental health delivery, but also some features analogous to forensic mental health. As this field develops, there is some recognition that the delivery of correctional mental health

demands its own ethical perspective. In this presentation, we discuss the development of the ethics related to the delivery of mental health and the ethics of forensic mental health and develop a conversation about some issues that are distinct to correctional mental health. In doing so, we attempt to move closer to developing a guideline for resolving ethics dilemmas in correctional mental health.

### *An International Review of Self-Induced Automatism*

Kiran Patel, *University of Toronto* (Kiran.patel@camh.ca)

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)

The topic of self-induced intoxication causing automatism is a complex legal issue that straddles the border of psychiatry, the law, and social policy. It has been argued that women and children are predominantly positioned as victims of sexual and domestic violence, in which substances often play a part. This sensitizes society to any legal measures that may potentially excuse, mitigate, or absolve perpetrators. The legal systems in Canada, the United States, and the United Kingdom have dealt with these issues as best as they can, sometimes inconsistently and sometimes coming into conflict with the public discourse and subsequent legislation. This presentation is a comparison of case law and legislation between these three countries. We review the concept of automatism and self-induced intoxication leading to automatism and compare and contrast how the courts in each country have dealt with this issue. Canadian courts tend to demand proof of voluntariness, but then parliament legislates to close down the defence in a circular path. UK courts rarely allow the defence. The US, since they have 50 different systems is inconsistent and variable. This area is a minefield for forensic psychiatrists, who need to be aware of the law in the jurisdiction in which they operate.

### *Guidelines in Forensic Psychiatry*

Lisa Ramshaw, *University of Toronto* (Lisa.ramshaw@camh.ca)

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)

The Canadian Academy of Psychiatry and the Law commissioned the writing of 11 guidelines. These guidelines cover the various aspects of forensic psychiatric assessment and report writing. These include: General Principles, Fitness to Stand Trial, Criminal Responsibility, Violence Risk Assessment, Dangerous Offender/Long-Term Offender, Sexual Behavior and Risk of Sexual Offending, Personal injury, Disability, Fitness to Practice, Professional Misconduct and Malpractice, and Child and Adolescent Assessments. The guidelines were written by a steering committee and were then reviewed and contributed to by a national working group of experts. The Guidelines were specifically not written to be construed as dictating the standard for forensic evaluations. Although they are intended to inform practice, they do not present all currently acceptable ways of performing forensic psychiatry evaluations and following these guidelines does not lead to a guaranteed outcome. The General Principles guideline was published in 2022 and five more have followed. The remaining guidelines have been written and edited and await translation into both of Canada's official languages. In this presentation, we describe the purpose

and development of the guidelines, controversies and complexities, and their utilization in the forensic psychiatric community in training and practice.

### *Bharwhani, Essential Ingredients of a Fitness Assessment*

Laeticia Eid, *University of Toronto* (leticia.eid@camh.ca)

Amina Ali, *Centre for Addiction and Mental Health, Toronto, Canada* (amina.ali@camh.ca)

Leisha Senko, *Centre for Addiction and Mental Health, Toronto, Canada*  
(leisha.senko@camh.ca)

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)

A 1992 case, *R v Taylor*, appeared to set the standard for assessing an accused person's fitness to stand trial in Canada, calling it the limited cognitive capacity test. Although the Supreme Court appeared to reaffirm this test in a similar case, it has never been subject to extensive appellate review. This test has been distilled in practice to involve a set of questions, colloquially known as the Taylor Test questions, used to evaluate for a basic understanding of the functions of the court and the potential consequences of proceedings. It appeared to ignore such factors as whether the accused could meaningfully participate, and whether they could communicate with counsel and the courts. In a recent case, *R v Bharwhani*, the Court of Appeal clarified its position. The Court found that the Taylor Test questions, commonly adopted throughout the country, were not sufficient, and expanded upon the limited cognitive capacity test. They ruled that the original constituents to the test, as enunciated in the criminal code, stood. However, they emphasized that meaningful presence and participation in the courtroom, and ability to communicate with counsel or the court, were essential ingredients of a fitness assessment. Implications will be discussed in the presentation.

## **18. COVID, Custody and Closed Spaces: The Colours and Tone of Limitations to Freedom (I)**

### *The Impact of and Recovery from the Covid-19 Pandemic for Children in Custodial Settings*

Charlotte Lennox, *University of Manchester* (charlotte.lennox@manchester.ac.uk)

Prathiba Chitsabesan, *Pennine Care NHS Foundation Trust, Lancashire, United Kingdom*  
(pchitsabesan@nhs.net)

Louise Robinson, *University of Manchester* (louise.robinson@manchester.ac.uk)

Florian Walter, *University of Manchester* (florian.walter@manchester.ac.uk)

Matthew Carr, *University of Manchester* (matthew.carr@manchester.ac.uk)

Kenny Ross, *Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom* (kenny.ross@gmmh.nhs.uk)



Jenny Shaw, *University of Manchester* (jennifer.j.shaw@manchester.ac.uk)

Children in custody have poor health. Before COVID-19 there were concerns that children's health and safety was poorly managed and so there were concerns about the impact of COVID-19 and the restrictions that were introduced. This study aimed to understand the impact of COVID-19 on children in prison. This study had three parts. We looked at inspection reports from all the units during COVID-19. We interviewed 41 people including young people and staff about their experiences. We looked at service performance data to see how well the health teams worked. We found that COVID-19 had direct and indirect impacts. Directly, COVID-19 guidance did not include children in custody, so all sites did things differently, resulting in children being isolated for long periods of time. Children had limited access to healthcare, their families or other professionals to help them. Lots of the sites grouped children into small bubbles but this seemed to have made violence more likely. Indirectly, staff shortages and staff frequently getting COVID-19 meant children were even more restricted. Children in custody experienced longer periods of isolation and more restrictions because policies did not include them. Future policies should ensure children are not isolated for long periods. Findings and implications will be discussed in the presentation.

### *Duties to the Mad When They're Bad: The New South Wales Experience pre-Presland*

Nada Vujat, *Emery Partners Solicitors, Newcastle, Australia* (nvujat@emery.com.au)

Ngaire Watson, *Barrister-and-Solicitor, Sydney, Australia* (ngaire.watson@counsel.net.au)

On 21 August 2003, the Supreme Court of New South Wales entered judgment for a patient, Kevin Presland, against the Hunter Area Health Service and a psychiatric registrar in *Presland v Hunter Area Health Services* [2003] NSWSC 764 ['The Presland Case']. Kevin Presland was awarded damages after establishing that both entities had negligently failed to appropriately care for him which included detaining him in the psychiatric institution and under provisions of the Mental Health Act 1990 (NSW). Within hours of being released from the psychiatric institution, Kevin Presland decapitated his brother's fiancée, Kelley-Anne Laws – a tragic event which resulted in significant life-altering damage to many people: Ms Laws and her family, Ms Laws' fiancé, the family of the Presland brothers, and Kevin Presland himself. Kevin Presland was acquitted of murder on the grounds of insanity. The Presland case created a media furore. Public statements were made by many public officials, including the Premier of New South Wales, who were incensed about the case. The Presland case was responsible for a platform of legislative amendments made to the Civil Liability Act 2002 (NSW). Part 1 of this presentation will explore the duty of care of psychiatric institutions prior to the legislative amendments and the Presland case in detail. Part 2 will explore the legislative amendments introduced into the Civil Liability Act 2002 (NSW) and the current status of duties owed by psychiatric institutions to the mentally ill. It is of note that by a majority, the NSW Court of Appeal overturned the Presland case on 21 April 2005 in *Hunter Area Health Services v Presland* [2005] NSWCA 33. The Court of Appeal determined that a litigant suing for negligence will not recover damages for pain and suffering and economic loss caused as a result of not being admitted for treatment of a mental illness before committing a violent offence.

## *Turning Lemons into Lemonade: How a Unique Prison Class Pivoted During the Pandemic and the Students Toiled, But Strived*

David R. Montague, *University of Arkansas* (drmontague@ualr.edu)

This presentation is about a lived unique experience, set within an already unique college course, taught within a prison, composed of half “free-world” students and half incarcerated students. Education and training opportunities are key to the successful reentry into society for incarcerated people, given the arduous challenges well-documented in the body of knowledge (Zaitzow [2011] and Denney, Tewksbury, & Jones [2014]). As people and organizations focused on the quickness of the global lockdown (March 2020) in response to the COVID-19 Pandemic, a college course which for the first time in history offered an international teaching format from Temple University called “Inside-Out” to incarcerated women (and mix of students from a university in Arkansas, USA), a previously unheard of set of events were facilitated to promote the success of these students. The collaborative use of technology, reexamination of prohibited practices, commitment of stakeholders, and instinct to survive the crisis, promoted a level of teamwork that resonated far beyond the course; and far beyond the Pandemic. Given that the recidivism rate in Arkansas (in 2023) is 47.5%, findings from this presentation should be of use to corrections officials, educators, researchers and those with any interest in rehabilitation or student success.

## *Improving the Physical Health of Forensic Psychiatric Inpatients With Targeted Structured Health Dialogue?*

Mikael Wibom, *Clinical Psychiatrist, Regional Forensic Psychiatry Clinic, Växjö, Sweden*  
(mikael.vestlund-wibom@kronoberg.se)

Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Veronica Milos Nymberg, *Lund University* (veronica.milos\_nymberg@med.lu.se)

The Swedish National Board of Health and Welfare concludes, that health care should inform patients on the importance of lifestyle habits and, where needed and desired, provide support to improve unfavourable ones. People with severe mental illness (SMI) experience poor physical health and premature mortality, contributed significantly by modifiable lifestyle risk factors such as tobacco smoking, poor nutrition, low cardiorespiratory fitness, and physical inactivity. Lifestyle interventions can reduce cardiometabolic risk and confer a range of other positive mental and physical health benefits. The Swedish model for targeted health dialogs is a way to systematically and structured address healthy and risk factors for cardiovascular disease. The aim of the study is to explore if targeted structured health dialogs as a model can improve lifestyle habits, metabolic factors (lower blood pressure, cholesterol levels, fasting blood glucose and BMI) and quality of life in a forensic psychiatry setting at Växjö Forensic Clinic

# 19. COVID, Custody and Closed Spaces: The Colours and Tone of Limitations to Freedom (II)

## *Can Institutions Exercise Conscientious Objection?*

Jason Adam Wasserman, *Oakland University William Beaumont School of Medicine*  
(wasserman@oakland.edu)

Abram Brummett, *Oakland University William Beaumont School of Medicine*  
(abrummett@oakland.edu)

While exercises of conscience often are motivated by religious values, there is wide consensus that the secular moral convictions of clinicians should be equally protected. Religious institutions have enjoyed conscience protections for wholesale refusal of interventions that conflict with their institutional values. But the justification for these sorts of institutional protections appears to rely on an unexamined analogy between individual and institutional conscience. In this presentation, we unpack the ethical justifications for the exercise of conscience at the individual level and propose an analogous set of criteria for institutional conscience. The implications of this are significant: If institutions can exercise conscience-based refusals, and religious affiliation is not a condition for the ethical exercise of conscience, then secular institutions also should be able to exercise conscience-based refusals as well. In turn, secular hospitals could ground refusal to offer interventions they believe are medically inappropriate such as tracheostomy and PEG tube placement for likely permanently unconscious patients in their own institutional values. Recognition of institutional conscience provides a more stable basis for such refusals, which otherwise are subject to more contestable claims involving futility or best interest.

## *Buckdancer's Choice: Choreographing Effective Therapeutics in a Prison Environment*

James Tyler Carpenter, *Clinical-Forensic Psychologist at Metis Psychological Associates, LLP, Randolph, United States of America* (jtcarpenter30@hotmail.com)

Although referrals to mental health department staff in prison environments are generally of a crisis, policy, and/or mental health nature, their formulation for treatment and amelioration is multi-dimensional and collaborative by nature. This is because by design and default, prisons are dynamically diverse forensic ecosystems that are made up of a host of administration, staff, inmate-clients, and non-human environments, the missions of which are to provide effective care-custody and ethical treatments for those who have been remanded to penal care by virtue of how their behavior is understood within the legal systems of the societal jurisdictions in which they live. The purpose of this talk and group discussion will be to lay out a way of thinking about formulating the diverse psychological needs and risks presented by typical forensic mental health referrals and to discuss the various ways such risk-need can be understood and effectively addressed.

## *Space and Well-Being in High Security Environments*

Thomas Ross, *University of Ulm* (thomas.ross@uni-ulm.de)

María Isabel Fontao, *University of Konstanz*

Research on the spatial dimensions of deprivation of liberty and psychiatric hospitalisation has a long and complex tradition. In Europe, there has been a well-documented trend for several decades towards increased placement of offending psychiatric patients in forensic psychiatric institutions. There is also evidence of a similar trend outside Europe, for example in Canada and the United States. Similarly, prison overcrowding has long been defined in the literature as a security or health problem. In the 30 years from 1975 to 2005, the number of people in US prisons increased sevenfold. It is difficult to provide security, treatment and rehabilitation when space is scarce or inadequate. In this presentation, we review key findings from recent research on prison and forensic psychiatric space, with particular attention to the links between overcrowding in prisons and secure forensic psychiatric hospitals and violence, the foundations of prison and hospital architecture, and how the design of prison and hospital space can influence well-being. We evaluate and discuss these findings in the context of the current debate on how well-being in secure spaces can support the achievement of rehabilitation goals, even in overcrowded institutions.

## *Determinants of Clinical Outcome and Length of Stay in Acute Care Forensic Psychiatry Units*

Isabella D'Orta, *Geneva University Hospital* (isabella.dorta@hcuge.ch)

Kerstin Weber, *Geneva University Hospital* (kerstin.weber@hcuge.ch)

François R. Herrmann, *Geneva University Hospital* (francois.herrmann@hcuge.ch)

Panteleimon Giannakopoulos, *Geneva University Hospital*  
(panteleimon.giannakopoulos@unige.ch)

The criminological and sociodemographic variables factors impacting on length of stay and clinical response in acute care specialized units are poorly documented. To address this issue, we examined the psychiatric records of all cases admitted between January 1st and December 31st 2020 in the sole acute ward for detained persons located in the central prison of the Geneva County, Switzerland. Information on judicial status included pre-trial versus sentence execution, previous incarcerations, and age of the first incarceration. Sociodemographic data included age, gender, marital status, and education attainment. Previous inpatient stays prior to incarceration were recorded. The standardized assessment was based on the HoNOS (Health of Nation Outcome Scales) at admission and discharge, HONOS-secure at admission, HCR-20 (Historical Clinical Risk 20) version 2, PCL-R (Psychopathy Checklist Revised), and SAPROF (Structured Assessment of Protective Factors). Our results suggest that the use of acute wards specialized in forensic psychiatry are mainly useful for patients with prior inpatient care experience, and higher violence risk during sentence execution. In contrast, they seem to be less performant for persons in pre-trial detention that could benefit from less restrictive clinical settings.

## **20. COVID, Custody and Closed Spaces: The Colours and Tone of Limitations to Freedom (III)**

### *How Certain Features of Autism Spectrum Disorder Can Provide the Context of Vulnerability to Engaging in Indecent Images of Children (IIOC)*

Clare Sarah Allely, *University of Salford* (c.s.allely@salford.ac.uk)

It is important to emphasise that individuals with autism spectrum disorder (ASD) or autistic individuals are no more likely to carry out offending behaviours compared to the general population. However, there is nevertheless a small subset of individuals with ASD who do offend. Research suggests that certain features of ASD can provide the context of vulnerability to engaging in offending behaviour. There is an urgent need for the innate vulnerabilities associated with ASD which can contribute to the viewing of indecent images of children (IIOC) or child sexual abuse material (CSAM) to be recognised in criminal law. The understanding of the association between ASD and engaging in viewing IIOC is not well recognised or understood both by the general public and also clinical and legal professionals. The importance of addressing this knowledge gap has been raised in recent years. It has been highlighted in the recent literature that there are a range of potential innate vulnerabilities in many individuals with ASD who are charged with the viewing of IIOC. In this presentation, some of these potential innate vulnerabilities will be discussed.

### *An Examination of the Capacity of Children to Consent to Medical Treatment and the Concept of “Maturity” in South Africa*

Larisse Prinsen, *University of the Free State* (prinsenl@ufs.ac.za)

Marozane Spammers, *University of Canterbury* (marozane.spammers@canterbury.ac.nz)

South African law recognises that minors have an evolving capacity to consent to medical treatment. This recognition is manifested in the Children’s Act of 2005 which governs the rights and duties of minors and, in terms of which, children aged 12 years and older are presumed to have the capacity to consent to medical treatment provided they are of sufficient maturity to understand the nature and consequences of the treatment. Although the word “maturity” appears repeatedly in the Children’s Act, it does not provide a definition of or guidance on how maturity is determined. Thus, this paper will critically examine the meaning of “maturity” in this context by considering its application in case law locally and in comparative jurisdictions, relevant human rights considerations, as well as the literature on child brain development and capacity to consent. The goal of the paper is to propose guidelines to aid in determining whether the legally requisite “maturity” to consent to medical treatment is present.

## *Competing Interests - Protecting Society Versus Protecting the Child: Navigating the Multiplicities of Victims and Perpetrators*

Christina D. Tortorelli, *Mount Royal University* (ctortorelli@mtroyal.ca)

Peter Choate, *Mount Royal University* (pchoate@mtroyal.ca)

Julie Mann-Johnson, *University of Calgary* (mannj@ucalgary.ca)

Categorization is key to sorting and distributing resources. Human service professions experience the ethical challenges of this type of delineation. Often we are asked to complete a checklist to establish our space in society - age, gender, income, health status, employment, criminal record to name a few. This approach is also applied to clients or consumers of social services, including government agencies such as child welfare, policing, victim services, courts, treatment and monitoring services such as probation. For youth and adults involved with the criminal justice and or child welfare systems, these categorizations launches them onto a negative pathway, identifying them as a perpetrator of a crime, a criminal, a deviant. Exploring the perpetrators' lived experiences to uncover their stories as victims increases complexity - something that systems and those working within them are ill-equipped to deal with. Multiplicities in the social sciences refers to the tension between a one dimensional process and the complexity inherent in the life stories of our clients. This presentation will challenge our thinking about crime, delving beneath the surface to interrogate the unseen. We will unpack the victim/perpetrator dynamic, exploring actions we can take to become more attuned to the multiple layers of their lives.

## **21. Creating and Evaluating Trauma-Informed Systems**

### *Trauma-Informed Organizations: What Does it Take?*

Susan Green, *University at Buffalo* (sagreen@buffalo.edu)

Samantha P. Koury, *Co-Director, Institute on Trauma and Trauma-Informed Care, Buffalo, NY, U.S.* (spkoury@buffalo.edu)

Law and behavioral health organizations are increasingly recognizing the long-term impacts of trauma on the health, wellbeing and productivity of individuals and the workforce. Trauma-informed care is a means of ensuring universal precaution for trauma which requires individuals, organizations, and systems to intentionally neutralize the environment and interactions for re-traumatization. The Trauma-Informed Organizational Model developed by the Institute on Trauma and Trauma-Informed Care provides a guiding framework, examples, and tools for any organization plan for, implement and sustain trauma-informed change. This presentation will provide a brief overview of the framework, including two core components that inform the model: re-traumatization and the guiding values of trauma-informed care integrated with diversity, equity, inclusion, and accessibility (DEIA) considerations. The stages and key development areas for trauma-informed change and specific considerations within each will be discussed, as well as examples from the presenters' work with legal and behavioral health organizations. The

presentation will also provide concrete strategies at the organizational level to facilitate change and direct participants to resources and tools for planning and implementation.

### *Creating a Trauma-Informed Family Treatment Court*

Rachel Tanguay, *Rockland Family Treatment Court, Rockland County, NY, U.S.*  
(rtanguay@nycourts.gov)

Individuals with substance use and mental health disorders and are involved in the justice system are more likely than not to have histories of trauma. The stress of court and legal involvement can impact the ability of court participants who have histories of trauma to fully engage and be successful. Additionally, even standard court practices and interactions can be potentially re-traumatizing. It is critical that judges, attorneys, and other professionals in treatment court settings understand the relationship between trauma, adversity, and behavior, as well as approaches to create environments that are less triggering for both court participants and staff. Applying trauma-informed approaches and trauma-sensitive practices within daily interactions, protocols, and procedures to reduce re-traumatization will lead to more successful interactions and outcomes. This presentation will describe implementation examples from work done in a family treatment court to train their staff and implement trauma-informed and trauma-sensitive practices. It will also explore lessons learned and share the impact that the trauma-informed shift has had on both court participants and their treatment court team.

### *Strategic Planning and Implementation of Trauma-Informed Educational Practices to Create District-Wide Change*

Richard Carella, *Niagara Falls City School District, Canada* (rcarella@nfschools.net)  
Samantha P. Koury, *Co-Director, Institute on Trauma and Trauma-Informed Care, Buffalo, NY, U.S.* (spkoury@buffalo.edu)

Implementing trauma-informed educational practices across an entire school district requires deliberate planning, development and sustainability of a district organizational culture and climate that remains true to the five guiding values/principles of a trauma-informed approach—safety, trustworthiness, choice, collaboration, and empowerment—with intentional integration of diversity, equity, inclusion, and accessibility. By creating a trauma-informed culture and climate, school districts are better equipped to support the success and wellbeing of their students that may be struggling with various concerns related to trauma, such as mental health, addiction, child welfare and other legal situations. Because becoming a trauma-informed school district can take multiple years to achieve, it is important to have a strategic implementation plan, whether districts are just beginning the change process or already sustaining it. There is a need to continue to develop and evaluate implementation guidelines for district-wide, sustainable trauma-informed change informed by the experiences of educators and those working in education. This presentation will describe the work one school district has done in collaboration with a university-based institute to implement trauma-informed educational practices and organizational change

throughout the entire district. Successes, challenges, and lessons learned unique to implementing and operationalizing trauma-informed approaches in the pre-implementation, implementation, and sustainability stages of change at the district level will be discussed.

## *Building Trauma-Informed Communities Through Cross-Sector Collaboration*

Tina Zerbian, *Cattaraugus Community Action, Cattaraugus County, NY, U.S.*  
(tzerbian@ccaction.org)

Individuals with histories of trauma and adversity often have a variety of needs and interface with multiple organizations and providers across service sectors—including those in the justice system. While it is important for legal and justice-related organizations to work toward becoming more trauma-informed, it is equally as critical to consider collaborative partner organizations, referral sources and the larger community to reduce the likelihood of re-traumatization that can occur between and outside of individual organizations. To truly create trauma-informed systems, there is a need for cross-sector education, advocacy, networking, and collaborations based on a mutual understanding of trauma and being trauma-informed. Trauma-informed communities and collaborations focus on not only on providers and organizations, but also the general community. This presentation will describe how a community action agency not only is engaging in trauma-informed change work internally, but also is actively building a trauma-informed community through active cross-sector education, training, and collaboration.

## *The Measurement of Trauma-Informed System Cultures*

Travis Hales, *MSW Director, University of North Carolina at Charlotte, Charlotte, NC, U.S.*  
(thales@uncc.edu)

The majority of standardized instruments used to assess trauma-informed organizations are focused on the experiences of staff members. There is a need to develop assessments of workplace climates and experiences from the diverse perspectives of service users (e.g., service users from diverse racial/ethnic backgrounds, criminal justice histories, experiences of oppression). Such instruments would enable the comprehensive assessment of a) workplace environments from the dual perspectives of service users and staff, b) the impact of trauma-informed interventions on client experiences, and c) advance the evidence-base for organizations transitioning to trauma-informed practices. The current study examines the preliminary results of developing the Trauma-Informed Climate Scale-Client Version (TICS-C), an adaptation of the Trauma-Informed Climate Scale (TICS) originally designed for staff. The TICS-C focuses on service user experiences of safety, trustworthiness, choice, collaboration, and empowerment in their interactions with the agency and with individual staff members (e.g., the particular provider). Results of content expert interviews, the development of item pools, and initial pilot testing will be presented and discussed. Future research directions integrating the staff and client versions of the TICS and TICS-C will be explored.



## 22. Criminal Practice, Criminal Adjudication

### *Detaining Adolescents – How do Different Jurisdictions Manage Risk Behaviours in Children and Young People?*

Diana Frances Johns, *University of Melbourne* (diana.johns@unimelb.edu.au)

Annie Bartlett, *St George's University of London* (annieatwork04@aol.com)

Heidi Hales, *Cardiff University* (Heidi.hales@wales.nhs.uk)

Sanne Oostermeijer, *University of Melbourne* (sanne.oostermeijer@unimelb.edu.au)

Fleur Souverein, *Vrije Universiteit Medical Centre (VUMC), Amsterdam*

(f.souverein@amsterdamumc.nl)

Around the world, children and young people are detained under mental health, welfare or justice legislation for so-called risk behaviours. However, the legislation, types of secure placement, restrictive practice, and reasons for detention vary across jurisdictions. Comparing practices and understandings and learning from each other will help professionals – working with adolescents showing risk behaviours – to better support young people and each other. The workshop will be presented by members of an International Research Collaboration investigating secure care and, specifically, the meanings and experiences of safety and security for young people (and those living and working with them) in confined settings. In leading this workshop, we will discuss various vignettes describing complex scenarios involving young people that may lead to detention in secure settings. Our aim is to facilitate group discussion about the scenarios and, to this end, we invite audience participation to consider how different countries would manage the care of young people in these complex situations. This interactive format will enable us all to share and develop greater awareness and understanding of good mental health, welfare and justice practices in other jurisdictions.

### *The Inventory of Legal Knowledge in Forensic Practice*

Michael J. Vitacco, *Augusta University* (mvitacco@augusta.edu)

Carlin Weinberg, *Augusta University* (cweinberg@augusta.edu)

Kevin Wahl, *Aurora University* (wahlk1030@gmail.com)

Linda Vitacco, *Augusta University* (lvitacco@augusta.edu)

The Inventory of Legal (ILK; Otto et al., 2010) is designed to detect feigning the lack of legal knowledge in competency to proceed to trial evaluations. The current study's goal is to evaluate the effectiveness of the ILK and the development of two new scales, the Consistency (CS) and the Infrequent Fail (IF) scales. The CS scale measures consistency in responding between five pairs of items on the ILK. The IF scale evaluates those items not typically missed. Using forensic patients and comparing honest responders to individuals who are "likely feigning" (M-FAST > 12) resulted in significant differences between the two groups on the IF scale,  $F(2, 108) = 17.54$ ,  $p < .001$  and the CON scale  $F(2, 108) = 12.11$ ,  $p < .001$ . These results were cross validated with a

sample of 100 college students who were put into a simulation design. These two new scales, based on two disparate samples, may provide improvement in feigning classification. These scales require further study before implementation in forensic practice.

## *Digital Options for Justice Interventions*

Elizabeth Allison Gilchrist, *University of Edinburgh* (liz.gilchrist@ed.ac.uk)

Gail Gilchrist, *KCL, London* (gail.gilchrist@kcl.ac.uk)

Few perpetrator interventions target men who use substances. Delivering perpetrator interventions concurrently with substance use treatment shows promise. Two studies were conducted to evaluate the ADVANCE group and digital interventions to reduce abusive behaviour towards a partner by men in substance use treatment. Firstly, a randomised control trial of the ADVANCE group intervention + usual substance use treatment compared to substance use treatment alone, with a formative evaluation, was conducted among 104 men in substance use treatment to assess the feasibility of conducting an evaluation trial.<sup>8</sup> Secondly, a study with a nested process evaluation, was conducted to evaluate the feasibility and acceptability of delivering ADVANCE-D to 41 men in substance use treatment. ISS was offered to the female (ex)partners of men in both studies. Men and their partners were followed-up at the end of the interventions. Interviews and focus groups with participants, facilitators and ISS workers found that both methods (group and digital) of delivering the ADVANCE intervention were feasible and acceptability. Therapeutic alliance and session satisfaction were rated highly. At the end of the ADVANCE group intervention, neither substance use nor IPA perpetration had worsened for men in the intervention arm. Findings from the evaluation of the ADVANCE-D intervention will be presented and implications for use in Justice will be highlighted. Interventions to reduce IPA perpetration by men in substance use treatment are feasible and safe to deliver with training, and appropriate risk management and safeguarding protocols and will inform the next trial which will be delivered in probation/criminal justice social work settings across the UK.

## *Probation and Criminal Justice Programs*

Orion Mowbray, *University of Georgia* (omowbray@uga.edu)

Michael Robinson, *University of Georgia* (marobil@uga.edu)

Ed Risler, *University of Georgia* (erisler@uga.edu)

Jeff Skinner, *University of Georgia* (jskinn@uga.edu)

Brian D. Graves, *University of Georgia* (bgraves3@uga.edu)

Anna Scheyett, *University of Georgia* (amscheye@uga.edu)

Day Reporting Centers (DRCs) are programs in the United States intended to reduce recidivism by keeping persons on probation or parole in their communities and offering mental health counseling, substance use counseling, and opportunities for educational advancement and vocational training. Little research exists on DRCs, including how persons enter DRCs and whether DRC participation is effective in reducing recidivism. In a project to assess DRCs throughout the state of Georgia, United States, we present results associated with DRC program

entrance and participant recidivism. Using data from the state of Georgia probation/parole system, we show that using a propensity score matched sample, DRC participants show higher risk, need, and responsivity factors compared to others on probation or parole, consistent with the DRC programming model. Additionally, we also show that sustained participation in DRCs is associated with multiple measures of recidivism, including fewer new arrests, new prison episodes, probation revocations, and probation violations. Our results highlight the importance of specialized services for persons with mental health problems that are involved in the criminal justice system and provides additional findings for what constitutes evidence-based criminal justice programs. Critiques and limitations of criminal justice programs for persons with mental illness will also be discussed.

### *Psychological Autopsy: Retrospective Exploration of Equivocal Deaths in Bloemfontein, South Africa*

Nathaniel Lehlohonolo Mosotho, *University of the Free State* ([mosothol@fshealth.gov.za](mailto:mosothol@fshealth.gov.za))

Ceri Strating, *University of the Free State* ([ceri.strating@gmail.com](mailto:ceri.strating@gmail.com))

Helene Engela le Roux, *University of the Free State* ([IRouxHE@fshealth.gov.za](mailto:IRouxHE@fshealth.gov.za))

The psychological autopsy can be used in equivocal deaths. It incorporates an examination of the deceased's psychosocial background into the post-mortem examination in order to establish the circumstances surrounding the death. The aim of this study was to explore and characterise the circumstances surrounding equivocal deaths that were referred to the Department of Forensic Medicine, Bloemfontein, South Africa. First, the researchers studied the clinical records of the deceased. Thereafter, qualitative semi-structured interviews were conducted with family members of the deceased in order to collect data/information. Participants were between the ages of 18 and 65 years. Six cases which met inclusion criteria were included in this research. The deceased were all males, aged between 20 and 49 years. The findings were that almost all the deceased came from low socio-economic backgrounds, had low levels of education and with a history of substance abuse, in particular, alcohol. All the deceased had experienced early childhood adversity. One flagged equivocal death was referred back to the Department of Forensic Medicine for further investigation and possible legal action. It is recommended that psychological autopsy be used in South Africa as a supplementary method of forensic investigations for all suspicious deaths.

## **23. Criminology at the Coal Face: The Importance of Applied Criminology in Supporting Wellbeing and Mental Health**

*Enhancing Sex Worker's Wellbeing and Mental Health through Multi-Dimensional Criminology*

Tracey Sagar, *Swansea University* (t.sagar@swansea.ac.uk)

In England and Wales there has been a recognition spanning several decades that academics should work with agencies and organisations to address a range of social problems. Very often however, this partnership work is funded by government to address government defined social problems and this has led to ‘partnership’ work being called in to question, and the reality of criminologists being able to make a real difference debated. This presentation discusses a partnership developed by criminologists that side stepped structural and political constraints. The project work was led by academics at Swansea University who worked in partnership with the National Health Service, Terrence Higgins Trust (a sexual health charity), the National Union of Students as well as what was then Newport Film School (now the University of South Wales). Working in collaboration a multi-dimensional approach was adopted to produce evidence-based responses towards reducing stigma against sex workers and improving their wellbeing and mental health.

### *Social Connections in Safe Spaces: Communities Coming Together to Improve Wellbeing*

Ella Rabaiotti, *Swansea University* (e.c.rabaiotti@swansea.ac.uk)

For some time, it has been argued that crime policy and practice in England and Wales which seeks to tackle anti-social behaviour in local communities is too often targeted and focused on enforcement rather than tackling the root causes of crime which stem from a range of well-known social problems. These punitive approaches can have negative consequences for those targeted leading to vulnerable groups being marginalised and excluded. This paper focuses on the need to improve community wellbeing in a post-covid world. This presentation is based on qualitative community-based research seeking to understand the benefits of pro-social approaches to safe community spaces during a cost-of-living crisis. The research also included the co-production of an animation that was created with a local charity and which highlights work to improve wellbeing by reducing social isolation and strengthening community resilience and social connections. The research findings and implications are discussed in the presentation.

### *Pictorial Narrative Analysis – A Tool to Evaluate Service Users Experiences Towards Improved Well-Being and Supported Desistance from Offending*

Debbie Jones, *Swansea University* (Deborah.A.Jones@swansea.ac.uk)

In efforts to understand the role services can play in supporting desistance from offending, academics are often called upon to undertake research that sits within a framework of evaluation. All too often, such evaluation projects, seek to gather data from service users and providers through traditional methods such as reviewing case files and administrative data alongside of gathering qualitative accounts through interviews and focus groups. This study however, considers the use of a model of evaluation that adopted a Participatory Action Methodology that worked in

partnership with a third sector organisation to report on the outcomes of a Swansea based (Wales, UK) project – the Include Hub. Specifically, this presentation discusses one aspect – the use of a Pictorial Narrative Approach and reflects on the potential of this data collection methodology as an approach to develop inclusive data collection approaches that seek to enhance the mental well-being of those involved in the research/evaluation process.

### *A Harm Reduction-based Approach to Substance Misuse - “Spike on a Bike”*

Joseph Janes, *Swansea University* (J.D.Janes@Swansea.ac.uk)

Improving the lives of people and communities affected by drugs is a priority of the Wales Substance Misuse Delivery Plans (2019-22). Wales has a relatively large rural population and concerns regarding drug related crimes in rural areas have been growing, not surprisingly therefore, there has been a growing focus on developing drug and alcohol service provision in rural Wales. “Spike on a Bike” was created by Dyfed Drug and Alcohol Service (covering three counties in rural Wales - Carmarthenshire, Pembrokeshire and Ceredigion). This innovative service (the first service of its kind in Europe) was created with the aim of addressing stigma, offering enhanced mental health and well being support, as well as having the overall goal of improving access to drug support services in rural areas of Wales. This presentation discusses the operational aspects of the project which was carried out in partnership with Hywel Dda University Health board. In doing so, it brings to the surface a range of good practices which may be useful more generally to improve service delivery for hard-to-reach populations.

### *Vulnerability-Led Policing Responses to Sex Work: A Shift to Wellbeing, or Reframed Enforcement?*

Jordan Dawson, *Swansea University* (J.L.Dawson@Swansea.ac.uk)

The National Police Chief’s Council provides guidance on sex work for police forces in England and Wales. In recent years the guidance has portrayed sex workers as a vulnerable group, with responses to sex work and prostitution emphasising protection from exploitation and abuse, as opposed to being concerned with the legal/illegal status of the work (the latter traditional enforcement approach having been adopted in many areas across England and Wales). While the shift away from enforcement has been welcomed by many academics as a progressive step, some have raised their concerns that the guidance simply disguises the continued use of traditional enforcement approaches. Enhancing this debate, this presentation draws on the findings of a survey developed in partnership with police employees in Wales which focused on the application of a vulnerability-led response to sex work. The presentation deliberates the potential of a vulnerability-led approach to enhance the wellbeing of sex workers in Wales.

## **24. Critiquing Jurisdictional Disparities: Exploring the Varied Implementation of Community Treatment Orders**

*Canada, Australia and Kenya: Colonial Encounters, Human Rights and Mental Health Laws*

Marina Morrow, *York University* (mmmorrow@yorku.ca)

Canada, Australia and Kenya are all signatories to the UN Convention on the Rights of People with Disabilities. Yet, each country retains domestic laws that continue to sanction human rights violations, such as involuntary detainment, forced treatment, seclusion, and restraints. In this presentation we outline findings from field research and policy and legal analysis from the Realizing Human Rights and Social Justice in Mental Health project. We begin with an overview of the relationship between colonization and psychiatry to illustrate how mental health law has come to be used disproportionately against racialised communities. We shed light on the structure of psychiatric power by sharing narratives from interviews with individuals who have experienced human rights violations in mental health. These stories reveal how psychiatric power is influenced by intersecting experiences of colonialism, racism, sexism, poverty, and sanism. Through this illumination, we expose the profound social and structural inequities that permeate the mental health care system, perpetuating social injustices. We argue that system change must move beyond legal and policy reform to support a paradigm shift in mental health care that will bolster innovative recovery and human rights-oriented community care that supports the autonomy, dignity and well-being of people.

*Exploring the Impact of Catchment Area Rates of Involuntary Care on Patient Morbidity and Mortality in Norway*

Olav Nytingnes, *Akershus University* (olav.nytingnes@ahus.no)

Mental health legislation permits the use of involuntary care for individuals suffering from severe mental disorders, with the aim of improving health outcomes and minimizing risks. Recent initiatives to raise the threshold for involuntary care, including CRPD, have raised concerns among professionals regarding potential adverse effects. However, the consequences of a high threshold for involuntary care have not been thoroughly investigated. This study aimed to examine whether catchment areas with lower standardized rates of persons under involuntary care (admission and/or CTO) in Norway experience increased morbidity and mortality among patients with severe mental disorders (SMD). Five models were pre-specified to explore how adverse effects could manifest in areas with lower levels of involuntary care. These models included case fatality rates observed over four years for all SMD patients, and changes in inpatient days and in time to an involuntary care episode for SMD patients (F20-31) with no involuntary care incidence in the index year. Our

analysis revealed no significant associations between low standardized catchment area rates of involuntary care and the pre-specified outcomes. The findings call for further research to better understand the implications and potential risks associated with high thresholds for involuntary care.

## *Trends in Compulsory Community Treatment in Victoria*

Paul Armitage, *La Trobe University* (p.armitage@latrobe.edu.au)

Lisa Brophy, *La Trobe University* (l.brophy@latrobe.edu.au)

Chris Maylea, *La Trobe University* (c.maylea@latrobe.edu.au)

When the 2014 Victorian Mental Health Act was introduced, Victoria had the world's highest rate of use of community treatment orders. The Act had amongst its aims reduction in the use and duration of compulsory treatment. It introduced several mechanisms with aims to support reduction in compulsory treatment that included changes to the compulsory admission criteria, non-legal advocacy, advance statements, and a complaints commission. Public reporting of compulsory treatment in Victoria is incomplete but it does indicate increasing use of CTOs during the period of the Act despite its aims. The Royal Commission into Victoria's mental health system (2019-2021) was critical of poor transparency and data quality in reporting, poor monitoring, and poor governance in the use of compulsory treatment and also noted poorly explained variation in compulsory treatment between services. This project aims to explore and understand the trends in use of CTOs across Victoria since the implementation of the 2014 Act. Using a human rights framework this presentation will discuss findings to date and reflect on learnings in the context of a new mental health act implemented in September 2023.

## *Voices of Experience: Exploring Consumer and Family Perspectives on Community Treatment Orders (CTOs)*

Vrinda Edan, *University of Melbourne* (v.edan@unimelb.edu.au)

Reporting of consumers experiences of CTOs has presented very different perspectives of that experience. From statements in support of CTOs as well as statements against CTOs. There is also a strong movement within consumer and some family/carer/supporter networks that maintain that CTOs breach human rights and therefore should be abolished. To ensure that the Factors Affecting Community Treatment Orders Research Study (FACTORS) project explores this varied perspective we have established a Lived Experience Advisory Panel (LEAP) that consists of consumers and family/carer/supporter members working in partnership with the broader research team. This presentation, prepared by the LEAP, will explore experiences of consumers who have been subject to CTOs and the families and carers who support them. Of specific interest to the LEAP to explore are: 1. Consumer and family's awareness of being on a CTO and the implications of such. 2. Consumer and family's understanding of the criteria for CTOs and how they are applied. 3. Consumer and family's perspective on the debate in the literature about the value or not of CTOs.

## *FACTORS Project Update: Unveiling New Insights into the Variation of Community Treatment Orders*

Tessa-May Zirnsak, *La Trobe University* (t.zirnsak@latrobe.edu.au)

"There is emerging evidence that forced community treatment in the form of community treatment orders (CTOs) is applied arbitrarily and disproportionately affects marginalised groups such as Aboriginal and Torres Strait Islander peoples and those from culturally and linguistically diverse (CALD) backgrounds. However, this has never been systematically studied. The Australian Factors Affecting Community Treatment Orders Research Study (FACTORS) aims to explain, for the first time across Australia, the drivers underpinning variations in the use of forced community treatment, including who is most likely to be subjected to forced treatment and in what context. In this presentation, project officer Tessa Zirnsak reflects on findings of the FACTORS study, with particular attention paid to findings related to law, policy and administrative health information of people placed on CTOs. These data create a narrative of how CTOs are being used and will generate social and cultural benefits for those directly affected and the broader community, and to create new knowledge and innovate law and policy processes."

## **25. Current Status of Women's Rights in Healthcare in Poland**

## **26. Custodial Issues in the 21st Century**

### *How Best to Approach Institutional Violence? Comparison of Long and Short Patient-To-Staff Violence Measurement Tools*

Milena Abbiati, *Lausanne University Hospital* (Milena.Abbiati@chuv.ch)

Patient-to-staff violence is frequent on psychiatric wards but tends to be underreported, partly because classic measurement tools are time-consuming to complete. Recent years have seen a trend toward using ever-shorter and shorter violence measurements. Non-punishment of the perpetrator of violence, except in cases of intentional or grossly negligent acts, is a key principle of such approach. Although short assessment tools may reduce underreporting, they may not provide the information needed to address the negative consequences of violence. The present study compared long and short patient-to-staff violence tools in 14 psychogeriatric and acute psychiatric wards in the Vaud Canton of Switzerland. We analyzed all reported incidents of patient-to-staff violence during an initial 3-month period, when the reporting mechanism included the Staff Observation Aggression Scale-Revised (SOAS-R, a widely used but long assessment tool) and the Violent Event Scale-2 (VES-2, a brief, two-item tool), and during a second 3-month period when the reporting mechanism included just the VES-2. Our results showed that staff reported almost twice as many violent incidents during the second period as during the first period.



SOAS-R ratings were higher in psychogeriatric wards, but VES-2 ratings were not. Only 1% of this violence was referred to the police. These advantages and disadvantages must be considered when deciding how to assess patient-to-staff violence in psychiatric settings.

## *Does Live Coaching Increase Officer Proficiency with Core Correctional Practices?*

Cara Ann Thompson, *Principal Consultant, Cara Thompson Consulting, Cincinnati, United States of America* (Cara.Thompson@carathompsonconsulting.com)

Over the last decade, several initiatives have attempted to create models in which community supervision officers follow the principles of effective intervention and use core correctional practices (CCPs) during contacts. Research suggests fidelity to these models is vital to achieving successful outcomes. Research also shows that participating in coaching activities after initial training increases proficiency with CCPs. However, the most effective coaching configurations are still widely unknown. This study examined the use of live coaching as a strategy to assist supervision officers in achieving and maintaining proficiency with CCPs. The study examined whether the use of live coaching improved officer proficiency with CCPs when compared to coaching based on audio submissions. Data revealed live coaching increased mean overall CCP proficiency of officers receiving live coaching, particularly when officers received an increased amount of live coaching. Live coaching also significantly increased mean proficiency scores for the practices of Cognitive Restructuring, Structured Skill Building, and Effective Reinforcement. Additionally, data showed officers receiving live coaching within the first 12 months of the coaching process was associated with higher mean overall CCP scores.

## *Justice and Treatment Cross-System Collaboration During Implementation of Learning Health System Alliance*

Matthew Aalsma, *Indiana University* (maalsma@iu.edu)

Katherine Schwartz, *Indiana University* (kaschwar@iu.edu)

Ally Dir, *Indiana University* (adir@iu.edu)

Zachary Adams, *Indiana University* (zwadams@iu.edu)

Tamika Zapolski, *Indiana University* (tzapolsk@iupui.edu)

Leslie Hulvershorn, *Indiana University* (lhulvers@iu.edu)

Fangqian Ouyang, *Indiana University* (fouyang@iu.edu)

Patrick Monahan, *Indiana University* (pmonahan@iu.edu)

We describe changes in cross-system collaboration across 4 waves of survey data between juvenile justice (JJ) and community mental health centers (CMHC) participants. The current study focuses on how cross-system collaboration between JJ and CMHC systems changes in 8 rural Midwest counties as a part of a broader Learning Health System (LHS) Alliance intervention. Over 3 years, our team created local substance care cascade dashboards and LHS Alliance teams implemented interventions along the cascade. The main outcome of interest was the Cultural Exchange Inventory which assesses the Process (e.g., mutual respect, understanding; 7 items) and Outcomes (e.g., change opinions, practices; 8 items) of knowledge, attitudes and practices between

organizations. Surveys were completed by 204 CMHC and 106 JJ staff participants. Process scores demonstrated significant change over waves ( $p=0.01$ ), differed significantly between CMHC and JJ groups ( $p<0.01$ ) and among the 8 counties ( $p<0.01$ ). Output scores differed significantly between CMHC and JJ groups ( $p<0.01$ ) but did not change significantly over waves ( $p=0.12$ ) and did not differ among the 8 counties ( $p=0.91$ ). We find attitudinal measures of cross-system collaboration improved across the intervention, but actual practice changes were less evident.

## *Psychopathic Traits in Children & Youth: What Are They & Why Are They Important?*

Vincent Bégin, *Université de Sherbrooke* (vincent.begin@usherbrooke.ca)

Laura Lopez-Romero, *University Santiago De Compostela* (laura.lopez.romero@usc.es)

Olivier Colins, *Gent University* (olivier.colins@ugent.be)

Psychopathy is a clinical construct commonly used in mental health and forensic settings to assess an individual's risk of antisocial behaviors, violent recidivism, and psychological outcomes. In the last few decades, researchers have extended this construct to children and adolescents in the aim of identifying those most at-risk of adopting severe and persistent patterns of conduct problems, delinquency, and antisocial behaviors throughout their life-course. Specific dimensions of psychopathic traits in youth have since then been added to the 11th edition of the International Classification of Diseases (ICD-11) as well as to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This presentation introduces psychopathic traits in younger populations for law and mental health practitioners who are unfamiliar with this construct. Three key ideas will be presented, discussed, and illustrated notably with findings from three research teams based in Canada, Spain, and Belgium: clinical utility, typical developmental trends, and potential amenability to change in treatment. Implications for the prevention of chronic antisocial behaviors, offending, and mental health problems, as well as the need for future studies on the matter, will be discussed.

## *The Penrose Hypothesis in the Second Half of the Twentieth Century: An Investigation into the Relationship Between Psychiatric Bed Numbers and the Prison Population in England Between 1960 and 2018/19*

Iain McKinnon, *Clinical Psychiatrist, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Morpeth, United Kingdom* (iain.mckinnon@newcastle.ac.uk)

Patrick Keown, *Clinical Psychiatrist, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Morpeth, United Kingdom* (patrick.keown@newcastle.ac.uk)

Background: In 1939, Penrose hypothesised that the number of psychiatric inpatients was inversely related to the size of the prison population. Aims: To ascertain whether the Penrose hypothesis held true in England between 1960 and 2018/19. Methods: Time series analysis, using time lags of 20 years, to explore the association between prison population (separately for male and female prisoners) and NHS psychiatric bed numbers. Non-psychiatric bed numbers were used as a comparator. Results: Psychiatric beds reduced 93%. Prison population increased 208%. Negative correlation between these changes was strong and highly significant ( $r = -0.96$ ). Only annual

reduction in psychiatric bed numbers was associated with an increase in the prison population (strongest at lag of ten years). Both mental illness and learning disability bed closures were associated with increase in female prisoners ten years later. Only learning disability bed reduction was significant explanatory variable for increase in male prisoners. Conclusions: The Penrose hypothesis held true between 1960 and 2018/19 in England; for every 100 psychiatric beds closed, there were 36 more prisoners ten years later: 3 more female and 33 more male prisoners. Our results suggest that the increase in female prisoners in particular may be connected with NHS bed closure.

## **27. Dangerousness: Perspectives from Criminal Law, Psychiatry, and AI**

### *Navigating the Ethical Minefield: The Role of Artificial Intelligence in Psychiatry*

Marcello Ienca, *Technical University of Munich* (marcello.ienca@tum.de)

The advancement of Artificial Intelligence (AI) holds great promise for the field of psychiatry, promising new avenues for diagnosis, treatment, and understanding of complex mental health conditions. However, these potentials are not without ethical concerns. This talk delves into the ethical implications of incorporating AI technologies into psychiatry, balancing its potential benefits against potential harms. The presentation will particularly focus on three areas of ethical significance: (A) the impact on privacy and consent of large-scale collection of mental health data (including neural data) and their processing for predictive or retrospective inferential analysis using machine learning models; (B) the use of AI models, including large-language models (LLMs) for mental health support and diagnostics; (C) the inherent biases present in AI models and their potential to exacerbate existing disparities in psychiatric care. The question of 'dangerousness' of AI applications in psychiatry will be considered in the light of the case studies above as well as in the context of forensic psychiatry where AI predictive models could be used in behavioural risk assessments. This talk aims to encourage a discourse on the implementation of AI in psychiatry, emphasising the importance of ethical considerations in development and deployment stages. The objective is to ensure that AI serves as a tool for empowerment of psychiatric patients, enhancing patient care and equity, rather than fostering harm or perpetuating inequality.

### *Artificial Intelligence Techniques in Predicting Risk of Violence: Opportunities and Pitfalls*

Giovanna Parmigiani, *Sapienza University of Rome* (giovanna.parmigiani@uniroma1.it)

In the last years, growing attention has been paid to the use of Artificial intelligence (AI) methods and machine learning (ML) in several areas, ranging from computational biology to biomedical and medical applications. In the forensic field, ML techniques are widely used in the area of

Neuroprediction, with applications in assessing the risk of crime recidivism in several contexts, such as prison rehabilitation programs, pretrial risk assessment, and sentencing. However, several ethical concerns have been raised in their massive use and incorporation into the criminal trial regarding their questionable fairness, accountability and transparency. In this presentation, an overview of the use of ML in the forensic field will be discussed, focusing on its opportunities and pitfalls. Then, preliminary data on an AI-based Decision Support System (DSS) (Virtual Forensic Experts) will be shown. This system has been developed to guide and support forensic psychiatric evaluations of criminal responsibility and social dangerousness, in order to make them more objective, transparent, and reliable.

## *Perceived Social Dangerousness Through the Lenses of AI-Powered Online Content Moderation*

Leda Tortora, *Trinity College Dublin* (ltortora@tcd.ie)

In recent years, there has been increased interest in finding new ways to identify and report online harmful content; in fact, there is growing awareness about its consequences, extending way beyond the online realm and causing real-life harm. Content moderation aims to filter out content violating community guidelines, such as hate speech, harassment, violence, misinformation, and so on. Especially since the advent of Large Language Models (LLMs), like ChatGPT, Bard etc., great attention has been placed on AI-powered content moderation due to its potential to automate this process. Nonetheless, those algorithms have been proven to show significant biases in identifying harmful content, especially across diverse cultural and linguistic contexts, leading to unfair and disproportionate content removal or enforcement actions targeting marginalised groups within society. One of the areas where AI-powered content moderation raises significant concern is the identification of perceived social dangerousness. In fact, targeting individuals as socially dangerous, which has already been shown to contribute to stigmatising individuals with psychiatric illnesses, has devastating consequences in a society where algorithmic surveillance is becoming a scary reality. This presentation will explore AI-powered content moderation's challenges, limitations and potential biases in relation to perceived social dangerousness.

## *The Theoretical Foundations of Risk-Based Criminal Sanctioning*

Thijs Steenhuijsen, *Tilburg University* (t.l.h.steenhuijsen@tilburguniversity.edu)

In recent years, a rather fundamental change has taken place in the way we approach criminal sanctioning. The traditional emphasis of criminal justice is moving away from sentencing individuals who have committed a crime towards sentencing individuals that are supposed to present a risk of criminal behavior in the future, often referred to as 'preventive justice'. This recent and far-reaching shift from solely 'guilt-based criminal sanctioning' to much more 'risk-based criminal sanctioning' has raised some pressing legal questions concerning the nature and justification of sanctioning individuals based on the danger they are presumed to pose. This presentation aims to address those questions by considering the foundations of risk-based criminal sanctions and the various forms they may take. The emphasis will be on the rationale and theoretical underpinnings of sanctioning individuals based on their perceived dangerousness. It

will draw from well-established theories of punishment as well as from more recent lines of thought such as the idea of justice without retribution.

### *Criteria for Dangerousness: Focus on Dutch Criminal Law*

Max De Vries, *University of Groningen* (g.m.de.vries@rug.nl)

Crime prevention has become an increasingly important function of the criminal law of many liberal democracies. This ‘preventive turn’ in criminal law is especially noticeable in the expansion of preventive measures that can be imposed on (ex-)offenders, ranging from preventive detention to restraining orders. Such measures often include (the possibility of) forensic mental health care. Most preventive measures require that the offender is found to be ‘dangerous’, i.e., that he or she is at risk of reoffending. However, as I will discuss, focusing on Dutch criminal law, the legal criteria that are used to decide which offenders are dangerous – and which are not – leave much open. In other words, many ‘dangerousness criteria’ are formulated so imprecise that it is not clear under what circumstances they are met. For instance, it may be unclear which (types of) crimes should be prevented, how serious these crimes should be and how likely the offender should be to reoffend for any of these crimes. I will argue that more precise criteria are needed to guide decisions regarding the use of preventive measures. This can help to better protect society and to give offenders a fair chance to defend themselves against a finding of dangerousness.

## **28. Death in Despair and Its Practical Response in Korea**

### *Death in Despair and Social Well-being in Korea*

Young Min Park, *Sogang University* (developmt1@gmail.com)

As Korea's suicide rate rises, the number of drug-related deaths is rapidly increasing as well. In Korea, the concept of deaths of despair also has important implications because it originated from an increase in alcohol, drug, and suicide deaths in the United States. The purpose of this study is to review the trend of deaths of despair in Korea and to analyze the relationship between various social well-being indicators and death of despair. In the United States, manufacturing was a decent job for low-educated whites at the time, but with the expansion of globalization, manufacturing declined. According to some arguments, this leads to the loss of jobs and the accumulation of deprivations that cause DOD. In this study, I use existing social quality measurement indicators to classify Korean society into several trends and statistically examine the relationship between social quality and despair at the time. According to the results of the analysis, the contribution of this study will be to discuss the direction for maintaining social quality at a policy and practical level.

### *The Relationships among Relative Deprivation, Drinking, and Suicidal Ideation of the Middle-aged*

Hye Keong Yang, *Sogang University* (hjtob101@naver.com)

The recent of social isolation among middle-aged people is one of the important problems facing South Korean society. This is due to a combination of marginalization in the labor market, economic poverty, and weakened family and social ties. As a result, the relative deprivation experienced by middle-aged South Koreans, as well as their drinking problems, has become a social issue. This is the same context as the hopelessness of middle-aged white men in the United States analyzed by Deaton. However, the death of middle-aged people in Korea shows a different side from Deaton's research results. This study examines how relative deprivation and alcohol consumption are related to suicidal ideation among middle-aged Koreans. For this study, a wide range of data is collected from the middle-aged group and analyzed to identify and analyze sociodemographic, economic, and personal factors. The purpose of the study is to suggest social policy alternatives to solve the social problems experienced by middle-aged people in Korea.

### *The Structural Relationships among Social Support, Relative Deprivation, and Helplessness of the Middle-aged*

Sang Hyeong Seo, *Sogang University* (tjtkdgudz@sogang.ac.kr)

This study aims to examine the structural relationships among social support, relative deprivation, and hopelessness in Korean middle-aged adults based on Erikson's psychosocial development theory. Midlife is a time of productivity versus stagnation, and it marks one of the most significant life transitions. With inner maturity, they contribute their accumulated abilities and resources to the benefit of their groups, but they also experience crises marked by emotional turmoil, conflict, despair, frustration, and meaninglessness about the meaning of life and their own existence as they approach social retirement. Based on previous research, social support (family, friends) has been validated as a protective factor for lowering hopelessness, and relative deprivation can be predicted to influence hopelessness by increasing social isolation, depression, and loneliness. Furthermore, social support have been shown to alleviate various deprivations experienced over the course of a lifetime, suggesting that they may be a causal factor in relative deprivation. Therefore, by examining how social support (family and friends) affects loneliness in midlife and the mediating effect of relative deprivation on this relationship, this study provides a basis for preventing loneliness in midlife and draws social work practice and policy implications.

### *A Meta-Analysis of Factors Influencing the Suicidal Ideation of the Elderly: Focusing on after Entering an Aging Society*

Seung Chul Lee, *Sogang University* (jymoon@sogang.ac.kr)

Jin Young Moon, *Sogang University* (jymoon@sogang.ac.kr)

This study aimed to systematically collect and statistically analyze various research findings regarding the suicidal ideation of the elderly in South Korea. Two research questions were set: 1)

What is the tendency of papers on the suicidal ideation of the elderly after South Korea entered the aging society stage? and 2) What are the effect sizes of factors by the system to have impacts on the suicidal ideation of the elderly? The analysis results show that there were differences in the effect size of the system (individual, family, and social system) on the suicidal ideation of the elderly with the individual system (emotional psychology including depression) having the biggest effect size. These findings are in line with the previous(meta) studies that reported that the individual system(depression) factors had the biggest effect size. Based on these analysis results, the study made policy proposals including the development of customized social services to support the prevention of dying alone and making suicide through the provision of custom case management for vulnerable old people with a high level of social isolation and depression risk to address emotional psychological issues such as depression as the biggest influential factor of elderly suicidal ideation.

### *The Process of Generating Suicidal Ideation among Alcoholics*

Sun Kyung Kang, *Sogang University* (skshin2000@sogang.ac.kr)

Jun Hyeok Kang, *Eulji University* (junhyeok@eulji.ac.kr)

Many people consume alcohol. According to the report from WHO, more than half of the world's adult population has consumed alcohol. Koreans also enjoy drinking alcohol. However, many South Koreans depend on alcohol beyond enjoying it. In 2016, the prevalence of alcohol use disorders in South Korea was 13.9%, which is higher than the global average of 5.1%. Under this background, this study explores the process of generating suicidal ideation among alcoholics. To fulfill the purpose of the study, cases of alcoholics who had suicidal thoughts were collected. The cases were extracted from memoirs published by Alcoholics Anonymous (A.A.) in South Korea, and a total of 23 cases that had specific experiences related to alcoholism and suicide were selected. Data were analyzed using qualitative case-study methods to identify each stage of alcoholism and suicidal ideation. The process of generating suicidal ideation in alcoholics was divided into six stages: 1. Drinking; 2. Dependence; 3. Problems; 4. Internal distress; 5. Choosing alcohol as a solution; 6. hopelessness and suicidal thought. Based on these findings, several theoretical and practical implications have been suggested.

## **29. Decisions and Decision-Making in Scandinavian Forensic Psychiatric Assessments, Past and Present**

*Expert's Decision-Making Processes in Swedish Forensic Psychiatric  
Investigations: A Case Vignette Study*

Olof Svensson, *University of Gothenburg* (Olof.Svensson@rmv.se)

It has previously been demonstrated that decisions made by forensic experts can suffer from issues with both bias and poor reliability. The outcome of Swedish forensic psychiatric investigations can have a major impact on the courts' choice of sanction for a mentally disordered offender. In the present study, a case vignette design was used to simulate the decision-making process of forensic psychiatric investigations. The results showed that the Swedish experts formulated multiple diagnostic hypotheses about cases throughout the process and revised these hypotheses when presented with new information. There was substantial variation between the experts in which hypotheses were seen as most relevant. While the experts grew more certain of their opinions on severe mental disorder during the simulated investigation, there was considerable variation in their opinions both throughout and at the end of the process. Although low statistical power and the sample not being randomized limit generalizations, the results indicate no idiosyncratic patterns in the decision-making processes of Swedish experts or signs of confirmation bias. The presentation will discuss the implications of the findings and argue that if used properly, the variation in both process and outcome could be used to safeguard and possibly increase the reliability and validity of the final decision of Swedish forensic psychiatric investigations.

### *Changes in Types of Psychopathology Recommended Forensic Psychiatric Care Between the 1940s and the 2010s in Sweden*

Marlin Hildebrand Karlén, *University of Gothenburg (Missing Email)*

An understanding of the psychopathological basis on which individuals who commit crimes are sentenced to forensic psychiatric care (FPC), is central to a fair judicial system, but changes in psychiatric diagnoses and legal criteria over time affect – and bias – the conclusions in forensic psychiatric investigations (FPI). The purpose of this study was to describe changes in what types of psychopathology that have constituted the basis for recommending FPC between the 1940s and 2010s. FPIs, including a violent crime (N=160), performed during 1942-1949 (n=80), were matched with a sample from the period 2010-2019 (n=80). The diagnoses in these FPIs were coded into categories according to the HiTOP model, and the diagnostic distribution over the HiTOP-spectra were compared between the two time periods. Results showed differences and similarities between the 1940s and 2010s regarding types of psychopathology as basis for FPC-recommendations. Two time-stable aspects were that Thought disorder psychopathology was almost always recommended FPC, and Disinhibited externalizing pathology almost never. Potential explanations and clinical as well as legal consequences of this temporal stability and instability will be discussed in the presentation.

### *Making the Most of Psychiatric Expert Opinions Without Making Too Much of Them – Challenges in the Courtroom*



Tova Bennet, *Lund University* ([tova.bennet@jur.lu.se](mailto:tova.bennet@jur.lu.se))

Legal assessment regarding responsibility and punishment in cases where the defendant has a severe mental disorder is highly reliant on psychiatric and psychological expertise. Law can in these cases function as a parasite, where legal concepts are defined and applied in a way that requires medical information for the concepts to be functional and meaningful. This presentation discusses research findings regarding the interplay between legal and mental health actors in the Swedish criminal justice system. In Sweden, legal decision-making regarding offenders with severe mental disorder is made on the basis of forensic psychiatric expert opinions and medical information can have a decisive impact on the outcome of the legal assessment. The presentation particularly addresses the problems that can occur when psychiatric or psychological conclusions, informed by facts, evidentiary standards and interests relevant to the forensic psychiatric investigation, is transferred to the courtroom to form the basis for ultimately legal assessments about guilt, blame and punishment.

### *Legal and Forensic Assessments of Children: Presentation of the CHILDCRIM Project*

Linda Grønning, *Bergen University* ([Linda.Groning@uib.no](mailto:Linda.Groning@uib.no))

CHILDCRIM is a five-year research project at the Faculty of Law, University of Bergen that is funded by the research council of Norway. The context for the project is that children and young people in today's society face complex challenges related to crime, and for some children, mental disorders exacerbate the risk of both perpetrating and being victims of crime. At the same time, children's rights affect and limit how children can be treated within the criminal justice and forensic context. A premise in the UN Convention on the Rights of the Child is that children are developing and must be treated differently from adults. However, while this child's premise has influenced many areas of criminal justice, there is a gap concerning its implementation in legal and forensic assessments about children's criminal insanity and violence risk. CHILDCRIM explores how such assessments are done, with the aim of advancing the recognition of children's development in criminal law and forensic psychiatry – and their intersection. The studies of the project are based on a unique data material of all Norwegian judgments and forensic reports about children from 2013-2024. In this presentation, the research of CHILDCRIM will be further explained.

### *Legal and Forensic Assessments of Children: Presentation of the CHILDCRIM Project*

Kari Øverland, *Bergen University* ([kari.oeverland@uib.no](mailto:kari.oeverland@uib.no))

Recently, there has been an increasing focus on the quality of how children are evaluated in Norwegian forensic practice. The main concern is that the unique developmental aspects of children are not sufficiently accounted for and the fear that children are assessed as small adults. The main research question addressed in my PhD is to what extent Norwegian forensic experts' evaluation of children take into account children's unique developmental aspects. To answer the question of how children are evaluated we will look at the full process of forensic evaluations and gather information not only on characteristic of the assessment, but also investigate characteristics of the children being evaluated, the crime itself, and the background and competence of the forensic experts in addition to the forensic assessment itself. We will explore variables that directly or indirectly could provide information on whether the developmental aspects of children are accounted for in the evaluations. In this presentation, I will describe this study and the findings from it.

## **30. Development of Evidence-Based Practice in Forensic Psychiatry: A Transdisciplinary Characterization and Development of New Methodologies**

*FORevidence: Transforming Forensic Psychiatry in Sweden*

Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Peter Andiné, *University of Gothenburg* (peter.andine@gu.se)

Thomas Nilsson, *University of Gothenburg* (thomas.nilsson@gu.se)

Malin Hildebrand Karlén, *University of Gothenburg* (malin.karlen@psy.gu.se)

Christian Munthe, *University of Gothenburg* (christian.munthe@gu.se)

Ulrica Hörberg, *Linnaeus University* (ulrica.horberg@lnu.se)

Mikael Rask, *Linnaeus University* (mikael.rask@lnu.se)

Forensic psychiatric patients constitute a small but vulnerable patient group in society with high needs in terms of healthcare and societal interventions. Providing an evidence-based forensic psychiatry would benefit not only the patients and others directly involved, but also society in general. Yet, the implementation of evidence-based practice in forensic psychiatry is severely lacking. This session presents a translational and transdisciplinary research program, aimed at providing a basis for the development of evidence-based practice in Swedish forensic psychiatry. The program runs in the interface of medicine, psychology, philosophy, and caring sciences, combining quantitative and qualitative study designs in the quest for in-depth knowledge of important preconditions and possibilities for optimal treatment modalities in forensic psychiatry.

It holds a unique, transdisciplinary approach with emphasis on diversity, user involvement, and knowledge transfer between patients, healthcare providers, general society and scientists. Its focus is on development and evaluation of new interventions including modern technology such as Virtual Reality, and close collaboration between science and clinical practice. This presentation will provide an overview of the program, along with initial results from its first four years.

## *Adverse Childhood Experiences and Non-Suicidal Self-Injury Among Forensic Psychiatric Patients*

Natalie Laporte, *Lund University* (natalie.laporte@med.lu.se)  
Andrejs Ozolins, *Lund University* (andrejs.ozolins@med.lu.se)  
Sofie Westling, *Lund University* (sofie.westling@med.lu.se)  
Åsa Westrin, *Lund University* (asa.westrin@med.lu.se)  
Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Adverse childhood experiences (ACE) is important in the development of non-suicidal self-injury (NSSI). However, this association is relatively unknown in forensic psychiatry. The aim of this study was to describe ACE and the associations with NSSI and suicide attempts in forensic psychiatric patients. Information on ACE, NSSI, and suicide attempts was collected through files, self-report and interviews from a consecutive cohort of 98 forensic psychiatric patients in Sweden and compared separately among participants with and without NSSI or suicide attempts. The dose-response association between ACE and NSSI/suicide attempts was analysed. NSSI and suicide attempts were associated significantly with CTQ-SF total scores, with medium effect sizes ( $d = .60$  to  $.63$ ,  $p < .01$ ), and strongly with several CTQ-SF subscales. Each additional ACE factor predicted an increased probability of NSSI ( $p = .016$ ,  $OR = 1.29$ ;  $CI = 1.04$  to  $1.59$ ) but not of suicide attempts. We report extensive ACE and when comparing groups, correlations were found between ACE and both NSSI and suicide attempts. ACE seem to predict NSSI but not suicide attempts. Early ACE among forensic psychiatric patients, especially physical and emotional abuse and parental substance abuse, have important impacts on self-harm that must be acknowledged.

## *Collaborative Violence Risk Management Plans in Inpatient Forensic Psychiatry: A Content Analysis*

Johan Berlin, *Lund University* (johan.berlin@kronoberg.se)  
Thomas Nilsson, *University of Gothenberg* (thomas.nilsson@gu.se)  
Malin Hildebrand Karlén, *University of Gothenberg* (malin.karlen@psy.gu.se)  
Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Aggression and violence exists on all types of psychiatric wards, yet is most common within forensic psychiatric settings. While structured assessment of violence risk has received quite some scholarly attention, the literature on how to manage those risks remains scant. The Structured Forensic Risk Management Project (FORM) seeks to understand and improve the collaborative management of inpatient violence risk. In a two-pronged approach, using both qualitative and

quantitative methods, the aim of the project is to assess the experience and impact, among staff and patients, of working with risk management in a structured way. As a part of this project, 50 written structured violence risk management plans will be analyzed using quantitative content analysis. Data will be presented on what gets discussed and prioritized in these plans, as well as what types of risk management interventions are agreed upon, what early warning signs are discussed, and on how responsibility is distributed and shared for these risk management interventions. The goal is to gain a better understanding of the day-to-day management of aggression and violent behavior and the process of establishing and harnessing patient collaboration in relation to issues of violence risk in the inpatient setting.

### *FOR-VR: Psychological Assessment and Treatment Using Virtual Reality in Forensic Psychiatry*

Fernando Renee González Moraga, *Lund University* (fernando.gonzalezmoraga@kronoberg.se)  
Pia Enebrink, *Senior Lecturer, Karolinska Institute, Stockholm, Sweden* (pia.enebrink@ki.se)  
Kristina Sygel, *University of Gothenberg* (kristina.sygel@rmv.se)  
Sean Perrin, *Lund University* (sean.perrin@psy.lu.se)  
Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

The use of Virtual Reality (VR) to support treatment in forensic psychiatric care can provide an opportunity to help patients practice skills that can be useful not only in the care environment but also in life "outside the walls". FOR-VR aims to develop, adapt and evaluate new assessment and treatment methods that use VR to support forensic psychiatry. As a first step, a literature review will be conducted regarding assessment and treatment methods with VR that may be relevant for forensic psychiatry. Then, a new method for treating aggression, Virtual Reality Aggression Prevention Training (VRAPT), will be translated and tested as a treatment method in Swedish forensic psychiatry in a pilot study and a larger randomized controlled trial (RCT). FOR-VR will provide an overview of psychological assessment and treatment methods using Virtual Reality, which may be applicable in forensic psychiatry. FOR-VR will also contribute to the development of evidence-based practice in forensic psychiatry through the evaluation of a new treatment method for aggression in forensic psychiatric patients.

## **31. Disparities in Mental Illness: Prevention, Treatment, and Research**

### *Promoting Mental Health: Beyond the Treatment of Mental Disorders*

Madelon V. Baranoski, *Yale University* (madelon.baranoski@yale.edu)

In 2022, the World Health Organization recognized the promotion of mental health as a Sustainable Development Goal and affirmed, "There is no health without mental health." Although the prevalence of mental illness had shown a steady increase worldwide since the late 1900s, the sharp increase in depression, suicides, and crippling anxiety during the Covid-19

pandemic warranted acknowledgement of the erosion of mental health and the result of family, social, employment, and economic instability across all societies. The root-cause analysis is complex with an evolving epidemiology of mental illness, many successful treatment approaches, and complicated barriers to further progress. In this presentation, we propose that a shift in emphasis from treatment to prevention and promotion may provide a parallel pathway: it may be that significant progress will depend not on the treatment of specific mental illness but on the promotion of mental health, mental resilience, and social integration. We will address the differences between psychiatric disorders and erosion of mental health in terms of social isolation, ostracism, fears, pessimism, and hopelessness. Combining the frameworks from the Recovery Movement, child developmental, and positive psychology, we will propose roles for law, education, medicine, and spiritual leaders to promote and sustain mental health.

### *The Intersection of Race, Mental Illness, and Treatment Access in Prison*

Reena Kapoor, *Yale University* (reena.kapoor@yale.edu)

Many scholars have found significant racial disparities in the diagnosis of psychotic disorders in the United States: African-Americans are three to four times more likely to be diagnosed with psychotic illnesses than White individuals. The study discussed in this presentation examines whether this racial disparity also occurs with psychiatric diagnoses in the prison setting. Using data about the diagnoses of over 10,000 individuals incarcerated in the Connecticut Department of Correction, we examine the relationship between race, gender, psychiatric diagnosis, and mental health needs score (a marker of the perceived severity of illness and intensity of needed treatment). Results indicate that African-Americans and other individuals of color are more likely to be diagnosed with psychotic illnesses than White prisoners, who are more likely to be diagnosed with mood disorders. Mental health needs scores also demonstrated significant racial and gender disparities. The presentation will discuss the implications of these findings on prison mental health policy, as well as the broader criminal justice and mental health systems in the U.S.

### *Mental Illness and Systematic Disadvantage*

Nancy M.P. King, *Wake Forest University* (kingnm@wfu.edu)

Members of minoritized communities who have mental health issues are often diagnosed and treated based more on race, ethnicity, or poverty than on symptoms and behavior. They may be given more serious diagnoses than are warranted, are likely to be regarded as criminals, and are often considered dangerous and threatening to others, although they are in reality more vulnerable to criminal behavior from others. Multiple past and recent USA examples show that Black and brown men in mental health crises are especially at risk of death when worried families call 911 to obtain help for their suffering and distraught loved ones. This presentation highlights how social and structural racism disproportionately influence the actions and reactions of first responders, health care providers, and the public to persons with mental illness. It explores whether options like better education for professionals and the public, improved community engagement, and crisis response teams unrelated to law enforcement can offer the potential for better outcomes.

## *Disparities in Human Subjects Research Involving Participants with Mental Illness*

Linda M.O. Coleman, *Yale University* ([linda.coleman@yale.edu](mailto:linda.coleman@yale.edu))

Incorporating individuals with mental illness into research is vital for addressing healthcare disparities in this population. Their participation can lead to advancements in treatment and care, ultimately improving overall well-being. However, it is crucial to strike a balance between research access and protecting the rights of those with mental illness. To achieve this balance, it is essential to ensure that individuals with mental illness fully understand the study's purpose, risks, and benefits. Safeguards should be in place to protect their rights, ensuring their participation is voluntary and informed. Legally Authorized Representatives (LARs) are instrumental for those lacking decisional capacity. Researchers must also consider potential risks and provide necessary support, monitoring, and follow-up care to mitigate adverse effects or exacerbation of mental health symptoms. Compliance with regulations and research standards, as well as upholding the Belmont principles is essential. Ethics Review Boards (ERBs) play a central role in ensuring ethical protection, striking a balance between access and protection. By adhering to these principles and involving stakeholders in the research process, studies can significantly contribute to improving healthcare outcomes and the well-being of individuals with mental illness. This comprehensive approach ensures that research benefits this population while safeguarding their rights and welfare.

## **32. Distress on the Farm: The Impacts of Agricultural Policies on Farmer Mental Health**

### *Farmer Mental Health Policies Shaping the Agriculture Industry: A Conceptual Model*

Vanessa Shonkwiler, *University of Georgia* ([V.Shonkwiler@uga.edu](mailto:V.Shonkwiler@uga.edu))  
Anna Scheyett, *University of Georgia* ([amscheye@uga.edu](mailto:amscheye@uga.edu))

Farming is at the very heart of what built our civilizations. Though seldom recognized as such, farmers are a vulnerable group globally, with high levels of stress and suicide rates that can triple that of the general population. Farmers face more and different challenges than non-farming businesses; climate change, production capacity, price trends, possibility to diversify, potential buyers and marketing channels, all result in farmers having little leverage and few alternatives in the market. The majority of these challenges/stressors are shaped by agricultural policies, which can provide financial assistance, support territorial expansion, impose environmental regulations,

and regulate supply and demand. This study describes a model, grounded in social cognitive and locus of control theories, that examines the interactions among farmers' sense of autonomy, self-efficacy, and control and these unique business challenges/stressors. We explore how agricultural policies shape and impact these stressors, and thus can serve as protective or risk factors for farmers' mental health. We discuss how lawmakers can consider the impact of policy not simply on finances but also on farmer autonomy and control, and consider potential unintended consequences of the policies they create, which can threaten the wellbeing of farmers, and thus the wellbeing of us all.

### *The Two-Edged Sword: Agricultural Policies Impacting Farmer Wellbeing and Mental Health Globally*

Sharon Kane, *University of Georgia* ([spkane@uga.edu](mailto:spkane@uga.edu))

Farmers from all countries face a burden of challenges such as globalization, trade liberalization, lower prestige associated with rural life, climate change effects, financial (de)regulation, resource scarcity and agri-environmental regulation. In this workshop, evidence from surveys conducted on different continents over the past 25 years is combined to highlight the relationship between new agricultural regulations and policies and their impacts on farmer's mental health and wellbeing. Focusing on farm economics, this review of studies conducted in the U.S., Australia, Europe, and India underscores that despite the positive impact of farm policies such as land expansion, border protection, and allocation of subsidies, policies also tend to impose a burden of record keeping and paperwork, potential penalties, business slow down, difficulty accessing resources, and economic measures that can increase farmer stress, decrease mental health and wellbeing, and be detrimental to farmers in general or to particular commodity groups.

### *Fields of Isolation: Assessing the Impact of Agricultural Policies on Farmer Social Networks and their Mental Well-being*

Christopher Weatherly, *University of Georgia* ([cweatherly@uga.edu](mailto:cweatherly@uga.edu))

The mental health status of mid-sized farmers in the United States is a growing concern. Mid-size farmers represent a unique and vital chain within the US agricultural and rural landscapes, however the social fabric connecting these fellow farmers are facing a unique set of stressors from agricultural policies. Using reviews of policies impacting agricultural insurance and production paired with qualitative interviews, this study maps how these practices contribute to the shrinking of rural communities, increasing competition and distrust among farmers, and growing wedges among the agricultural community concerning climate and environmental change. US farmers are entrenched in an independent and self-reliant culture and are thus at risk of becoming isolated when facing significant challenges. Social ties among farmers therefore play a vital role in their health and well-being due to farmers' shared understanding of culture and professional struggles. Given the mental health stigma within farming communities, coupled with rising trends in systems-based challenges and mental health disparities including rates of depression, suicide, and substance use, an increased scrutiny of policies driving isolation, distrust, and seclusion among

farmers is needed when considering the lives and well-being of a population integral to the health and well-being of global populations.

## *More than the Money: Policy, the COVID-19 Crisis, and Farmer Distress and Wellbeing*

Anna Scheyett, *University of Georgia* ([amscheyett@uga.edu](mailto:amscheyett@uga.edu))

Little is known about the relationship among impacts of COVID-19, pandemic recovery policies, and farmer mental health. COVID-19 was financially devastating for farmers; lockdowns resulted in decreased demand for produce, and illness and quarantine significantly disrupted agricultural production and the food supply chain, including agricultural labor, truckers, animal processing, and marketing channels. Our study used survey data from a southern U.S. state to explore farmer characteristics associated with pandemic-related emotional distress; particularly to see if knowledge of COVID-19 federal aid policies or accessing of aid was associated with lower levels of emotional distress. We found ( $p < .001$ ,  $R^2 = .380$ ) that farmers who report higher emotional distress were significantly more likely to be concerned about COVID-19 health and financial impacts and have household incomes over \$200,000. However, using or knowing how to access federal aid programs were not significantly associated with emotional distress. Our findings reveal that when considering emotional distress in farmers during crisis times one cannot disentangle/ignore financial factors, but cannot assume that policies providing financial assistance are enough to address emotional distress. Specific policies targeting all aspects of a crisis' impact—financial, health, and mental health—are needed.

## *Policy as a Protective Factor Mental Health and Wellbeing*

Virginia Brown, *University of Georgia* ([Virginia.Brown@uga.edu](mailto:Virginia.Brown@uga.edu))

The COVID-19 pandemic has led to an increased acknowledgement of the importance of mental health and the role policies can play in its protection. Health behavior theories demonstrate that the likelihood of positive health behaviors and statuses are increased when individuals adopt health behaviors, and their communities and environments are supportive of this change. Mostly importantly, the inclusion of policy to augment targeted mental health prevention and treatment programs, can help sustain positive mental health. One common example is US policy requiring equal coverage of mental health services as physical health. When considering farmer mental health, policies focused not only on health care, but the agriculture industry and community environment can be beneficial. Using a review of policies from the US and other countries, this study will present ways in which both formal (i.e. laws and legislation) and informal policies protect or facilitate mental health. The discussion will include policies from the US and beyond as a way to demonstrate diverse and successful strategies. Finally, conditions or factors (e.g., funding, champions) that facilitate success will be highlighted.



## 33. Dying and Death Perspectives from the 21st Century

### *Mindfulness Informed End of Life*

Kelly E. Butler, *University of Toronto* (kbutl045@uottawa.ca)  
Michele Chaban, *University of Toronto* (chabanmichele@gmail.com)  
Andrea Pintamalli, *University of Padua* (andrea.pintamalli@unipd.it)

In line with AMM-MIND focus on effecting social transformation through Mindfulness, the Mindful-Islam project aims at developing a Mindfulness-Based Mentorship Programme culturally adapted for Muslim audiences. The significance of a person-centred, culturally appropriate adaptation for Muslim users is linked to the utilisation of Mindfulness-Based social and emotional applications in day-to-day life and work experiences. These applications may enhance societal integration, as well as one's social capital and/or the social determinants of health of the expanding migrant population adhering to the Muslim religion in numerous countries; as well as providing support to refugees, approximately half of whom identify as Muslims globally

### *Mental Health Cases in Medical Assistance in Dying: Moral Dilemmas and Current Legislation in Spain*

Iris Parra Jounou, *Autonomous University of Barcelona* (iris.parra@uab.cat)  
Rosana Triviño Caballero, *Complutense University of Madrid* (rosanatr@ucm.es)

The Spanish Law on the Regulation of Euthanasia, approved in June 2021, allows people with a serious, chronic, and incapacitating condition or with a serious and incurable disease to request Medical Aid in Dying (MAiD). Although mental health problems can be included in this general definition, the law does not explicitly allude to mental conditions. This ambiguity created some doubts among professionals about whether mental health cases fit in the eligibility criteria. Some regional High Courts of Justice and Guarantee and Evaluation Commissions published official documents in which mental health was accepted as an eligibility criterion during 2022. However, in March 2023 the Spanish Constitutional Court resolved that the unbearable suffering must come from a somatic disease. This decision was controversial as there was no prior public debate on the pros and cons of excluding mental health from the law. In this context, the empirical research that we have conducted might give some insights (e.g. it shows that healthcare professionals find MAiD requests from patients with some mental health condition morally more problematic, to the extent that they may appeal to conscientious objection). Our proposal will analyze mental health patients' and healthcare professionals' discourses on these specific cases.

### *Bioethics and Advance Directives in Psychiatric in the Hospital Context*

Liliana Mondragón, *Researcher, National Psychiatry Institute Ramón de la Fuente, Mexico City, Mexico* (lilian@imp.edu.mx)

Fernando Lolas Stepke, *Researcher, Centro Interdisciplinario de Estudios en Bioética, Universidad de Chile, Santiago, Chile* (flolas@uchile.cl)

Mental health services have been a focus of human rights advocates and legal reforms in some Latin American countries, which have called for a change from the paradigm of hospitalization to one of accompanying the person with mental health issues, which make it possible to apply the Advance Directives in Psychiatry (PADs). This change will require time, resources, and transformations, but the implementation of PADs cannot be postponed: they must be used to protect the autonomy of the persons affected, within a bioethical framework. Identify possible bioethical conditions in the prevailing conventional hospital context that allow for an implementation of PADs. A participant-observer study was carried out in two psychiatric hospital services from June to September 2022. A thematic analysis found three themes: clinical care, patient predisposition, and medical-legal questions. This study considered of theme 2, and its sub-themes: patient self-perception, biography/narrative versus diagnostic classification, and negotiation. Discussion and Prominent among the sub-themes discussed are recognition of the values of autonomy and its elements in all of the expressions of the person with mental illness, as well as actions of the health care team in synergy with supported decision-making, a distinctive feature of the anticipatory process of the PAD.

## **34. Educating Psychologists in Law and Mental Health**

### *Active Engagement Assessments (AEA) to Increase Psychology Students' Engagement within the Legal System*

Polly Turner, *University of Manchester* (polly.turner@manchester.ac.uk)

Forensic Psychology is an interface between psychology and legal and criminal justice system. We consider how psychology theory and evidence can assist all aspects of the legal system from investigation through to rehabilitation. Postgraduate training in Forensic Psychology requires students to identify how psychology can assist disciplines in the legal profession. Yet most students have little experience of the law and legal system prior to engaging in their MSc studies. Thus, it is essential that students develop realistic and accurate knowledge of the workings of our legal system. Active Engagement Assessments (AEA) offer varied opportunities for students to learn by doing whilst receiving feedback on their developing knowledge as they progress through a unit. We implemented this on our legal and investigative taught unit. Three assessments, two written and one oral presentation, require students to reflect on the legal system in action. Students observe a court case, reflect on how the police use psychological techniques in interviews and reflect on alternatives to justice (e.g., therapeutic jurisprudence). This session will outline our experiences of how AEAs afford opportunities to develop student understanding of new real-world contexts in an engaging, authentic and meaningful way.

## **35. Empirical Findings on Dutch Forensic Mental Health: Criminal Responsibility Assessment, Diversion and Forensic Care**

### *Prior Fault, Substance Use and Addiction: Comparing Legal and Expert Witness Perspectives*

Anna Goldberg, *University of Groningen* (a.e.goldberg@rug.nl)

Criminal legal cases in which the defendant has used substances or is addicted are commonly addressed in the context of the prior fault doctrine. Prior fault prevents impaired capacities at the time of offence, such as stemming from intoxication or addiction, from being exculpatory due to voluntary previous decisions or actions. Being intoxicated or addicted is commonly considered to be (preceded by) voluntary behaviour, and can thus be viewed as blameworthy. Based on a case file study of expert witness reports and associated verdicts, this presentation addresses the discrepancies in the legal and psychobehavioural perspective of prior fault in cases of intoxication/addiction. The psychobehavioural perspective highlights that there can be different factors contributing to addiction and/or intoxication: for example, when intoxication is a consequence of self-medicating symptoms of an underlying mental disorders. Should such different reasons leading to intoxication or addiction be met by different levels of culpability? Whether these different factors and levels of culpability should be incorporated in the prior fault doctrine, and how expert witnesses can include these in their report, is up for discussion.

### *Empirical Findings on Forensic Assessment in Dutch Criminal Law: Developments Over Time in Clinical Observation*

Merijne Groeneweg, *Leiden University* (m.groeneweg@teylingereind.nl)

In Dutch - inquisitorial - criminal law, the judge can instruct independent behavioral experts (psychiatrist and psychologist) to examine if there is a disorder in the defendant, if there is criminal responsibility and if there is a risk of re-offending. Most of these forensic assessments are done on so-called ambulatory basis. The Teylingereind Forensic Center is since 2009 the only location for clinical observation of juvenile defendants (12-23 years old). During the seven week multidisciplinary examination, per defendant information is collected to determine what is needed to prevent recidivism and to advise on the necessity of treatment instead of (or in combination with) a punishment. For the first time, the information on all defendants in Teylingereind has been brought together in a database. The ±500 evaluations were scored on 144 items. This provides a unique insight in the characteristics of this group in a broad sense. In this session, the results of an empirical study are presented. Developments over time within the clinical observation are described, and compared to broad developments over time in juvenile crime. The findings are then compared with the adult group of defendants (>18) to see whether there are differences and similarities and what explanations exist.

## *Diversion and Diminished Criminal Responsibility in the Netherlands: the Best of Both Worlds?*

Lucia Mebius, *University of Groningen* (l.a.mebius@rug.nl)

In 2020, a legislative change in The Netherlands made it possible for Dutch criminal courts to give offenders a warrant for obligatory mental healthcare in the regular mental healthcare system. The possibility was installed to make the process of diversion easier and more accessible. Therefore, the possibility was also made available in cases of diminished criminal responsibility. In this study, we looked at the forensic mental health reports in which forensic experts advised the warrant to criminal courts in cases of diminished responsibility. We found that often forensic experts advise the warrant in combination with a conditional prison sentence and voluntary treatment. In those cases, it seems as if we get ‘the best of both worlds’: on the one hand the conditional prison sentence, which keeps offenders in the criminal law system and gives the possibility of care in forensic psychiatric hospitals. On the other hand, the warrant for obligatory mental healthcare which keeps open the possibility of coerced treatment, including medication, when needed. Does this combination really make diversion more accessible?

## *Where to Care: A Vignette Study on the Decision-making Process Regarding Dutch Mentally Disordered Offenders?*

Veera Oosterhuis, *Leiden University* (v.oosterhuis@law.leidenuniv.nl)

The idea is simple: those who are ill get provided with care, those who commit crimes get punished. But what if a mentally disordered person commits a crime? In the Netherlands a new solution to this problem was introduced in 2020, article 2.3 of the Dutch Forensic Care Act (FCA), by which the criminal court can give an authorization for civil mandatory care within the regular mental healthcare system. However, there were concerns about the new article, mainly regarding the possible threats to the safety within care institutions and society. Research so far has shown that the severity and type of the committed crime might play a role in deciding for whom a care authorization is issued or not. However, the literature suggests that many other parts play a significant role. It is therefore necessary to provide insights on the decision-making process around article 2.3 FCA. To do so, a qualitative vignette study was conducted in which both the legal and the care decisionmakers and advisors involved in the process were included. This will show which of the aspects are most important in the decision-making process, which other aspects play a role and, more importantly, why this is the case.

## *The Portrayal of Forensic Care, Professionals and Patients in Dutch Films and Series*

Michiel van der Wolf, *University of Groningen* (m.j.f.van.der.wolf@rug.nl)

Studies into the effects of media coverage of crime show that TV crime dramas have more impact on perceptions of crime than national news media. Studies into Dutch national news media coverage on the forensic mental health system show that it creates misconceptions. For example, reports on re-offences of forensic mental health patients increased in the early 2000's while in reality recidivism rates were dropping. Now that drama is believed to have even more impact on perceptions, the question arises how the Dutch forensic mental health system is portrayed in fictional films and series. This is relevant because the Dutch forensic mental health system can only function properly with public support. However, municipalities are not keen on hosting forensic mental health patients as they return into society. There is also a lack of personnel in forensic mental health, which is increasingly an obstacle with the inflow of patients rising and the outflow wavering. Knowing how public perception of the system is shaped may aid in finding solutions for these bottlenecks. The hypothesis is that the portrayal of forensic mental health in fictional films and series both shape and reflect public perception.

## **36. Ethical and Legal Considerations of High-Risk Organ Donation and Withdrawal of Mechanical Circulatory Support**

### *Ethics of Consenting for High-Risk Organs*

Bret Alvis, *Vanderbilt University Medical Center, Nashville, United States*  
(bret.d.alvis@vumc.org)

Organ transplantation waiting lists within the United States and globally increase daily, with wait times often resulting in patients decompensating or dying prior to organ allocation and/or transplantation. In efforts to increase organ availability and organ transplantation, medical communities are increasing utilizing “high-risk organs”, or those organs with risk factors that may impact transplant recipient or organ success and longevity. Common high-risk organ grafts include those from hepatitis C donors. With the new development of hepatitis C treatments and success rates, availability of hepatitis C donors allow for transplantation of these high-risk graft with the subsequent treatment of the recipient. Similarly, cytomegalovirus donors can pose risks to recipients that require constant monitoring and tailored treatment. Finally, techniques used in organ collection that can influence organ success rates, including physical location, transportation, and handling of organs can impact organ recipients. While these organizational practices exist to provide organ recipients with the highest possibility of obtaining organs, clinicians are faced with increasing dilemmas during the consent process that impact donor privacy and recipient informed consent in a patient population already biased by the need for organ transplantation.

### *Current Ethical Challenges of Donation After Cardiac Death*

Christopher Hughes, *Vanderbilt University Medical Center, Nashville, United States*  
(christopher.hughes@vumc.org)

Organ donation is a deliberate and thoughtful decision with major personal and societal impacts. Historically, organ donation has occurred only after brain death. Organ donation after cardiac death is increasingly being used to meet the demand for transplanted organs. In donation after cardiac death, the patient remains an active patient and not a donor until they die from cardiopulmonary processes. Thus, the care of the patient centers on maintaining comfort and not on organ donation. The process of withdrawing life-saving support and administration of comfort medications in an operating room while awaiting death within the specified timeframe is fraught with competing goals, including the desire to donate and the critical need for organs. However, clinicians are not allowed by law to purposefully cause death. As such, the donation process requires clinicians to balance the wellbeing and autonomy of the patient, respect for the donation decision, potential societal benefits of usable organs, and legal ramifications. Furthermore, advances in practice have led to desire to transfer patients to donation centers, longer times for the death process, and reperfusion of organs after death which have their own ethical concerns. This presentation covers the evolving ethical challenges surrounding organ donation after cardiac death.

### *Legal and Ethical Considerations of Withdrawal from Mechanical Circulatory Support*

Christina Boncyk, *Vanderbilt University Medical Center, Nashville, United States*  
(christina.s.boncyk@vumc.org)

The use of mechanical circulatory support has increased dramatically both in the United States and globally to support patients with cardiac and/or respiratory failure. While the use of these support systems has greatly expanded the way providers rescue patients from life-threatening organ deterioration, this equipment has also been used in patients who are unfortunately too ill to survive or recover. For those patients and surrogates who have chosen organ donation after utilization of mechanical circulatory support devices, there is less guidance toward how these devices should be removed or “turned off” for organ donation. Additional difficulties, including the potential inclusion of patients who are awake and conscious and often dealing with mental health challenges while on mechanical circulatory support, can pose both logistical and ethical challenges to medical teams. We aim to discuss the legal and ethical guidance available to clinicians on removal of support devices from these donors and how this is communicated during the organ donation consent process.

### *Bridge to Nowhere: Ethics of Withdrawing ECMO After Transplant is Denied*

Christina Hayhurst, *Vanderbilt University Medical Center, Nashville, United States*  
(christina.j.hayhurst@vumc.org)

Extracorporeal membrane oxygenation (ECMO) or extracorporeal life support is frequently used in emergency situations to perform lifesaving resuscitation in patients at an imminent risk of death or decompensation. While ECMO functions to support patients to recovery or, in the case of cardiac or lung failure, potential transplantation, there are times where patients fail to demonstrate functional recovery or are excluded from transplantation during the evaluation processes. These situations leave clinicians, patients, and family members at awkward, morally challenging crossroads, where decisions to withdraw care or draw care limits on patients must be introduced, often to completely awake and mentally competent patients. We aim to discuss legal and ethical obligations to patients undergoing emergent transplant evaluation that include consent for ECMO, addressing mental health challenges while receiving ECMO support, and ultimately withdrawal of care. As medical advances push the limits on which patients we can keep alive, there are still limited transplant resources that must be considered in the process. We must be thoughtful about introducing care plans for all potential outcomes that align with the legal and ethical fields of our patients and their providers.

## **37. Ethical Challenges in Disparate Mental Health Settings (I)**

### *Supporting Students to Conduct Meaningful Psychological Research*

Verity Wainwright, *University of Manchester* (verity.wainwright@manchester.ac.uk)

The dissertation module is a substantial and core component of many psychology programmes and is often a daunting prospect for students. As well as providing students experience of conducting applied research and ensuring they understand the application of appropriate methodologies, it is also essential that they understand and can apply ethical standards to forensic research. There are also many challenges to supporting students to conduct meaningful, real-world research in the area of forensic psychology. Challenges include gaining the relevant ethics and governance approvals to conduct research in prison, probation and NHS settings and the short time frame to deliver a project, all whilst adhering to the standards expected of accreditation by the British Psychological Society. Given such challenges, we have developed projects that enable students to develop impactful and publishable research projects by analysing existing data from inspectorate reports and media reports. This session will outline our experiences of delivering the dissertation module for MSc students studying forensic psychology and mental health and supporting them to conduct meaningful research.

## **38. Ethical Challenges in Disparate Mental Health Settings (II)**

### *Promoting Success for Employees with Mental Impairments*

Annette Torres, *University of Miami* (atorres@law.miami.edu)

This presentation explores key concepts for optimizing the productivity of employees with mental impairments. While the anchor is the Americans with Disabilities Act (“ADA”) it will cover concepts and ideas that can be applied across other jurisdictions. The ADA and similar civil rights laws prohibit employment discrimination against qualified individuals with disabilities. The ADA provides that the term “disability,” which encompasses mental impairments that substantially limit one or more major life activities, is to be construed in favor of broad coverage. Many prevalent illnesses—including depression, anxiety, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia—constitute protected conditions for which employers must provide reasonable accommodations. Despite this legislative mandate, many barriers prevent individuals with mental disorders from securing or maintaining productive employment. Exclusion from competitive employment not only causes material deprivation but also exacerbates the isolation and marginalization of impacted individuals. Through the lens of interpretive regulations, case law, and studies, this presentation analyzes best practices for employers to eliminate workplace barriers, engage in constructive communications, and explores effective accommodations for employees with mental disabilities.

### *Should We Argue About Abortion, When the World is Ending?*

Ignacy Dudkiewicz, *University of Warsaw* (i.dudkiewicz@uw.edu.pl)

Public debate about bioethical issues is strongly influenced by differences in (among others) political and religious worldviews. At the same time technological changes (especially in medicine) are playing a key role in these discussions. Bioethical reflection on the condition of the environment is also becoming more and more important, but also in this matter societies of the Global North (and not only) are internally differentiated. Exploring the bioethical debate, this presentation examines its quality, but also asks: why we – as academics, but also as a citizens and society – are asking some questions and not others? In other – provocative – words: why we are arguing about abortion, when the world is ending? It will consider and deepen a controversial hypothesis: Does bioethics become (sometimes and partially) a substitute debate in hands of politicians? Sometimes directly: e.g. people who consider environmental pollution as a “punishment for the abortion.” Sometimes indirectly: it offers the feeling that we participate in discussions about important (even of life and death) matters, ignoring the greatest threat. Is our moral imagination strongly limited? To begin grappling with this question the presentation will review some results of research in philosophy, sociology, political studies and psychology.

### *Answering the Call- Why Jury Service Matters*

Bonnie Glenn, *Seattle University* (glennb@seattleu.edu)

Peter A. Collin, *Seattle University* (collinsp@seattleu.edu)

Brooke Miller Gialopsos, *Seattle University* (bgialopsos@seattleu.edu)

Bailey Tanaka, *Seattle University* (btanaka@seattleu.edu)

Frank Thomas, *Senior Court Program Analyst, Washington State Minority and Justice Commission, United States of America*



In 2016-2017, the Washington State Minority and Justice Commission (WMJC) conducted a year-long statewide juror demographic survey in which jury pool data was collected from 33 courts across the State. In May of 2017, preliminary findings were presented to the Washington State Supreme Court at the Jury Diversity Symposium. The research found that a majority of the courts studied did not have a jury pool reflective of the basic racial demographics of their jury-eligible population. In March of 2021, additional research was conducted to look at: Whether there are gender, racial/ethnic, and/or sexual orientation disparities that exist within jury pools in Washington State Courts. Results show there are patterns across all courts to share. Furthermore, in 2023, the Administrative Office of the Courts and the Washington State Minority and Justice Commission partnered with Seattle University to produce a report summarizing the findings in the state's largest jury summons demographic survey to date of more than a quarter-million responses. In this presentation the Statewide Juror Summons Demographic Survey Project 2023 preliminary findings will be shared and next steps to delve deeper throughout the jury selection process.

## **39. Ethical Challenges in Representing Unrepresented Patients with Disabilities**

### *A Second-Personal Approach to Surrogate Decision Making for Unrepresented Patients with Disabilities*

Audra Goodnight, *Villanova University* (audra.goodnight@villanova.edu)

“Unrepresented persons” – namely, those who “lack decision-making capacity and a surrogate decision-maker” – comprise approximately 16% of ICU patients and are frequent recipients of life-sustaining treatment. A significant portion of these patients have some sort of disability, which is the population of concern in this presentation. When a patient has no one to represent them and has no advanced directives, then there are three standard options for surrogate decision making: physicians, court-appointed surrogates, or an ethics committee. This presentation carves out an alternative option that focuses on closing the “subsidiarity gap”, namely, the gap between spheres of relationship with the unrepresented person. A common weakness of the three standard options is their distance from the patient and lack of relationship with them. Thus, I propose a sphere of “inter-personal representation” that operates as a mediator between the representatives at the state level and the individual herself. This sphere of representation requires developing second-personal relationships, relationships characterized by communication and connection, with the vulnerable person in order to develop an understanding of the patient’s interests. After developing and defending the inter-personal representation model, the presentation will explore how best to implement it.

### *Ethical Challenges in Representing Incapacitated Patients with Disabilities: Cognitive Biases*

Peter Koch, *Villanova University* (peter.koch@villanova.edu)

Patients with disabilities who lack decision making capacity constitute a significant portion of unrepresented patients. For these patients, an individual or committee may be called upon to function as a surrogate decision maker on their behalf, often with the goal of advocating for the patient's best interests. The presentation will argue that just as cognitive biases may undermine our own autonomous decision, certain cognitive biases may undermine surrogates' decisions on behalf of unrepresented patients with disabilities. Among others, those who make decisions on behalf of unrepresented patients with disabilities may be particularly susceptible to the following biases: in-group bias, the bandwagon bias, and optimism bias. The presentation will show how these three biases are particularly applicable to the identified patient group. Finally, it will suggest that certain safeguards ought to be taken by the various decision making entities, whether individuals or groups, so that these biases do not improperly influence decision making for unrepresented patients with disabilities.

## **40. Ethical Considerations in Community Based Health Research**

### *Stigma Surveillance & Ethical Case in Community Based-Criminal Justice Research*

Alanna Janell Gunn, *University of Illinois* (agunn2@uic.edu)

Formerly Incarcerated women (FIW) manage myriad challenges from recovering from illnesses to navigating surveillance and stigmatization. It is these challenges which make FIW vulnerable participants in research. Emerging community-based research efforts are framing engagement as an opportunity for communities to tell their narratives and elucidate their challenges to others. At the community level, research participation has been framed as a political strategy for disrupting biased knowledge production. At the micro level, the research endeavor can be empowering, even therapeutic. With experiences of stigma and surveillance impacting one's well-being, it is critical to explore how researchers create spaces to promote reflexive knowledge production, equity and advocacy. This presentation will examine how 28 justice-involved women view the community-based research process as they explore both historical and contemporary experiences of surveillance and promote self-recovery. Findings from semi-structured interviews reveal that participants perceive the research process to allow them to envision identities as wounded healers who use their pasts to help others. Participants also discussed researchers' telling of their own stories as critical to building relational trust. The implications underscore the need for greater considerations of how multi-system oppressions shape research and how scholars can advance a critical ethics of care and justice.

## *Ethical Consideration to Improve Practices in HIV Research Involving Transgender and Gender Diverse Populations*

Keosha Tarheshia Bond, *City University of New York* (kbond@med.cuny.edu)

Despite advancements in HIV research and services for transgender and gender diverse (TGD) adults, it is imperative to investigate the ethical considerations that are linked to implementation research, clinical trials, and community engagement. Here, we examine the challenges encountered in HIV research and proposes a feasible paradigm for conducting ethical and community-engaged research from the perspective of 45 TGD adults. Sexual health studies can be fear-based, and trauma can be recurrent with stigmatizing language. Due to employment obstacles research stipends may unjustly affect some and participants contributions boosts the research economy without providing community jobs. Underrepresented transgender and non-binary scholars may be tokenized, and true research partnerships are unclear. Many demonstration programs provide vital services that cease with research funding, and community-based dissemination is typically criticized as inadequate and late. Our review suggests several ethical HIV research recommendations: (1) equitable budgeting with community-based partners; (2) TGD investigator representation; (3) transgender inclusion in grant guidelines; and (4) research integration into clinical or service settings. (5) Prioritize intersectional perspective and structural competency; (6) Consider compensation that values community contributions without undue influence; (7) Open, community-focused communication beyond the study period to foster bidirectional relationships; and (8) Plan for program or service sustainability.

## *Ethical Considerations in Community-Engaged Research with People Living and Working in Prisons*

Kelli Canada, *University of Missouri* (canadake@missouri.edu)

Community-engaged research models are rooted in social justice and offer opportunity within criminal-legal research to co-create knowledge with people most impacted by the system. There are many forms of community-engaged research (e.g., community-based participatory research, participatory action research) yet the various forms are connected through the aim to reduce the power imbalance between researchers and communities, increase equity in the research process, and improve the accuracy of research findings and implications. Research involving practices and policies within the criminal-legal system, historically, do not include participation from members of the community beyond being subjects in the research project. This exclusion leads to both translational and implementation challenges and increases the risk of harm to communities with extensive histories of being marginalized and oppressed. This presentation examines the ethical considerations of engaging in community-based research on health and mental health in prisons with staff and residents including developing rapport, addressing power imbalances, ending the research, and establishing sustainability.

# 41. Evaluation of Substance-Related Policies: Where We Stand Today?

## *Impact of Policies on Our Paradigms: A Brief Socio-Historical Analysis of Drug and Other Policies Over Time*

Kristelle Alunni-Menichini, McGill University, Douglas Mental Health Institute, IUD, RISQ, Montreal, Quebec, Canada, ([kristelle.alunnimenichini@mail.mcgill.ca](mailto:kristelle.alunnimenichini@mail.mcgill.ca))

André-Anne Légaré, Université de Sherbrooke, IUD, Longueuil, Quebec, Canada, ([andree-anne.legare@usherbrooke.ca](mailto:andree-anne.legare@usherbrooke.ca))

Vincent Marcoux, Association québécoise des centres d'intervention en dépendance (AQCID), Trois-Rivières, Quebec, Canada, ([directiongenerale@aqcid.com](mailto:directiongenerale@aqcid.com))

Christophe Huyn, Centre intégré universitaire de santé et des services sociaux du Centre-Sud-de-l'Île-de-Montréal, Montreal, Quebec, Canada, ([christophe.huynh.ccsmtl@ssss.gouv.qc.ca](mailto:christophe.huynh.ccsmtl@ssss.gouv.qc.ca))

Jean-Sébastien Fallu, Université de Montréal, IUD, RISQ Montreal, Quebec, Canada, ([jean-sebastien.fallu@umontreal.ca](mailto:jean-sebastien.fallu@umontreal.ca))

José Ignacio Nazif-Munoz, Université de Sherbrooke, IUD, RISQ, Longueuil, Quebec, Canada, ([jose.ignacio.nazif-munoz@usherbrooke.ca](mailto:jose.ignacio.nazif-munoz@usherbrooke.ca))

Michel Perreault, McGill University, Douglas Mental Health Institute, IUD, RISQ, Montreal, Quebec, Canada, ([michel.perreault@douglas.mcgill.ca](mailto:michel.perreault@douglas.mcgill.ca))

David-Martin Milot, Université de Sherbrooke, IUD, Direction de la santé publique de la Montérégie, Longueuil, Quebec, Canada, ([david-martin.milot@usherbrooke.ca](mailto:david-martin.milot@usherbrooke.ca))

Substances are treated differently within our public policies, for example tobacco and alcohol compared to illicit drugs. The legalization of cannabis has, however, opened new doors: cannabis, which has long been illegal, has managed to make its way to legalization despite ambivalent social acceptability at various levels. Yet policies adopted to regulate other illicit drugs are often rooted in incrementalism (small steps), even when radical changes should have been implemented in cases such as the overdose crisis. Why such difference? A brief socio-historical analysis can show that substances have different trajectories over time, and that the war on "certain" drugs has indeed played an important role in the adoption of a whole new paradigm (drugs are criminal). The result was a gradual shift with regard to drug use. Over the years, this has led to an internalization of these frames and a standardization of the actions that should follow (e.g., repression and judicialization). Faced with this situation, we need to evaluate our public policies on drugs, in particular the legalization of cannabis, which is off the beaten track.

## *Trilogy of Policies: the Case of Tobacco, Alcohol and Cannabis Policies in Chile Implemented in the 2000s*

José Ignacio Nazif-Munoz, Université de Sherbrooke, IUD, RISQ, Longueuil, Quebec, Canada, ([jose.ignacio.nazif-munoz@usherbrooke.ca](mailto:jose.ignacio.nazif-munoz@usherbrooke.ca))

Understanding the impact of substance-related policies is a heated and complex process. Imbrications of theories and methods make rather difficult the task of measuring their impacts. In this work we aim at exploring how three different policies—designed to regulate tobacco, alcohol and cannabis use—which changed over time, may have redefined at the population level substance consumption. We used 13 biannual waves of Chile’s National Drug Survey (1994-2018) to identify onset of tobacco, alcohol and cannabis use in individuals age 12-17. We build, based in administrative data provided by different government institutions, measurements to identify the degree of policy implementation by each substance. We applied survival analysis to identify the time of onset substance risk considering controls such as sex, age, region, and time tendencies. Our results suggest that that policies have different associations with each of the outcomes. The tobacco policy delayed onset by 10%. The alcohol policy was not found to be associated with alcohol onset. The cannabis policy accelerated cannabis onset by 5%. In conclusion, the divergent effects across policies requires a better theoretical model that can encompass these differences. More research is needed to survey whether Chile’s case is an exception or not.

### *Did Cannabis Legalization in Canada Change Diagnostic Trends in Physical Diseases and Mental Disorders and Health Service Utilization Patterns Among Treated Individuals with a Cannabis-Related Disorder?*

Christophe Huynh, *Centre intégré universitaire de santé et des services sociaux du Centre-Sud-de-l’Île-de-Montréal, Montreal, Quebec, Canada, ([christophe.huynh.ccsmtl@ssss.gouv.qc.ca](mailto:christophe.huynh.ccsmtl@ssss.gouv.qc.ca))*

Zhirong Cao, *Douglas Research Centre - McGill University, Montreal, Quebec, Canada, ([zhirong.cao@douglas.mcgill.ca](mailto:zhirong.cao@douglas.mcgill.ca))*

Guy Grenier, *Douglas Research Centre - McGill University, Montreal, Canada, ([guy.grenier@douglas.mcgill.ca](mailto:guy.grenier@douglas.mcgill.ca))*

Marie-Josée Fleury, *Douglas Research Centre - McGill University, Montreal, Canada, ([fleamar@douglas.mcgill.ca](mailto:fleamar@douglas.mcgill.ca))*

Before cannabis legalization in Canada in October 2018, one-third of individuals attending an addiction treatment center (ATC) in the province of Quebec presented with a cannabis-related disorder (CRD). Approximately 50% had another concurring substance-related disorder, 70% a mental disorder and 30% a chronic physical disease. How cannabis legalization may influence health outcomes among individuals who already present health and psychosocial vulnerabilities constitute a major concern. This study measures if cannabis legalization had a significant impact on diagnostic trends in physical diseases and mental disorders, as well as the utilization of health services among people with a CRD attending an ATC. About 9,836 of the 32,047 individuals registered in the 2012–2013 ATC database (SIC-SRD) received a diagnosis of CRD between 2012-2013 and 2015-2016. Temporal trends from 2012-2013 to 2021-2022 will be analysed using linked administrative databases, including the Quebec health and social services database, which integrates billing systems for most physician services, and the SIC-SRD database. Comparisons will be made with individuals without a CRD attending these same ATCs. The presentation will discuss if cannabis legalization was associated with changes in related health problems and service utilization among individuals already diagnosed with a CRD and receiving treatment before legalization.

## *How Has Cannabis Legalization Influenced Cannabis Use in Pregnant Women in Quebec? Integration Pregnant Women's Voices*

Kristelle Alunni-Menichini, *McGill University, Douglas Mental Health Institute, IUD, RISQ, Montreal, Quebec, Canada*, ([kristelle.alunnimenichini@mail.mcgill.ca](mailto:kristelle.alunnimenichini@mail.mcgill.ca))

Karen Aileen Dominguez, *Université de Sherbrooke, IUD, RISQ, Longueuil, Quebec, Canada*, ([karen.aileen.dominguez-cancino@usherbrooke.ca](mailto:karen.aileen.dominguez-cancino@usherbrooke.ca))

Genève Guilbert-Gauthier, *Université de Sherbrooke, Longueuil, Quebec, Canada*, ([geneve.guilbert-gauthier@usherbrooke.ca](mailto:geneve.guilbert-gauthier@usherbrooke.ca))

Rose Chabot, *Université de Sherbrooke, Longueuil, Quebec, Canada*, ([rose.chabot@mail.mcgill.ca](mailto:rose.chabot@mail.mcgill.ca))

Yolaine Frossard de Saugy,  
Lysiane Robidoux Léonard

Karine Bertrand, *Université de Sherbrooke, IUD, RISQ, Longueuil, Quebec, Canada* ([karine.bertrand@usherbrooke.ca](mailto:karine.bertrand@usherbrooke.ca))

Nadia L'Espérance, *Centre intégré universitaire de santé et des services sociaux de la Mauricie-et-du-Centre-du-Québec, IUD, RISQ, Trois-Rivières, Quebec, Canada*, ([nadia\\_lesperance@ssss.gouv.qc.ca](mailto:nadia_lesperance@ssss.gouv.qc.ca))

Christophe Huynh, *IUD, Centre intégré universitaire de santé et des services sociaux du Centre-Sud-de-l'Île-de-Montréal, Montreal, Quebec, Canada*, ([christophe.huynh.ccsmtl@ssss.gouv.qc.ca](mailto:christophe.huynh.ccsmtl@ssss.gouv.qc.ca))

Julie Loslier, *Université de Sherbrooke, Direction de santé publique de la Montérégie, Centre intégré de santé et des services sociaux de la Montérégie-Centre, Longueuil, Quebec, Canada*, ([julie.loslier.ciassmc16@ssss.gouv.qc.ca](mailto:julie.loslier.ciassmc16@ssss.gouv.qc.ca))

José Ignacio Nazif-Munoz, *Université de Sherbrooke, IUD, RISQ, Longueuil, Quebec, Canada*, ([jose.ignacio.nazif-munoz@usherbrooke.ca](mailto:jose.ignacio.nazif-munoz@usherbrooke.ca))

To seek a sense of well-being to managing anxiety or pregnancy-related physical symptoms (e.g., nausea), cannabis is one of the most used substances during pregnancy. Since the legalization of cannabis in Canada, an upward trend has been observed. So, there is a need to assess the impact of cannabis legalization and other influencing factors on cannabis use during pregnancy, particularly in Quebec. A qualitative study (individual interviews) was conducted with pregnant women. Preliminary results highlight: 1) the majority of women we met use safe (legal) cannabis and made desistance decisions; 2) pregnant women rarely discuss their use with their healthcare professionals, despite their need for information ; 3) judgment towards people who use cannabis seems to persist according to the point of view of the women we met, in particularly from health professionals ; 4) personal resources and privileges appear to be a facilitator for suspending or stopping cannabis use during pregnancy, contrary to the inequalities experienced, involvement with youth protection or family problems, and early onset; 5) during pregnancy some women with partners negotiate use with them, arriving to different outcomes such as desisting or continuing. Cannabis legalization has not had the desired effect on social acceptability and practices. Additional tools need to be developed to better meet the needs of pregnant women.

## **42. Exploring Criminogenic Thinking in Individuals with Serious Mental Illness and History of Involvement with the Criminal Justice System**

### *Predictors of Criminal Sentiments Scale–Modified Scores among Outpatients with Serious Mental Illnesses and a History of Criminal Legal System Involvement*

Luca Pauselli, *Yale University* (luca.pauselli@yale.edu)

The Criminal Sentiments Scale–Modified (CSS-M) has been widely used as a measure of criminal attitudes. This analysis examined CSS-M scores in a large sample of outpatients with serious mental illnesses and a criminal legal system history. We compared total and subscale scores in our sample to those from two other previously published U.S. studies in which the CSS-M was used, and evaluated associations between total CSS-M score and nine variables (age, educational attainment, gender, race, marital status, employment status, diagnostic category, substance use disorder comorbidity, and adverse childhood experiences (ACE) score). Scores were higher than in two prior U.S. studies involving other types of samples. Independently significant predictors of higher CSS-M scores included being younger ( $p < .001$ ), having a higher ACE score ( $p < .001$ ), being male ( $p = .03$ ), not identifying as White ( $p < .001$ ), not having a psychotic disorder ( $p < .001$ ), and having a comorbid substance use disorder ( $p = .002$ ). Future research should test the hypothesis that these factors increase risk for arrest and that arrest events, and subsequent criminal legal system involvement, are characterized by negative experiences and perceptions of poor procedural justice, which in turn underpin the negative opinions referred to as “criminal sentiments” or criminal attitudes.

### *Subjective Experiences of 50 Individuals with Serious Mental Illness and History of Involvement with the Criminal Legal System.*

Michael T. Compton, *Columbia University* (mtc2176@cumc.columbia.edu)

The objective of this presentation is to better understand the factors contributing to criminogenic thinking in individuals with severe mental illness and prior arrests or imprisonment. The sample for this presentation is a group of 50 individuals with elevated Criminal Sentiments Scale-Modified (CSS-M) scores. Existing studies on procedural justice indicate that interactions with the legal system impact cooperation, views of legitimacy, and notions of fair law enforcement. As a qualitative supplement to an ongoing randomized controlled trial of a new police-mental health linkage system in Georgia, participants with serious mental illnesses who had interacted with police and court actors engaged in structured, one-on-one interviews. Participants in these

interviews routinely expressed ambivalence toward the law, due to its inequitable enforcement and flaws, viewing it as a necessary but imperfect structure. Positive perceptions of the police were influenced by timely and appropriate responses, often varying by location, while negative views stemmed from racially motivated encounters and profiling. A favorable court experience was linked to attentive judges counteracting systemic corruption, though arbitrary applications of the law caused mixed feelings, with financial constraints leading to dissatisfaction with public defenders, reinforcing the perception of an unjust system that favors the wealthy.

## **43. Exploring Human Trafficking : Studies of Economics, Technology, and Gangs.**

### *Experiences and Impact of Economic Abuse in Victims and Survivors of Sexual Exploitation*

Kristen Bracy, *Arizona State University* (kristen@irisefl.org)

The injustice of economic abuse has been widely discussed and studied in the intimate partner violence space. Yet, scholarship on the experience and ramifications of economic abuse on victims and survivors of sexual exploitation is minimal. Anecdotally, economic abuse is known to be the hallmark of sexual exploitation. However, deeper examination of how victims and survivors of sexual exploitation experience economic abuse and the long-term effects of this form of violence must be investigated to develop informed solutions and resources for ongoing healing and recovery. In this exploratory cross-sectional study, a convenience sample of 46 clients receiving services at three partnering social service agencies completed a survey on the experience of economic abuse and the long-term life consequences associated. Univariate and bivariate analyses were conducted. This presentation will expound upon the methodology and findings of this seminal study, focusing on the relationship of economic abuse that victims of sexual exploitation face and the long-term hardships this form of abuse presents for survivors. Recommendations for practice will be offered.

### *Existing and Emerging Technologies to Identify and Mitigate Human Trafficking at Airports*

John F. Betak, *University of Texas* (john@collaborativesolutionsllc.com)

There are estimates that approximately 50,000 people are trafficked through airports in the U.S. on an annual basis. This study assesses how existing and emerging information and operational technologies (IT and OT) can be adapted and adopted to help identify trafficking victims in airports. A key component to evaluate the adoption of these technologies is to understand the airport environment and operations; namely stakeholders mapping, flows of information and resources, and decision-making process. The methodology of assessment is supported by research, former airport operations and security personnel, and validated through the first hand lived



experiences of trafficking survivors. This maximizes the impact of these technologies and operational policies. Furthermore, the research introduces a novel modeling and methodological approach to identify, map, and measure the different interactions and synergies between stakeholders in airports. Known as the Stakeholder Value Network, this methodology will allow the team to evaluate the impacts of technology and policy implementation.

### *Exploring the Experiences of Young People Trafficked into and within England*

Alinka Gearon, *University of Bath* ([a.gearon@bath.ac.uk](mailto:a.gearon@bath.ac.uk))

An innovative study was undertaken with young people who were trafficked as children into and within England. In-depth qualitative interviews and focus groups were held with 20 young people aged 15-21. This qualitative research examined lived experiences of trafficking and how children experience services within the child trafficking framework in England. Although a victim-centered approach is espoused in child trafficking policy, this research reveals how the binary opposite is experienced by children and young people in front-line services. Young people experienced immigration-driven and prosecution-focused practice and were treated as complicit in their situations. They reported how they were not listened to, not believed and further blamed by practitioners for their situations. Young people were criminalized, either as illegal immigrants or prosecuted for trafficking related crimes, creating further harm. The findings strongly support depoliticizing child trafficking policy away from a criminal justice approach towards policy and practice that centers on children and young people's welfare needs and protection.

### *Labor Trafficking in the United States: A 10-year Review and an Innovative Pilot Intervention*

Dominique Roe-Sepowitz, *Arizona State University* ([dominique.roe@asu.edu](mailto:dominique.roe@asu.edu))

Ezequiel Dominguez, *Arizona State University* ([edomin14@asu.edu](mailto:edomin14@asu.edu))

This presentation is a comprehensive and in-depth analysis of labor trafficking operations within the United States over the course of a decade. The study offers a multifaceted examination of various dimensions of labor trafficking, including the profiles of traffickers, their recruitment methodologies, the industries they exploit, and the subsequent legal outcomes they encounter. By delving into these intricate characteristics, the paper sheds light on the complex nature of this illicit activity. Moreover, the authors introduce the Arizona Labor Trafficking Outreach (ALTO) project as an innovative approach to prevent and address labor trafficking. ALTO is dedicated to proactively addressing labor exploitation through street-level initiatives. Its mission involves equipping at-risk groups with an understanding of labor rights, coupled with heightened awareness of resources available in the community. ALTO highlights the importance of collaborative community-driven approaches in combating labor exploitation and trafficking.

## *Exploring The Spatial Relationships Between Human Trafficking and Gang Affiliations in Las Vegas, Nevada*

Edward Helderop, *University of California* ([eheldero@ucr.edu](mailto:eheldero@ucr.edu))

The U.S. State Department estimates that there are over 27 million victims of human trafficking around the world at any given time, with the vast majority (80%) being women or girls, trafficked for sexual exploitation. In the United States, Las Vegas is one of the cities with the highest per capita trafficking rates, exceeding 5.5 per 100,000 people; surpassed only by Washington D.C. Furthermore, human trafficking generates billions of dollars of income per year for the traffickers – In Las Vegas alone, sexually exploited trafficked victims may generate up to \$5 billion per year. Notably, human traffickers do not operate in a vacuum. Many are affiliated with gangs, and simultaneously engage in drug and weapons trafficking. Using a novel Las Vegas Police Department database that contains detailed information on several hundred convicted traffickers, their gang affiliations, and whether they also traffic weapons and drugs, we identify spatial patterns associated with the traffickers' home addresses and train several exploratory models to determine the demographic and neighborhood characteristics associated with the most common gangs represented in the database. Finally, we discuss law enforcement and policy recommendations based on our findings.

## **44. Falling Between the Cracks: Gaps and Tensions in Mental Health Law**

### *Living in a Gap: Restricted Patients Deprived of Their Liberty in the Community*

Ailbhe O'Loughlin, *University of York* ([ailbhe.oloughlin@york.ac.uk](mailto:ailbhe.oloughlin@york.ac.uk))

Iain McKinnon, *Newcastle University* ([iain.McKinnon@newcastle.ac.uk](mailto:iain.McKinnon@newcastle.ac.uk))

In 2018, the decision of the UK Supreme Court in *Secretary of State for Justice v. MM* exposed a gap in mental health law in England and Wales. The Court held that it was impermissible for a tribunal or for the Justice Secretary to make a conditionally discharged restricted patient subject to conditions that deprived them of their liberty in the community. There were, however, already a number of such patients living under very restrictive conditions in care homes or supported living arrangements. This presentation offers a critical analysis of a proposal in the Draft Mental Health Bill 2022 to close this gap in the law by creating a new 'supervised discharge' power for tribunals and the Justice Secretary. As the presentation will show, this proposal does not provide an adequate response to the problems facing restricted patients who fall into this gap. Furthermore, the Draft Bill does not provide adequate safeguards against unlawful detention in the community in light of the UK's obligations under Article 5 of the European Convention on Human Rights.

Alternative solutions that would obviate the need to create a new power will be discussed in the presentation.

### *Deception in Care Giving: Legal and Ethical Complexities in the Administration of Covert Medication on Older People*

Nicola Glover-Thomas, *University of Manchester* ([nicola.glover-thomas@manchester.ac.uk](mailto:nicola.glover-thomas@manchester.ac.uk))

Described as a ‘moral gamble’, covert medication is a controversial yet ubiquitous medical practice. It refers to the covert dispensing of an individual’s prescription to a third party which is then disguised in food or drink when the individual lacks the capacity to consent (as defined in the Mental Capacity Act 2005) and refuses to cooperate. Covert medication is used predominantly in the treatment of older individuals. In 2022, 771 million people were aged 65+ years globally. This trend is set to continue. With these demographic trends come changes in health and care behaviours, including the use of covert medication practices. Such practices are commonly justified on the basis that necessary pharmaceutical interventions are in the best interests of the person. But covert medication is a complex issue and raises an array of legal and moral questions. Evidence suggests that existing guidance on how covert medication should be undertaken is not always adhered to with the practice being conducted in an ad hoc and unregulated manner (AG v BMBC). It will be argued in the presentation that the repercussions of this within the therapeutic relationship and beyond is too significant to be justified with the intent to prevent suffering.

### *Falling Through the Cracks: Exploring the Desirability of Advance Consent to Mental Health Treatment and Insight as its Invisible Barrier*

Magda Furgalska, *University of York* ([magdalena.furgalska@york.ac.uk](mailto:magdalena.furgalska@york.ac.uk))

Advance consent to specific mental health treatment, varying in scope and enforceability, has featured on the law-making agenda across several jurisdictions in recent years. This paper empirically explores the desirability of legally binding advance consent to mental health treatment. Grounded in twelve narrative interviews and nine photo-elicitation interviews with psychiatric survivors and driven by the theoretical lens provided by the capabilities approach, this paper examines whether advance consent can reduce experiences of coercion, provide an opportunity for giving advance consent and truly enable people to receive desired treatment promptly. The concept that permeates this analysis is a clinical notion of ‘insight’. Insight is defined as compliance with treatment, the ability to recognise one’s mental illness and an ability to recognise unusual events (i.e., delusions and hallucinations) as pathological. The empirical data suggests that insight experienced by psychiatric survivors as a source of ‘unfreedom’ hampering their bodily integrity in mental health contexts. I argue that insight is an unexplored barrier to the empowering premise of advance consent and poses a significant challenge to the implementation of advance consent.

## *Unified Mental Health and Capacity Law: Creating Parity and Non-Discrimination?*

Jill Stavert, *Edinburgh Napier University* ([J.Stavert@napier.ac.uk](mailto:J.Stavert@napier.ac.uk))

Colin McKay, *Edinburgh Napier University* ([C.McKay@napier.ac.uk](mailto:C.McKay@napier.ac.uk))

It has been argued that a fusion of mental health and capacity law creates parity and respects non-discrimination. This approach has been adopted in the Mental Capacity Act (Northern Ireland) 2016, although this legislation is not yet fully in force. Separately the WHO and CRPD committee have advocated ending the separate status of mental health law. Across the rest of the UK, the possibility of fusion legislation has recently been considered, although not ultimately recommended by the Wessely Review 2019 (England and Wales) and the Scott Review 2022 (Scotland). Challenges include potential conflicts with ECHR Article 5, the CRPD critique of ‘mental capacity’ and whether a capacity threshold is required for unified mental health and capacity law, a fear of net-widening of coercion, and the interface with the criminal law. This presentation will consider the approach of the Scott Review, why it did not recommend immediate fusion and its proposals for greater alignment of mental health and capacity regimes.

## *Psychiatrists’ Views on Supported Decision-Making: 10 Years On*

Piers Gooding, *University of Melbourne* ([p.gooding@unimelb.edu.au](mailto:p.gooding@unimelb.edu.au))

This presentation draws on empirical findings from a 10-year follow-up study involving interviews with psychiatrists in Victoria, Australia. In 2013, the author published a study involving interviews with psychiatrists on the topic of ‘supported decision-making’, which was a little-known concept in mental health settings at the time. Yet, supported decision-making has since featured prominently in mental health law and policy reform in Victoria, and elsewhere. This presentation will discuss findings from interviews with psychiatrists undertaken in 2024, and will compare them with views articulated in the earlier study. The aim is to explore the tension – and perhaps even contradiction – between supported decision-making and the function of mental health legislation to impose and regulate involuntary psychiatric intervention, as well as highlighting any gaps between policy aims and psychiatrist viewpoints. The presentation will ask: Do the interviews suggest changes to psychiatrists’ attitudes and practices in the application of mental health law? Do the responses suggest the promotion of supported decision-making in law and policy has made a difference?

## **45. Families and Distress: Mental Health and Legal Interaction**

*Coercive Control, Parental Alienation & Institutional Gaslighting*

Frances Elizabeth Chapman, *Lakehead University* (fchapman@lakeheadu.ca)

Although there have been attempts to understand and curtail coercive control and to understand parental alienation, many parents are still being gaslit by the system designed to protect them. There have been considerable changes in Canada to the Federal Divorce Act and the definition of family violence, but the “friendly parent” and “maximum contact” principles remain, despite lip service to the best interest of the child. This presentation attempts to examine if enough is being done to understand the intersection of coercive control and parental alienation, and the “feminized irrationality” which deems protective mothers to be hysterical and not worthy of credibility. The intersection of coercive control and parental alienation has had such divergent research because of this antiquated conclusion that women use false allegations of abuse to secure custody of their children. Even though this has been roundly dismissed, many courts still grapple with whether there is deceit amidst the domestic violence accusations. Mental health supports, CAS and the police are being used as weapons of oppression for many women. The presentation will discuss the implications of these findings.

### *Working with Families of People with Long-Term Mental Health and Substance Use Disorders Who Are Unmotivated to Change: What Tools Can They Use?*

Karine Gaudreault, *Université de Sherbrooke* (karine.gaudreault@usherbrooke.ca)

Joël Tremblay *Université de Trois-Rivières* (joel.tremblay@usherbrooke.ca)

Karine Bertrand, *Université de Sherbrooke* (karine.bertrand@usherbrooke.ca)

Those who provide care for individuals with schizophrenia and substance use disorders (PLS-SUD) are confronted with the intricate demands of a lengthy path to recovery. For the carers, this translates into specific requirements pertaining to various domains. However, only a limited number of studies have contributed to the comprehension of these carers' needs. Carers have a direct influence on PLS-SUD motivation to change. The aim of this qualitative evaluative investigation was to identify, comprehend, and prioritize the needs of PLS-SUD carers within the context of intervention design, as perceived by the carers themselves (n=9) and other key stakeholders involved (n=10). Data analysis was conducted: concept map analysis, thematic analysis, and cross-sectional analysis of the results obtained from two focus groups, 28 interview transcriptions, and a logbook. In terms of the carers' role as clients of the services, the committee assigned priority to the needs for assistance, peer support, and enhancing their own well-being. Regarding the role of supporter, priorities included knowledge of substance use disorders and their interactions with psychotic disorders, as well as skills such as communication and problem-solving. The findings of this study underscore the diversity and intricacy of the needs experienced by carers.

### *Wellbeing and the Workplace; The Lived Experience of Black (African/Caribbean) Staff in UK Universities*

Julia Warrener, *University of Hertfordshire* (j.warrener@herts.ac.uk)

Vida Douglas, *University of Hertfordshire* (v.douglas@herts.ac.uk)

Key interventions, UK policies and legislation commit universities to race equality. However, evidence demonstrates Black academic and professional staff are underrepresented and marginalised within UK universities. Inequality is disproportionate within subjects, geographical regions and intersects with other aspects of difference. Black female academics are three times less likely to attain professorial status than white female academics (University College Union, 2020). Normalised and sophisticated racism intensifies ‘Othering’, the risk of stress, burnout, and the negative consequences for the emotional and physical wellbeing of Black academic and professional staff in UK universities. This presentation will summarise the consequences for wellbeing, consider evidence of threats to emotional and physical wellbeing, including ‘pet to threat’, ‘white woman syndrome’ and ‘professional beauty qualification’, before considering the importance of Black staff having an opportunity to voice their lived experience and most importantly for university leaders to listen and respond with action in order to begin to reverse the race and gender inequity so prevalent in UK universities. The presentation will also share the authors’ ideas for further research examining how black staff continue to remain resilient in threatening contexts.

## **46. Families Torn Apart: The Mental Health Implications of Parental Incarceration on Youth**

*An Overview: Exploring the Challenges of Children with Incarcerated Parents*

E'leyna Garcia, *The University of Texas* (ekgarcia@utmb.edu)

In the United States, approximately 2.7 million children are reported to have at least one incarcerated parent. There are several systemic impacts on children of incarcerated parents, including, but not limited to, housing instability, financial hardship, disruption in caregiving, educational opportunity and outcomes, social/emotional challenges, and critical health outcomes. In addition to this, when providing treatment to this population, there are many legal and ethical considerations that arise such as custody disputes, dual agency for providers (e.g., being asked to provide testimony as a fact witness), and suicidal risk management. This presentation will provide an overview of the various challenges youth with incarcerated parents face and include general recommendations for providers who encounter this population. The “Bill of Rights” for children of incarcerated parents will be reviewed, as it can be a helpful guide for policies and procedures that may help to support positive outcomes in this population. The presentation will also serve as an introduction for the following presentations that will focus more specifically on considerations of the legal, ethical, and treatment components that arise when working with children of incarcerated parents.

## *Exploring Legal Concerns of Suicide Risk Management for Youth of Incarcerated Parents*

Danielle Busby, *The University of Texas* (drbusby@utmb.edu)

Adolescents with either both parents or one parent ever incarcerated were more likely to have seriously considered suicide (31% and 22%, respectively) and attempted suicide (19% and 18%, respectively) compared with peers whose parents were never incarcerated (15% and 8%, respectively). Thus, behavioral health organizations, departments, and providers who work with suicidal youth with incarcerated parents, must balance the intersecting needs trauma-informed care and suicide risk prevention/intervention. Regarding youth suicidality, there are often concerns related to liability and legal issues for suicidal risk management. This presentation will explore relevant case examples that highlight legal issues related to implementing system-level procedures and individual level strategies for trauma-informed youth suicide risk management. Discussion of how death by suicide of a patient a common trigger for legal litigations will be explored. Specifically, malpractice issues related to duty, dereliction, damages, and direct causation. Discussion of legal issues related to questions of foreseeability of suicide, negligent discharge of a patient, and failure to assess suicide risk before discharge will also be examined. Knowledge of relevant legal issues related to suicide risk management will increase effective care and care documentation for youth of incarcerated parents.

## *Ethical Considerations when Treating Youth Involved in Custody Disputes*

Melissa DeFilippis, *The University of Texas* (msdefili@utmb.edu)

When treating children who have one or both parents incarcerated, the child's psychiatrist or other mental health provider may sometimes be asked to provide testimony as a fact witness, especially in cases involving custody disputes. As often happens, mental health providers may be asked to testify in their role of treating provider, only to be asked questions more suited for an independent forensic expert witness when on the stand. Courts do not always understand the ethical issues that may arise from this decision. Treatment providers are sometimes asked to provide expert testimony despite the lack of forensic training or establishment of a forensic relationship with the patient. This presentation will focus on ethical issues, such as conflict of interest, bias, and dual agency, when non-forensic mental health providers are asked to serve as witnesses in cases involving their young patients. A case will be presented of a young patient with an incarcerated parent in the midst of a custody battle to highlight these ethical issues.

## *Navigating Traumatic Grief and Separation as a Family Following Parent Incarceration*

Kimberly Gushanas, *The University of Texas* (kigushan@utmb.edu)

While incarceration is not necessarily a permanent separation for many families, research has indicated that children can experience parental incarceration similar to death and/or bereavement. Diverse symptoms of traumatic grief can present relative to the child's developmental level of understanding and circumstances of parental incarceration. Thus, remaining caregivers must often navigate both the traumatic stress associated with parental separation, grief associated with limited or possibly no contact with the incarcerated parent[s], in addition to secondary factors that contribute to the treatment process, such as ongoing legal and custody proceedings, changes in lifestyle, parenting styles, and routines, and remaining caregiver mental health. A case study of a 6-year-old female and her father will be presented to highlight this process of caregiver intervention in the context of treatment for child traumatic grief. Components of care including parent-focused coaching sessions, communication and visitation preparedness, managing common sequelae/symptom presentation (separation anxiety, enuresis, depression), and unique approaches to the trauma/loss narrative depending on developmental level of the child will be addressed.

### *Promoting Resilience in Youth after Parental Incarceration*

Claire Kirk, *The University of Texas* (clkirk@utmb.edu)

Research shows that youth with one or more incarcerated caregivers are at greater risk for a variety of mental health problems and secondary adversities, such as stigma, financial insecurity, school dropout, and suicide, among many others. These vulnerable youth are also more likely to have experienced another trauma, in addition to their parent's incarceration, such as witnessing domestic violence, or exposure to alcohol or drug misuse. This presentation will highlight protective factors and ways in which to promote resilience and positive adjustment for children and adolescents with incarcerated parents. A case example with an older teen will be used to highlight risk factors for developing posttraumatic stress during and after parental incarceration. Common comorbid mental health difficulties, such as anxiety, depression, posttraumatic stress, and substance misuse, along with how to mitigate these problems will also be discussed. Clinical strategies used to repair the parent-child relationship after reunification will be covered in the presentation.

## **47. Forensic Aspects in Alcohol Dependent Patients**

### *Alcohol and Substance Use Disorder and Criminal Behavior*

Victor Hesselbrock, *University of Connecticut* (hesselbrock@uchc.edu)

Michie Hesselbrock, *University of Connecticut* (michie.hesselbrock@uconn.edu)

Grace Chan, *University of Connecticut* (grace.chan@uconn.edu)



Many legal offenders are affected with an alcohol use disorder, often comorbid with another substance abuse disorder. Substance use problems complicate the legal process, regardless of the type of offense committed. This presentation will examine the effects of alcohol dependence and other substance abuse diagnoses on a range of anti-social and criminal behaviors among adults with and without alcohol and other substance abuse diagnoses. Gender differences and the persistence of anti-social and criminal behaviors over time will be examined. Data will be derived from 7793 (3507 males; 4286 females; avg age=39.24 ( $\pm$ 13.7) subjects participating in the Collaborative Study on the Genetics of Alcoholism (COGA), a longitudinal, multi-site, extended family study in the United States. N=5829 subjects reported no alcohol or substance use disorders in their lifetime, while N=1298 reported having only an alcohol use disorder. N= 658 reported both an alcohol and another substance use disorder. Antisocial behaviors first appeared in early adolescence among both males and females with alcohol and/or a comorbid substance use disorder and persisted. Substance abusing males, versus females, typically engaged in more criminal activities (including aggressive behavior), more felony convictions and more time spent in jail. Criminal behaviors occurred both while intoxicated and while sober.

### *Subgroups of Alcohol Dependence: Do We Need them for Forensic Assessments?*

Otto M. Lesch, *Medical University of Vienna* (ordination@ottolesch.at)

Alcohol dependence, as defined in DSM 5 and ICD-11, is viewed as a brain disease with a long-term relapsing course. Craving is now accepted as the main symptom of addiction (DSM 5 and ICD 11). The heterogeneity, though, of this disease is by now undisputed. Craving as a learning process, as a compulsive mechanism, or as a self-treatment approach reflects different biological and psychological disturbances. There will never be one universal anti-craving medication for all alcohol dependent patients (Cloninger, Babor or Lesch Typology, or drinking amounts). Treatment concepts follow these subgroups and they define the long term course of this disease. The minimal standard in forensic assessments must include the following: Family History, onset of dependence, neurodevelopmental disorders, Cloninger, Babor and Lesch typology, drinking amount, severity, and long-term course alcohol related disabilities.

### *Alcohol Related Health Problems- Biological Markers for Alcohol*

Tomáš Zima, *Charles University* (zimatom@cesnet.cz)

Assisting in the healing of individual and community rupture in the aftermath of trauma and violence is a collaborative and emergent process reflecting the skills, understanding(s), and capacities of individuals and their complex communities to formulate, triage and organize/work with the torn communities and individuals in the midst of violent and fragmented structures of identity, connections, and adaptive processes in many their many dimensions, across multiple techniques, understandings, and inter-connections. This presentation will address an experienced clinician's approach to formulating skills, bootstrapping resources, and transmuting psychache and

human group brokenness, the flotsam and jetsam of trauma, into reconstituted and meaningful wholes and therapeutic process from the broken pieces that are presented for healing in the aftermath of violent trauma. How to identify, join, elicit meaning and collaborative support across both brokenness and reconstitution of individual and group identity and dynamic inter-connection. Findings and implications will be discussed in the presentation.

## *Forensic Data from Greece about Road Traffic Mortalities and Suicide Related to Alcohol*

Iannis A. Mouzas, *University of Crete*

Alcohol consumption is considered a public health concern due as it has been associated with several adverse effects including traffic mortalities, suicide, domestic violence, and injury. In this paper we will focus on road traffic mortalities and completed suicides related to alcohol in Greece. There are few studies focusing on the impact of alcohol consumption on traffic accidents is. All of them indicate a strong association. Studies carried out by Forensic and Toxicological Departments in Greece show that alcohol is detected in between 19% and 41% of the victims of road traffic accidents. In consecutive studies from the Forensic Department of the University of Athens, alcohol was detected in 41% of the drivers involved in fatal and non-fatal traffic accidents during a three-year period (1995-1997). In the following three-year period (1998–2000), alcohol was detected in 36–38% of the drivers. During the next years (2001–2004) the above percentage was reduced to 29%. As a conclusion, we observe a reduction in the alcohol detection in drivers involved in traffic accidents. Most drivers involved in road traffic accident are men. Male drivers usually are more frequently found to have consumed alcohol than female drivers (40% vs 30%). Male drivers aged 21–40 years represent the most frequent age group involved in road traffic accidents in Greece. Regarding pedestrians involved in traffic accidents, in particular fatal ones, about three-quarters of them are older than 60 years, while their gender is irrelevant. Alcohol use among suicide completers (forensic data with information on psychiatric medication and alcohol intake in 1162 suicide cases, collected 1992-2016) was 21% and use of psychiatric medication 18%. On the other side, forensic data on adolescent suicides from Epirus, a Greek Region with the lowest suicide rates reported so far among European countries, showed that alcohol consumption before the suicidal event was documented in more than 50% of the cases. Alcohol was mainly consumed by older adolescents and young adults. Strategies to reduce the harm caused by drink driving in Greece should include measures that reduce the likelihood of drunk driving as well as educational campaigns stressing the detrimental effects of alcohol use while driving. In addition, in order to prevent alcohol related suicides, a change in the current standpoint needs to be considered: persons and communities should shift from inefficient alcohol self-medication to acceptance and treatment of psychiatric disorders.

## **48. Forensic Mental Health in Historical and Comparative Perspective: Netherlands, England & Wales and Turkey**

### *Forensic Care in the Netherlands in Historical Perspective*

Ester Post, *University of Groningen* (ester.post@rug.nl)

In this session three questions will be addressed: 1) For which purpose have the criminal law modalities, based on which forensic care can be imposed and provided in the Netherlands, been incorporated into the law over time and how can their differentiation be explained? 2) To what extent have developments in criminal law and society influenced the origin and development of forensic care in a criminal law context? 3) Can the existing criminal law modalities contribute to the main objective [reducing recidivism] of forensic care? The historical perspective will cover three periods, from 1886 (the enactment of the first Dutch Criminal Code) to the beginning of the second world war, from that moment until 1990 when new legislation and policy with regards to forensic care was enacted, and from that moment until now. Three subtypes of forensic care will structure the analysis: the infamous TBS-order, forensic care in prison and forensic care as a condition.

### *Who Protects Treatment Integrity? A History of the Therapeutic Relationship in Coercive Treatment Under Political Pressure*

Hjalmar van Marle, *Erasmus University* (hjalmar@xs4all.nl)

It is well known that the governmental demands in the political and financial realm have always had a major impact on forensic psychiatry and its development, sometimes positive, sometimes negative. Arising from the legalistic thoughts of the French revolution and the development of the medical and social sciences of the late 19th century the mentally disordered offender became subject to two contradictory systems, criminal law and forensic mental health care, which restricted individuality as total institutions. By this only theoretical equilibrium between detention and rehabilitation, the number of detainees under this regime always fluctuates as ebb and flow. The results of this wave motion are a secondary infringement of the mentally disordered offender: waiting lists for placement through increased verdicts by the courts together with the diminished cell capacity of the institutions by budget cuts. Within the relational/therapeutic framework, a more humanistic approach is needed to bridge the gap of a common lack of trust in the decisive power of the external political motivated decisionmakers. In practice this will lead towards more autonomy of the institution to process the progression of the individual therapies and to provide adequate stimuli for the enhancement of the feelings of trust of their patients.

## *Comparing Regulating on Sentencing Mentally Disordered Offenders: Türkiye, the Netherlands, and England & Wales*

Candan Yılmaz, *University of Groningen* (c.yilmaz@rug.nl)

Every criminal justice system has its own unique regulations for assessing the criminal responsibility of mentally disordered offenders and the corresponding possibilities for adequate punishment. This presentation focuses on regulations in relation to sentencing mentally disordered offenders in Türkiye, England and Wales, and the Netherlands. Considering the lack of publications in foreign languages on the Turkish criminal justice system, it is not well-known in other countries. Therefore, presenting and discussing the Turkish sentencing system is one of the aims of this presentation. To effectively analyse the Turkish criminal justice system in sentencing mentally disordered offenders, a comparison to two different criminal justice systems will also be made. For this comparison the jurisdictions of the Netherlands and England and Wales are chosen. The former as an example from the continental European tradition, with its one-phase trial procedure in which the trial of fact and sentencing are combined, and the latter from the common law tradition in which the trial of fact and the sentencing trial are separated. Furthermore, the selected countries have fundamentally different views on criminal responsibility, and have very different types of sanctions in place for mentally disordered offenders.

## *Safeguarding the Quality of Forensic Assessment in Sentencing: a Historical and Comparative Perspective*

Michiel van der Wolf, *University of Groningen* (m.j.f.van.der.wolf@rug.nl)

In this final contribution a comparative analysis is presented on how the quality of forensic assessment in sentencing is being safeguarded in Australia, England & Wales, Canada, US, Germany, The Netherlands, Sweden. For context, differences in the legal systems, historical developments and traditions of forensic assessment are compared first. Elaborating on that context, the types of sentences, decisions (e.g. imposition, prolongation, leave, release), criteria (e.g. dangerousness, disorder, criminal responsibility and treatability) for which forensic assessment is used, will be compared, as well as its procedural embedding. Most importantly, all the existing safeguards for the quality of forensic assessment are being compared, including disciplinary and ethical requirements and requirements in law and policy for the quality of both evaluator and evaluation. Additionally, all the possibilities that exist for challenging the initial evaluation, due to its limited validity and reliability, are being discussed. Of course here, differences between adversarial and inquisitorial justice systems explain a large part of the observed differences. Another important question that is being addressed is how the quality of decision-making is being safeguarded when confronted with disagreeing experts. Finally, within a critical reflection of differences and similarities, some best practices are being shared.

## *The Obligation to Criminalise Psychological Violence: Analysing the Scope of and (Non-)Compliance with Article 33 of the Istanbul Convention*

Niels Hedlund, *University of Groningen* (n.hedlund@rug.nl)

Although there is a growing amount of societal attention for psychological violence, legal action through criminalisation remains problematic. Article 33 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (the ‘Istanbul Convention’) obliges State Parties to criminalise a psychologically abusive course of conduct. It follows from the evaluation reports published by the monitoring body of the Convention that most State Parties are struggling to comply with this obligation. There appears to be tension between the obligation to criminalise a course of conduct and the fact that most national offences are still incident-focussed and carry a relatively high threshold. At the same time, it is stressed in literature that the obligation deriving from Article 33 is unclear. In light of the above, this presentation will discuss the controversies regarding the scope of Article 33 and the criticism that certain State Parties have received from the monitoring body. By additionally highlighting the characteristics of the domestic provisions that have received praise by the monitoring body, the objective is to assess the general standards for compliance with Article 33 of the Istanbul Convention.

## **49. Forensic Mental Health Training – International Perspective**

### *Forensic-Psychiatric Training in Germany*

Norbert Konrad, *University Medicine Berlin* (Norbert.konrad@charite.de)

This presentation will deal with forensic training done in Germany. This specialist training builds on the specialist training in psychiatry and psychotherapy. According to the regulations of the medical societies which may vary slightly from Land to Land the training period lasts 24 months under authorization at training centers. General content of the advanced training course in forensic psychiatry are: (1) Ethical and legal principles in dealing with mentally ill, disturbed, and disabled people; (2) Longitudinal and cross-sectional assessment of the patient's problem structure; (3) Forensic therapeutic knowledge for dealing with offenses according to the recidivism prevention model; (4) Basics of commitment to forensic-psychiatric institutions including alternative measures taking into account the legal provisions; (5) Treatment in forensic-psychiatric institutions according to the Criminal Code; (6) Criminal diagnostic assessment, criminal prognostic assessment, expert witness reports according to the German Penal Code. Risk-assessment-monitored reports on relapse and legal prognosis. Basic principles of preparing expert opinions in the different areas of law are trained like the expert opinion structure and expert interviewing including forensic assessment of the medical-psychological prerequisites for the question of criminal responsibility and other questions

## **50. Forensic Services for Sexual Offenders in Germany**

### *Sexual Offenders in Germany*

Norbert Konrad, *Charité University* (norbert.konrad@charite.de)

In Germany, sexual offenders are subject to special legal regulations, which are based on the concept of criminal responsibility: Offenders who are not criminally responsible and not considered dangerous are hospitalized, if at all, in general clinical psychiatric institutions. If serious offenses are anticipated from offenders who are considered to have at least diminished criminal responsibility, they are admitted, regardless of therapeutic prospects, to special forensic psychiatric security hospitals (§ 63 German Penal Code) under the authority of the health ministry. Other sexual offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. In individual cases, it may depend on coincidental constellations whether a sexual offender is committed to a forensic psychiatric or penal institution. Within penal institutions most of the sexual offenders are offered treatment in “Sozialtherapeutischen Anstalten”. There are special legal regulations for sexual offenders housed in preventive detention after having served their prison sentence. In some cases, mandatory outpatient treatment after release is possible. Findings and implications will be discussed in the presentation.

### *Forensic Rehabilitation of Sexual Offenders in Germany*

Tatjana Voß, *Charité University* (tatjana.voss@charite.de)

In Germany forensic outpatient treatment is a well-established approach for addressing the complex needs of individuals with or without paraphilic or additional psychiatric disorders, who have a history of sexual offenses. Forensic outpatient treatment has gained a considerable amount of attention in recent years not only in terms of reducing the risk of sexual crime recidivism but also as an additional approach to traditional criminal justice sanctions. The goal of forensic outpatient treatment is to provide effective care, psychotherapeutic treatment and testosterone lowering medication to help prevent future criminal behaviour, while also promoting recovery and rehabilitation. Forensic outpatient treatment has been shown to be an effective way to decrease recidivism rates with its interdisciplinary approach including psychosocial methods as well as psychiatric and antihormonal treatment. This presentation will discuss various aspects of therapeutic rehabilitation of sexual offenders in forensic aftercare in Germany.

### *Forensic Aftercare of a Sexual Offender With Fetal Alcohol Spectrum Disorder In Berlin*

Valentin Bachmann, *Charité University* (valentin.bachmann@charite.de)

Individuals with intellectual disabilities (ID) represent a specific subgroup of sexual offenders. Although absolute risks in individuals with ID are low, an association between ID and sexual crimes, both as offenders and as victims, can nevertheless be observed. ID encompasses a heterogeneous group of individuals, including those affected by neurodevelopmental disorders such as Fetal Alcohol Spectrum Disorder (FASD). FASD describes a condition in which a developing fetus is exposed to alcohol. It consists of neurocognitive and behavioral abnormalities as a result of structural changes in the brain. Given the complexity of their presentation and distinctive characteristics compared to other sex offenders, a highly specialized and interdisciplinary treatment approach is necessary. Common challenges faced in this patient population include aggressive symptoms, dysregulated behaviors, and distress. To address these difficulties, forensic rehabilitation methods include psychotherapeutic and psychosocial methods, as well as psychiatric medication and hormonal treatment. This presentation will discuss various aspects of social and therapeutic outpatient rehabilitation in the context of a case report involving a 22-year-old sexual offender with moderate ID and FASD.

### *Effectiveness of Social Therapeutic Treatment in Juvenile Detention in Germany*

Joscha Hausam, *Charité University* (joscha.hausam@charite.de)

Social therapeutic units (STU) are complex interventions that include therapeutic, educational, vocational, and recreational measures in a milieu-therapeutic setting and are the most common form of treatment in German prisons. As a result of legislative changes, STU have proliferated in the juvenile justice system over the past 15 years. The primary goal of treatment is to reduce recidivism among high-risk juveniles and adolescents convicted of violent or sexual offenses. This presentation examines the effectiveness of STU in reducing recidivism in the Berlin Juvenile Detention Center (JTC). For this purpose, a complete survey of STU participants (n = 187) is compared with an "untreated" control group (n = 261) from the period prior to the introduction of the STU in the JTC in 2008. Matching procedures are used to ensure group comparability (e.g., risk and offense group). Outcomes are post-release reconvictions, which are examined using Federal Central Register excerpts. Results, methodological strengths, and limitations of this study (e.g., cohort effects due to institutional changes in juvenile detention), as well as general challenges in evaluating complex correctional treatment interventions are presented.

## **51. From Policy to Personnel: A Model for Trauma-Informed Higher Education**

*Trauma-Informed Higher Education: A Model for Becoming a Trauma-Informed Educational Unit, School, or Department*

Susan Green, *University at Buffalo* (sagreen@buffalo.edu)  
Samantha Koury, *University at Buffalo* (spkoury@buffalo.edu)

This presentation builds on published work by the presenters that highlights essential elements to a trauma-informed school of social work, but that can be applied to any school or unit within higher education, from mental health programs to law schools. A trauma-informed school recognizes that individuals and communities have likely experienced adversity, trauma, inequities, and discrimination. Being trauma-informed requires a comprehensive, school wide approach to preventing re-traumatization of students, personnel, and others in the school's community. A school-wide trauma-informed approach involves not only structural changes, but also ensuring individual interactions are anchored in the principles of trauma-informed care: Safety, trustworthiness, choice, collaboration, and empowerment. It also requires an intentional focus on promoting diversity, equity, inclusion, and accessibility. This presentation will provide an overview of the importance and rationale for a trauma-informed approach to higher education and provide a brief overview of our model of trauma-informed higher education.

### *Beyond Trigger Warnings: Building A Trauma-Informed Curriculum*

Denise Krause, *University at Buffalo* (dkrause@buffalo.edu)  
Susan Green, *University at Buffalo* (sagreen@buffalo.edu)

Curriculum in a trauma-informed school of social work considers explicit and implicit course content, field education, and the ways in which curriculum is delivered. This session will highlight the intentionality behind curriculum design, structure, and delivery to avoid re-traumatization of students and amplify the principles of trauma-informed care (TIC). Curriculum design within a trauma-informed school examines ways in which material, courses, and experiences can be scaffolded to allow for more difficult and nuanced advanced trauma topics and intervention courses to be taken later in a student's curriculum after they receive more foundation information about trauma, re-traumatization, self-care, and TIC. Within legal curriculum, education around providing trauma-informed legal services will be considered, understanding that for many clients, legal proceedings can exacerbate prior trauma. The presentation will also discuss how to prepare students to differentiate between trauma awareness, using a trauma-informed approach, engaging in trauma-sensitive practices, and providing trauma-specific treatment interventions. This session will also highlight the intentionality behind content delivery as an essential consideration for a trauma-informed course and explore ways that instructors can model the principles of TIC to prioritize students' emotional safety and trust.

### *Working to Repair Harm: Restorative Practices Within Trauma-Informed Educational Practice*

Diane Elze, *University at Buffalo* (deelze@buffalo.edu)  
Joshua Hine, *University at Buffalo* (jchine@buffalo.edu)



Katie McClain-Meeder, *University at Buffalo* ([mcclainm@buffalo.edu](mailto:mcclainm@buffalo.edu))

A school's policies and procedures set the tone and establish behavioral norms for faculty, staff, and students. The language and content of policies and procedures can leave students feeling overwhelmed, confused, unseen or unheard, and/or disempowered. This presentation will highlight the integration of restorative justice practices within trauma-informed educational practice, a set of practices that have been historically associated with the criminal justice system to repair harm in non-punitive ways and strengthen relationships. A case example will include how one school of social work integrated a restorative process into many policies and procedures, including the student grievance procedure. Restorative practices can be integrated into any setting and system, including the criminal and juvenile justice systems, to strengthen relationships and repair harm. Anchored in the trauma-informed principles of safety and collaboration, and restorative values of transparency, trust, and choice, a restorative process is a highly structured conversation between a student and faculty or staff member that is intended to repair harm. A neutral facilitator is utilized to facilitate the dialogue and consent to participate is ensured at all stages of the process. This presentation will detail the rationale and process for integrating restorative practices into a trauma-informed school.

### *From Part-Time Students to Administrators: How to Create a Culture of Support for Students, Staff, and Faculty Within a Trauma-Informed Educational Model*

Joshua Hine, *University at Buffalo* ([jchine@buffalo.edu](mailto:jchine@buffalo.edu))

Katie McClain-Meeder, *University at Buffalo* ([mcclainm@buffalo.edu](mailto:mcclainm@buffalo.edu))

This presentation will highlight the need to create a culture of support within higher education aligned with the principles of trauma-informed care with intention and commitment. There is growing recognition that students, faculty, and staff may have their own personal histories of adversity and trauma, current personal stressors, crises, or trauma, and that an individual's history and/or current circumstances may impact their ability to study, focus, and/or work. The presentation will explore the unique needs of students in higher education, from law students to students entering mental health programs. Particular attention will be paid to part time students and specific ways that schools can intentionally provide support to, transparency with, and choice for students. We will also explore the mandate for trauma-informed schools to provide support for staff and faculty, including supporting adjunct faculty, full time faculty, administration, and staff. With an acknowledgement of power dynamics and hierarchy, schools of social work can work towards minimizing hierarchy and maximizing support and community. Formal policies and resources as well as informal policies will be explored through a trauma-informed lens.

## 52. Gender and Sex Issues in Alcohol Use Disorders

### *Comparisons of Gender Differences in Two Samples of Driving-While-Intoxicated 17 Years Apart*

Kathleen Bucholz, *Washington University in St. Louis* ([bucholzkk@wustl.edu](mailto:bucholzkk@wustl.edu))

Michie Hesselbrock, *Missing Affiliation* ([missing@email](mailto:missing@email))

Victor Hesselbrock, *University of Connecticut* ([hesselbrock@uchc.edu](mailto:hesselbrock@uchc.edu))

Data from the Collaborative Study on the Genetics of Alcoholism (COGA), a multisite high risk family study of alcohol use disorder (AUD), were analyzed to study gender differences among individuals with Driving-While-Intoxicated (DWI) arrests. Individuals aged 17-35 with DWIs were identified in surveys conducted ~17 years apart. Investigation of gender differences focused on substance disorders and psychiatric comorbidities, DWI onset, and accessing treatment. Median assessment years were 1999 (S1), and 2016 (S2); 277 (S1) and 199 (S2) individuals with 1 or more DWI were identified, and 31% (S1) and 35% (S2) were female. DWI onset was older in S1 compared to S2 (mean age 22 v 21). Similar proportions of men and women (51-61%) in S1 and S2 met criteria for AUD. Gender differences were consistent across samples. Compared to men, females in both samples had higher likelihoods of depression and panic, and lower likelihoods of ASPD, conduct disorder, and AUD treatment. Only Opiate Use Disorder (OUD) differed by sample for men: S2 men had markedly elevated odds of OUD compared to S1 men, mirroring current population trends. However, evidence of persistent lower likelihood of treatment in women, despite comorbidity profiles similar to or worse than men, merits attention. Findings and implications will be discussed in the presentation.

### *Women with Alcohol Use Disorders Sent to Treatment by Court Decision*

Joana Teixeira, *University of Lisbon* ([jteixeira2008@gmail.com](mailto:jteixeira2008@gmail.com))

Women with Alcohol Use Disorder (AUD) have more severe problems related to their drinking than men. They have higher mortality from alcohol-related accidents and enter treatment with more serious medical, psychiatric, and social consequences. Children from mothers with AUD are at increased risk and may even have their life at stake. Child protection services often detect those children at risk and signal them to court, with judges ordering frequently mothers to start AUD treatment. *Objective:* The aim of our study was to characterize women with AUD in treatment, and to analyze those who were sent to treatment by court decision. *Methods:* A retrospective study was conducted to analyze women with AUD sent to treatment by court decision. Patients admitted in the last 12 years at Day Hospital for AUD treatment from the Alcohol Treatment Unit of Lisbon's Psychiatric Hospital were included in our study, and clinical files from women with AUD were checked. Statistical analyses were conducted using SPSS v.28. *Results:* Between 2010 and 2022 a total of 503 patients were submitted to treatment at day hospital for AUD treatment from Alcohol Treatment Unit of Lisbon's Psychiatric Hospital being 156 (31%)

females. Women mean age was 48, and 103 of them (66%) had children. Most had 1 or 2 children (26% and 31%, respectively), and 40 (26%) had children with less than 18-year-old. From the 103 mothers, 8 (8%) were sent by court decision to start AUD treatment, all of them due to identification by child protection services, and with children aged less than 18. *Conclusions:* Although women in treatment by court decision represent less than 10% of women with AUD in treatment in our Day Hospital, this is an important measure to promote child protection and to motivate women with AUD to start a specialized treatment program. Findings and implications will be discussed in the presentation.

## *Women and Alcohol Use Disorder*

Roberta Agabio, *University of Cagliari* ([agabio@unica.it](mailto:agabio@unica.it))

Alcohol use disorder (AUD) is a mental disorder, more frequent in men than women, but its prevalence in women is still very high. In the US, its lifetime prevalence is estimated to be 36.0% and 22.7% of male and female populations, respectively. It means that approximately one out of 4 women suffer for AUD during their lifetime. Alcohol is a major risk factor for mortality and morbidity worldwide. Acutely, it increases the risks of car accidents, intoxication, violence, emergency room visit, hospitalization, disability, and premature mortality; chronically, it increases the risk of developing a series of major diseases including cancer, liver cirrhosis, and neurological diseases. Compared to men, women are more vulnerable to develop these negative consequences. Furthermore, alcohol use during pregnancy is a risk factor for the fetal alcohol syndrome. Alcohol use is also a modifiable risk factor to develop breast cancer, the most frequent cancer among female population. Other gender (related to psychosocial and cultural issues) and sex differences (related to biological issues) have been described among people with AUD. Women with AUD more frequently than men suffer for anxiety and depression; men with AUD more frequently than women suffer for other comorbid substance use disorders. Although effective medical treatments are available, AUD is usually undertreated, with stigma being one of the main reasons for not seeking medical treatment. Women usually experience more severe barriers to AUD treatment than men, like feelings of guilt, shame, and responsibility towards their children and lower rates of women than men receive AUD treatment. Pregnant women are less likely to receive AUD treatment than non-pregnant women. Despite the finding of numerous sex and gender differences in response to pharmacological treatments, medications approved for the treatment of AUD have been studied almost exclusively in men. Findings and implications will be discussed in the presentation. It will be argued that considering the high number of women with AUD, effective treatments and improvements in specific services are urgently needed.

## *Gender Comparison of Alcohol Related Conditions and 20-year Mortality*

Michie Hesselbrock, *Missing Affiliation* (Missing Email)

Victor Hesselbrock, *University of Connecticut* ([hesselbrock@uchc.edu](mailto:hesselbrock@uchc.edu))

Grace Chan, *Missing Affiliation* (Missing Email)

Subjects for this presentation are a subsample of the Collaborative Study of the Genetics of Alcoholism (COGA), a longitudinal, multisite extended family study of the genetics of alcoholism in the US. 1276 men and 1605 women (3533 total) participated. The average age of men and women at interview were similar: men 39.55 years ( $\pm 14.2$ ); women 40.0 years ( $\pm 14.5$ ). Mortality information at two sites (CT, Iowa) was examined in-depth with 3533 subjects (1605 women). As expected, the 20-year mortality was higher among men than women. Among alcohol dependent subjects, men tended to report longer durations of alcohol dependence than women. Men tended to report heavier use of alcohol and a higher number of alcohol related consequences than women, except for psychiatric medications. Among men, alcohol dependence was associated with higher mortality rates, while similar mortality rates were found among women. However, gender differences were found regarding causes of death. Heart diseases were the leading causes of death among alcohol dependent men, while cancers were the leading causes among women. Importantly, a higher proportion of men than women died of heart diseases, drug and alcohol overdose and accident-related causes, while a higher proportion of women died of stroke, cancers, and liver disease. Findings and implications will be discussed in the presentation.

## **53. Global Mental Health in Context**

### *Society in Mind: The Impact of Political and Cultural Contexts on Global Mental Health Reforms*

Aria Ghahramani, Penn State College of Medicine, Hershey, Pennsylvania, USA  
([aghahramani@pennstatehealth.psu.edu](mailto:aghahramani@pennstatehealth.psu.edu))

Local political and cultural contexts can affect adoption of globally-framed mental health policies. This presentation examines cases around the world to highlight the interplay of factors that shape implementation of mental health policies and reforms. In Spain, political transformations laid the foundation for progressive reforms, integrating mental health into public healthcare. However, these reforms have been more readily accepted in regions with a cultural background that emphasizes community well-being. Cuba's revolution led to recognition of collective mental health needs. While facing sanctions constraints, Cuba has maintained a community-based approach, emphasizing prevention, education, and mental well-being as integral to societal health. Brazil's socio-economic disparities have strained mental health services. Despite recent advancements, stigma impedes widespread reform. Grassroots efforts and policy changes have targeted accessibility and community support. The United States has undergone evolving reforms influenced by interactions between politics, insurance systems, and societal attitudes. Deinstitutionalization aimed to improve patients' rights but led to significant criticism and a crisis precipitated by lack of a social welfare system. Mental health reforms around the world point to the connections between social, political, and cultural dynamics. The presentation will conclude that progress has been made, but challenges persist in resource allocation, stigma reduction, and creating comprehensive, accessible systems.

### *The City and the People: The Interplay between Urbanization and Severe Mental Disorders in a Global Perspective*

Federico Moretti, *University of Milano, Milano, Italy*([f.moretti24@campus.unimib.it](mailto:f.moretti24@campus.unimib.it))

Over past decades there has been an unprecedented surge in urban populations worldwide. While natural disasters have played a role in driving individuals to urban areas, industrialization, spurred by globalization, has also fuelled internal migration. However, this influx of people into cities has given rise to specific challenges related to overcrowding, and strain on urban resources, often unable to keep pace with burgeoning needs. Insecure employment or unemployment, coupled with weakened personal and social connections, can further exacerbate stress and contribute to the onset of psychiatric disorders. As urbanization intensifies, medical resources tend to concentrate in urban centres, creating disparities in access to mental healthcare. Recognizing the significance of well-being in urban environments, there is a growing emphasis on altering urban design and expanding urban spaces to foster healthier living conditions. Nevertheless, changes in social network systems and support mechanisms pose additional hurdles in providing adequate care for those affected by psychiatric disorders. The evolving urban landscape demands innovative approaches to address mental health challenges, ensuring comprehensive and compassionate care for individuals grappling with psychiatric conditions in urban settings. This presentation will provide an overview of existing literature investigating the complex interplay between urbanization and severe mental disorders.

### *Medical Assistance in Dying Across the World: Attitudes Towards Persons with Experience of Mental Illness*

Pedro-Afonso Gouveia, *Health Unit of Baixo Alentejo, Beja, Portugal*  
([pedroafonso.rg@gmail.com](mailto:pedroafonso.rg@gmail.com))

This presentation examines current Medical Assistance in Dying (MAID) legislation across the world and compares them based on (1) how they treat persons with past or current mental illness, and (2) how psychiatry is involved in the procedure's eligibility assessment. It discusses the heterogeneous societal attitudes towards end-of-life decisions in patients with a psychiatric diagnosis, particularly how different countries developed autonomy-conserving practices in their legislations. Overall, the examined laws for MAID largely exclude people with mental health disorders. At the heart of these differences, I contend, lie factors of not only legal procedure and body of law, but primarily overly protectionist attitudes towards people with psychiatric diagnoses, leading to discriminatory practices. If the end-of-life choices of people with mental illness are not to be unfairly undermined, less stringent procedures may be in order, such as decision-making capacity assessment procedures – which are dynamic and decision-specific – instead of barring MAID solely based on psychiatric diagnosis. The presentation will invite further discussion on the challenges of legislating MAID for persons with mental disorders, and the role of psychiatrists in that context, as some countries have started allowing MAID for patients primarily suffering from mental disorders and no foreseeable death.

### *Mental Health in a Low Resource Setting: Sierra Leone Perspective*

Abdul Jalloh, *Sierra Leone Psychiatric Teaching Hospital*, Freetown, Sierra Leone ([abdulpjalloh@icloud.com](mailto:abdulpjalloh@icloud.com))

Sierra Leone is a country in West Africa with a population of 7.5 million people. A significant number of Sierra Leoneans have experienced traumatic events, including civil war (1991–2002), the 2014 Ebola outbreak, mudslides, frequent floods and the COVID-19 pandemic. Mental health services have traditionally been provided at the oldest mental health hospital in sub-Saharan Africa, with limited mental health services available in other parts of the country. Mental illness is still stigmatized and poorly funded. Recent developments include establishing postgraduate psychiatry training, revising the Mental Health Policy and Strategic Plan, and improving mental health governance and partnership. Important next steps include repealing and replacing the 1902 Lunacy Act, securing a national budget line for mental health, standardizing the training of mental health specialists, and prioritizing the acquisition of psychotropic medications. Sierra Leone requires a national and international commitment to reduce the treatment gap and provide quality care for individuals with mental health conditions. Implications will be discussed in the presentation.

## **54. Healing Individuals and Communities Following Violence and Trauma: A Collaborative Approach**

*Healing Individuals and Communities Following Violence and Trauma: A Collaborative Approach*

Willard Walden Christopher Ashley, *Rutgers University* ([dr.wwca@icloud.com](mailto:dr.wwca@icloud.com))

This panel explores the multifaceted process of healing individuals and communities after violence and trauma. Our study aims to provide insights into practical strategies for post-traumatic healing by recognizing the pervasive impact of violence and trauma on individuals' well-being and the broader social fabric. Our research synthesizes existing literature from psychology, sociology, law, and public health, focusing on individual and collective recovery interventions. Key themes that emerge from the analysis include the importance of trauma-informed care, psychosocial support, community engagement, and cultural humanity in healing processes. The study highlights the significance of integrating interventions such as undoing racism, humor, community research, holistic health, social justice, support groups, and celebrative approaches to facilitate recovery and resilience. Moreover, this panel discusses the need for comprehensive policies and programs that promote social cohesion, access to resources, and meaningful participation in decision-making, as these factors contribute to restoring and rebuilding communities affected by violence and trauma. Ultimately, our research provides a foundation for future interdisciplinary collaborations and informed practices to foster healing and well-being for individuals and communities impacted by violence and trauma. Findings and implications will be discussed in the presentation.



## *The Effect of Trauma and Violence on Witnesses and Trial Strategy*

Cheryl D. Wills, *American Psychiatric Association* (cwforensic@earthlink.net)

While much attention has been paid to the financial and societal costs of trauma and violence, we often overlook how adverse experiences, including trauma, affects the emotions, behavior and presentation of witnesses in the courtroom. Overlooking the witness' trauma history can diminish their credibility and result in unanticipated adverse trial outcomes. Being cognizant of the bias, therefore, is an essential component of effective trial strategy. This presentation will examine how expert mental health professionals and attorneys can identify and proactively manage the impact of witness trauma during trial proceedings. Case examples will be used to illustrate how to being cognizant of and proactive about overcoming our biases about trauma can be conducive to bolstering trial strategy and possibly trial outcomes. Findings and implications will be discussed in the presentation.

## *Navigating the Stream of Consciousness in a Perfect Storm: Be Here Now (and Then)*

James Tyler Carpenter, *Clinical-Forensic Psychologist at Metis Psychological Associates, LLP, Randolph, United States of America* (jtcarpenter30@hotmail.com)

Assisting in the healing of individual and community rupture in the aftermath of trauma and violence is a collaborative and emergent process reflecting the skills, understanding(s), and capacities of individuals and their complex communities to formulate, triage and organize/work with the torn communities and individuals in the midst of violent and fragmented structures of identity, connections, and adaptive processes in many their many dimensions, across multiple techniques, understandings, and inter-connections. This presentation will address an experienced clinician's approach to formulating skills, bootstrapping resources, and transmuting psychache and human group brokenness, the flotsam and jetsam of trauma, into reconstituted and meaningful wholes and therapeutic process from the broken pieces that are presented for healing in the aftermath of violent trauma. How to identify, join, elicit meaning and collaborative support across both brokenness and reconstitution of individual and group identity and dynamic inter-connection. Findings and implications will be discussed in the presentation.

## *Rebellion or Insurrection? The Dramatic/Traumatic Impact of the January 6th Breach of the U.S. Capitol*

Bonnie Cushing, *Eikenberg Institute for Relationships, New-York City, United States* (bonniecushing@aol.com)

On the heels of the worst of the Covid Pandemic, and widely publicized throughout the nation, the breach of the U.S. Capitol on January 6, 2021 had a profound impact on the mental health of the

entire U.S. population. This presentation discusses the differential impact on certain subgroups of the country and the implications for providing specifically attuned opportunities for healing for each group. The subpopulations explored with some specificity are (1) members of Congress, their high-level staffers and the Capitol support staff; (2) the Capitol Police, along with other law enforcement present on that day; (3) people symbolically empowered by the breach based on their political views and/or affiliation and (4) people symbolically disempowered by the breach based on their political views and/or affiliation. Lastly, the presentation will briefly discuss the need to address the lingering stigma pervasive in U.S. culture around the need for mental health treatment which this seminal event once again laid bare.

### *The Contribution of Ethnic Humor to Racist Attitudes*

Burton Norman Seitler, *New Jersey Institute* ([binsightfl1@gmail.com](mailto:binsightfl1@gmail.com))

Many treat jokes as innocuous and non-invasive, particularly bearers of “put-down” humor who stand to gain by promulgating this position. Common dismissive retorts to objections are, “I was only kidding. Can’t you take a joke?” Or, “I am, Italian Jewish, Polish, etc...[Supply your own interchangeable ethnicity]. Therefore, I’m permitted to make fun of my own group.” This assumes that the characterization embedded in the joke-teller’s humor does not offend that group’s members. These positions often go unquestioned (usually to avoid making a seemingly small matter into a big one). This obliterates boundaries between what is acceptable from what is offensive and damaging. Simultaneously, this pretends that what was said/written/acted out was inconsequential. S/he really didn't mean anything by that. This minimization overlooks the actual, although understated, power of humor to tap into, resonate with, or draw from the primary process workings of the unconscious. Furthermore, left unchallenged, it increases the likelihood that additional “humorous slurs” will propagate, prevail, and possibly predominate. This presentation will examine the subtle, insidious nature of ethnic humor, and the danger of fostering racist attitudes inherent in such “levity.” These dangers are real, far-reaching, and extend across cultures and span generations.

## **55. Helping Advance Trauma-Informed Legal Education and Lawyering**

### *Law Students and Trauma – Data from the 2021 Survey of Law Student Well-Being*

Jerome Michael Organ, *University of St. Thomas School of Law* ([jmorgan@stthomas.edu](mailto:jmorgan@stthomas.edu))

The 2021 SLSWB, which involved 39 law schools and over 5000 respondents, included a set of questions regarding the extent to which respondents had experienced various types of trauma and whether that experience of trauma had occurred prior to or during law school. All respondents who affirmatively indicated that they had experienced trauma were invited to complete the PCL-5, a 20-question screening tool for determining whether someone might benefit from being



evaluated for Post-Traumatic Stress Disorder. This presentation will present data focused on frequency of trauma across the population of respondents and across sub-populations. In addition, it will describe the extent to which respondents who had experienced trauma screened at 33 or above on the PCL-5 with special attention to the types of trauma that seemed to be correlated with higher scores on the PCL-5. Finally, it will highlight cross-correlations between trauma and other aspects of the survey, including alcohol consumption, drug use, prescription drug use, mental health and help-seeking.

### *Trauma Education in Law School*

David Jaffe, *American University Washington College of Law* ([djaffe@wcl.american.edu](mailto:djaffe@wcl.american.edu))

First-time data from the 2021 Survey of Law Student Well Being reflects the extent to which law students bring trauma with them to law school and/or experience trauma while in law school. Students are generally poorly equipped to process this trauma, and staff and faculty remain poorly educated on how to best assist students when said trauma resurfaces in the context of the stresses of law school. What are the obligations of law school administrators to ensure that law students have space to address their own trauma, given their subsequent need to serve their clients well when many of their clients also will be dealing with trauma? How do we accomplish this? Are there hindrances (such as character and fitness) that make dealing with trauma more complicated? What can be done to address these challenges? This presentation will provide examples of best practices, and some ways that administrators can reframe their approach to be most beneficial to law students and their future clients.

### *Trauma-Informed Lawyering: Lessons and Strategies*

Heidi Brown, *New York Law School* ([heidi.brown@nyls.edu](mailto:heidi.brown@nyls.edu))

Drawing from principles in the book, *Trauma-Informed Law: A Primer for Practicing Lawyers and a Pathway for Resilience and Healing* (by Helgi Maki, Marjorie Florestal, Myrna McCallum, and J. Kim Wright), Professor Heidi K. Brown will discuss systemic conditions in legal practice that foster trauma and vicarious trauma in practitioners and other members of the profession. Professor Brown will highlight five potential educational frameworks around trauma explained in the *Trauma-Informed Law* book: (1) Six Steps From Traumatic Event to “Embodied Coherence,” (2) key principles of trauma-informed lawyering, (3) a trauma-informed frame for communicating, (4) a “Four States of Distress” Model, and (5) strategies for state bar leaders and law firm leaders to foster trauma-informedness in their respective institutions. Professor Brown will suggest ways for legal educators, bar leaders, and practitioners to collaborate in prioritizing and cultivating trauma-informedness throughout all stages of attorneys’ professional identity formation.

### *Recognizing and Ameliorating the Trauma Experience of Clients in the Judicial System*

Madeleine Landrieu, *Loyola University New Orleans College of Law* ([landrieu@loyno.edu](mailto:landrieu@loyno.edu))

This presentation will focus on insights from someone with experiences dealing with clients and litigants as a lawyer and a judge. As a lawyer, the presenter worked closely with children and families in the foster care system and had keen awareness of the extent to which participation in the foster care system frequently resulted in amplified experiences of trauma. As a judge, the presenter worked closely with advocates and their clients to foster an environment in which the experience within the judicial process would not exacerbate the already existing experiences of trauma that frequently shaped the perspectives of many whose lives intersected with the judicial system directly or indirectly. The presentation will conclude with some lessons learned and some suggestions for lawyers, judges and court administrators, to foster their individual well-being and to minimize the extent to which the judicial process exacerbates the trauma people bring with them to the courtroom.

## **56. How To Do Health Justice**

### *Dilemmas in Medical Care for Patients with Mental Health Concerns: A View from Ethics Consultation*

Arlene M. Davis, *University of North Carolina* (arlene\_davis@med.unc.edu)

Clinical ethics consultation requests for assistance in examining the ethical issues relevant to treatment often include patients with mental health co-morbidities who are cared for in medical units. In these circumstances, the unique expertise of mental health providers and nursing staff is typically absent or minimal. What may result is stigmatization of the patient and a less optimal plan of care if the patient's behavior is viewed as causing disruption or safety concerns. Casting blame on patients or family members, inadequate pain management, and refusals of recommended therapies are just some of the potentially troubling outcomes. As a result, patients, families, and members of the care team are all distraught, which further compromises care. Once discharge is in sight, complications loom given the likelihood that funding, social support, and mental health resources in the community are inadequate or non-existent – bringing the same patients back into the hospital time and time again. It is argued that it is incumbent upon those conducting consultations, and the larger system in which they operate, to acknowledge the impact of mental health and related co-morbidities on medical care and to bring attention to the needs of these patients and those who care for them. Findings and implications will be discussed in the presentation.

### *Justice Issues and Biomedical Research*

Ana S. Iltis, *Wake Forest University* (iltisas@wfu.edu)

Many clinicians and clinical researchers probably would describe themselves as committed to justice in health care and research. However, few of them probably consider themselves positioned to pursue research directly addressing issues of justice or to present their work in ways that

positively contribute to addressing problems of injustice. This presentation illustrates some of the ways in which apparently ordinary biomedical research questions are embedded in issues of justice and describes some of the critical steps that clinicians and researchers can take to identify and address important questions that promote or undermine health justice. The presentation draws on experience in the context of race, genetics, and kidney disease to illustrate these steps and highlight some of the ways in which they can shape mental health research, arguing that this is an important and promising approach for advancing health and mental health research and care, particularly in light of the significant disparities in health outcomes for people with mental health disorders. An overarching goal of this presentation is to demonstrate that many seemingly ordinary questions shaping biomedical research are directly related to issues of justice and to identify ways in which research on these topics can advance health justice.

### *Using Theater to Spur Discussion of Community Characteristics and Health Justice*

Stephannie W. Seaton, *Wake Forest School of Medicine* (stephannieseaton@gmail.com)

This presentation addresses a Performable Case Study (PCS) – a type of “reader’s theater” production – and an accompanying teaching guide regarding bioethical issues linked to the social determinants of health. This case study was written in a dialogic form and, as is the primary purpose of a PCS, was intended to stimulate attention to this area of bioethics in a format that reflects the field’s focus on the humanities. This work emphasizes the dramatic differences in average life expectancy among people who live in communities that are only a few miles apart. This was accomplished by exploring the lives of four fictional individuals, stressing social contributions to these life expectancy differences. The main plot of this PCS utilizes the common metaphor of the subway, discussed by Dr. Donald Berwick in his presentation and paper entitled “The Moral Determinants of Health.” While the work is fictional, the decrease in lifespan between residents of the most affluent neighborhood and the most impoverished neighborhoods is based on fact and can be found in many large cities in the United States. The focus of this PCS is life expectancy, but all aspects of health and mental health vary similarly from zip code to zip code. Implications will be discussed in the presentation.

### *Reproductive Justice and Political Voice*

Christine N. Coughlin, *Wake Forest University* (coughlcn@wfu.edu)

This presentation addresses reproductive justice, particularly how laws controlling reproduction correlate with limitations on political voice and participation in democracy. These limitations deepen structural injustices relating to sex, race, and poverty, affecting the physical and mental health of pregnant and potentially pregnant people and their communities. The presentation describes long-standing practices of controlling and silencing women and people of color through enforced sterilization, enforced pregnancy and childbearing, and voter suppression, and discusses the ideal shift toward a “health justice” model, which should have occurred after the pandemic’s

demonstrably disparate impact on members of minoritized communities. This shift took a step backward when the U.S. Supreme Court decided *Dobbs*, overruling *Roe v. Wade* and returning power over reproductive health decisions to the states. Since *Dobbs*, many states have enacted restrictive laws – some while also refusing to accept Medicaid expansion. Thus, *Dobbs* affects not only all reproductive healthcare, but all healthcare touching in any way on reproductive health, mental health, the financial well-being of women and their families, and more. The presentation concludes by discussing how collective action by physicians and health care workers—and voters—is integral to implementing a health justice framework to improve physical and mental health for all.

### *The Hospital's Duty to Look Upstream*

Nancy M.P. King, *Wake Forest University* (nmpking@wakehealth.edu)

Taking into account the preceding presentations, this presentation discusses the obligations of “learning health systems” to conduct community-engaged research that focuses on the health effects of social and structural inequities, in order to advocate for change at the community level. Many health disparities result from continual exposure to threats to wellbeing, which are often experienced by minoritized populations, women, LGBTQ+ individuals, and the poor. Real physical and mental health effects can be caused – and complicated – by personal characteristics and life circumstances over which patients have no control; the failure to understand and address the systems and structures that are responsible is a failure to heal. It is argued that it is therefore essential to move “upstream” to address wellbeing rather than health alone, including data on the daily health and mental health effects of simply being a person of color or a member of a disfavored group. Implications will be discussed in the presentation.

## **57. Human Trafficking Innovative Intervention Research**

### *Sex Trafficking Outreach Projects: Innovative Interventions for Sex Trafficking*

Dominique Roe-Sepowitz, *Arizona State University* (dominique.roe@asu.edu)  
James Gallagher, *Arizona State University* (jmgall5@asu.edu)

This presentation highlights the challenges of identifying sex trafficking victims in community setting and providing immediate services to assist with exiting needs. This study explores a pilot of a unique direct service outreach partnership with law enforcement and social services. The outreach pilot project utilizes a non-arrest method of engagement with persons selling sex in hotel or street settings in a large U.S. city. The process of building the relationships with the outreach partners will be described. The partners involved in the project will be discussed and the data from the 294 clients will be shared regarding their challenges of exiting their prostitution/sex trafficking situations. The specific needs of persons contacted when in a

prostitution situation will be described along with the unique challenges of providing this type of harm reduction intervention alongside law enforcement. Ways to adapt the no-arrest model of addressing sex trafficking to other communities will be discussed.

## *Hawaii: Understanding Sex Trafficking*

Ann Charles, *President, Kaimas Foundation, Colorado Springs, United States*  
(rcharles@theriver.com)

Jan Vasilius, *Founder, Kaimas Foundation, Colorado Springs, United States*  
(cactusluna@aol.com)

In 2014, police in Hawai‘i argued against a new law that would prevent them from having sex with prostituted persons as part of their investigation [1]. They lost and it became illegal. In 2016, as the last state in the United States, Hawai‘i’s legislators passed state laws identifying and prohibiting sex trafficking. Since then, limited work has been done to stem sex trafficking in Hawai‘i with few awareness, prevention, and intervention for victims, particularly adult victims and extensive work has been done to decriminalize sex work by minimizing and disregarding the sex trafficking experiences reported by children and adults in Hawai‘i. The following chapter highlights a series of studies conducted in Hawai‘i from 2018 to 2022 that illustrate the unique nature of sex trafficking in Hawai‘i from a variety of perspectives. These studies resulted in recommendations from sex trafficking survivors in Hawai‘i regarding how to best support their exiting and recovery from their sex trafficking experiences.

## *Big Data Analytics, AI, Social Media Scraping to Identify Human Trafficking Patterns: Policy/Law Implications*

John F. Betak, *University of Texas* (john@collaborativesolutionsllc.com)

Christie L. Nelson, *Rutgers University*

Lori Cohen, *Chief Executive Officer, PACT, United States* (lcohen@WeArePact.org)

Data analytics were utilized to scrape and analyze social media data, public awareness data, and publicly available data on demographics, public health, etc. to identify the nexus of transportation and human trafficking in the U.S. These findings can inform training for transportation providers and improvements in public policy. More specifically, by scraping thousands of tweets, hashtags, and publicly available social messages, the team identified hundreds of hashtags, emojis, and keywords linked to sex trafficking of minors in the U.S. Keywords are tied to locations, times, events, and establishments served by public transportation, and establish likely transportation patterns of trafficking victims in the U.S. This knowledge can be used to train public-facing transportation personnel to identify and safely report potential victims and trafficking patterns. These findings can also be used to inform improvements in social policies to address the sourcing conditions and/or service functions that can be mitigated to address the trafficking of minors for sex. Further, these findings along with lived experiences as informed by trafficking

survivors can inform the improvement of statutory frameworks at the national and state level to address human trafficking as it is addressed through law enforcement and the court systems.

### *Economic Empowerment for Survivors of Sexual Exploitation Through A Trauma Informed Workforce Development Program*

Kristen Bracy, *Arizona State University* (kristen@irisefl.org)

Research has suggested that it takes an average of five attempts for a victim of sexual exploitation to successfully exit the life (Cimino, 2013). One of the major contributing factors to this cycle of violence and exploitation is lack of resources and economic need. Traffickers create a sense of dependency to control victims and keep them in an exploitative situation. To reduce the risk of revictimization due to economic need, survivors need a clear pathway to gaining financial independence and stability. In this presentation, the founder of I Rise FL, inc. will discuss the development of an innovative and trauma informed workforce development program designed to help survivors learn the skills and receive the support necessary to enter (or reenter) the workforce on a career path that provides a sense of dignity and worth, a livable wage, and an opportunity for upward mobility. An overview of the program's structure, curriculum and components will be provided, key learnings will be discussed, and outcomes of the pilot cohorts will be shared.

## **58. Identifying and Managing Vulnerabilities Across Forensic Settings**

### *The Role Of The Forensic Psychiatrist in the Assessment of Vulnerable Defendants Within the Court System: A Perspective from England and Wales*

Andrew Forrester, *Cardiff University* (ForresterA1@cardiff.ac.uk)

This presentation will consider what we know from the existing literature about vulnerable people within criminal justice and correctional systems, with a focus on court attendees. It will initially focus on arrival into Police custody, then consider mechanisms that are in place to identify and manage vulnerable people – including people with neurodevelopmental conditions – or to divert them away from custody if this is required. It will then consider systems in place within lower (Magistrates' Courts) and the role of the Forensic Psychiatrist in these settings, and more widely within the liaison and diversion services that have been set up within Magistrates' Courts nationally. It will then go on to consider the role played by Forensic Psychiatrists in the upper (Crown) courts, including roles provided through organised service delivery, and on an individual basis through the delivery of expert evidence. After reviewing the area, future research and service recommendations will be discussed.

## *Autism Spectrum Disorder (ASD) in the Courtroom: Why it is Important to Recognise this Disorder in the Accused.*

Clare Allely, *University of Salford* (c.s.allely@salford.ac.uk)

Certain features of ASD may be perceived negatively in the courtroom by criminal justice professionals and decision makers. A defendant with ASD, due to certain features of their ASD, can appear evasive, remorseless, lacking in empathy and guilty. Some of the key features will be discussed in this presentation including: memory impairments; lack of outward emotional expression; unusual ways of speaking, inappropriate expressions or behaviours; difficulty with making or maintaining eye contact; literal cognitive style or interpretation of information; issues with compliance; presence of paranoia and mistrust; impaired social communication and interaction; issues with time to respond; echolalia or repetitive vocalisations and alexithymia. It is important to highlight that most individuals with ASD will never become involved with the criminal justice system. However, there is a small subgroup who do. It is important that the potential vulnerabilities in this small subgroup of individuals with ASD that might put them at increased risk or vulnerability of being drawn into/getting involved in particular crimes or being recruited by others to engage in offending behaviours are recognised. The presentation will argue that there is a need for greater understanding of how certain features of ASD may provide the context of vulnerability to engaging in offending behaviour.

## *A Realist Evaluation of an Enhanced Court Based Liaison & Diversion Service for defendants with Neurodevelopmental Disorders*

Eddie Chaplin, *London South Bank University* (chapline@lsbu.ac.uk)

Jane McCarthy, *King's College London* (jane.m.mccarthy@kcl.ac.uk)

Karina Marshall-Tate, *South London and Maudsley NHS Foundation Trust, London, United Kingdom* (Karina.Marshall-Tate@slam.nhs.uk)

Salma Ali, *London South Bank University, London, United Kingdom* (Salma.Ali@westlondon.nhs.uk)

Denise Harvey, *London South Bank University* ([Kingdom.harveyd8@lsbu.ac.uk](mailto:Kingdom.harveyd8@lsbu.ac.uk))

Jessica Childs, *London South Bank University, London, United Kingdom* (jessica.childs2@justice.gov.uk)

Kiriakos Xenitidis, *South London & Maudsley NHS Foundation Trust* (k.xenitidis@btinternet.com)

Samir Srivastava, *NHS Foundation Trust, London, United Kingdom* (samirsrivastava@nhs.net)

Iain McKinnon, *Newcastle University* (iain.mckinnon@newcastle.ac.uk)

Louise Robinson, *University of Manchester* (louise.robinson@manchester.ac.uk)

Clare S Allely, *University of Salford* (c.s.allely@salford.ac.uk)

Sally Hardy, *University of East Anglia* (s.hardy@uea.ac.uk)

Andrew Forrester, *Cardiff University* (forresterA1@cardiff.ac.uk)

Court-based mental health liaison and diversion services in England work across courts and police stations to support those with severe mental illness and other vulnerabilities. The evidence around

how such services support those with neurodevelopmental disorders is limited. A Realist Evaluation was therefore undertaken of an enhanced Court-based mental health liaison and diversion within an inner-city Magistrates' Court in London, England. A logic model-based approach was developed using initial programme theory focusing on component parts of the new enhanced service, specifically training, screening, signposting and interventions. Semi-structured interviews were conducted with the court staff, judiciary and clinicians from the liaison and diversion service. The new enhanced service was successful in identifying and supporting the needs of defendants with neurodevelopmental disorders. The identified benefits of the enhanced service included knowledge sharing, improved identification and making reasonable adjustments. There were challenges in finding and accessing local specialist community services. It was recognised that local care pathways would need to be developed between the health system and the judiciary to ensure timely responses. Findings and implications will be discussed in the presentation.

### *Identification of Subthreshold Neurodevelopmental Disorders within Forensic Services.*

Jane McCarthy, *King's College London* (jane.m.mccarthy@kcl.ac.uk)

Professor Eddie Chaplin, *London South Bank University* (chapline@lsbu.ac.uk)

Neurodevelopmental disorders is an umbrella term for different developmental conditions typically characterised by impaired cognitive, social or motor function. Examples include intellectual disability, autism spectrum conditions and attention deficit hyperactive disorder. However not all individuals with such difficulties will meet the diagnostic threshold for a disorder. This presentation will explore the identification of subthreshold neurodevelopmental disorders (STND) presenting within forensic settings. Offenders who meet diagnostic criteria for neurodevelopmental disorders are often shown to have more similarities than differences to offenders with STND. As well as communication and functioning difficulties, similarities also include high rates of mental disorder and increased vulnerability to suicide and self-harm behaviour. The identification of similar risk factors supports the idea of support packages for offenders with neurodevelopmental disorders being available to help those with STND as a strategy to reduce further offending. This includes the need for increased awareness and training on STND to assist identification and availability of reasonable adjustments within both the health and criminal justice system. The study of STND and the implication for health social and criminal justice services is in its infancy. The presentation argues that future study of STND requires agreement around definition, taking a dimensional approach as a first step.

## **59. Immigrant Patients: New Problems, New Solutions - Or Not?**

*New Problems - Evidence Based Assessment and Treatment of Immigrant Patients in Forensic Psychiatric Hospitals*



Beate Eusterschulte, *Vitos Gießen Forensic Psychiatric Hospital, Gießen, Germany*  
([beate.eusterschulte@vitos-haina.de](mailto:beate.eusterschulte@vitos-haina.de))

The dominant framework of professional risk assessment can be considered best practice in criminal risk assessment and reduction. It is based on the concept of static and dynamic risk factors and their contribution to violence. This framework contains many assumptions, which is why we experience problems when we apply it within cross-cultural settings. We cannot ensure that we are measuring the same thing across cultures, because the concept is not unidimensional, it is not clearly defined. If we are not sure whether or how static and dynamic risk factors cause violence within the cultural context of their development, we cannot possibly hope to explain this relationship in another culture. Applying a risk assessment instrument developed with samples of white Euro-Americans may not be applicable to the immigrants from Eastern Europe, the Arab countries and Africa. Furthermore, there is no advice how to deal with the frequent lack of information on the historic variables, i.e. the biography of the immigrant patient. Can these deficits be compensated for by a differentiated clinical risk assessment and, if so, what how would this assessment look like? This presentation examines methods and instruments for general and individual risk assessment in immigrant patients.

### *New problems - Pharmacotherapeutic Treatment of Immigrant Patients with Mental Disorders*

Beate Eusterschulte, *Vitos Gießen Forensic Psychiatric Hospital, Gießen, Germany*  
([beate.eusterschulte@vitos-haina.de](mailto:beate.eusterschulte@vitos-haina.de))

Nicole Erlacher, *Vitos Gießen Forensic Psychiatric Hospital, Gießen, Germany*,  
([nicole.erlacher@vitos-haina.de](mailto:nicole.erlacher@vitos-haina.de))

Therapeutic effects of psychopharmaca as well as side effects are heterogeneous. Attitude towards the medication and interaction with substances widely used in the culture of the patient are to be taken into account. Cultural dietary practices will also directly impact upon the pharmacokinetics of a drug. Use of complementary medicines, often not declared to the doctor, either because it is seen as insignificant or because it is felt that doctors will not understand it, may cause pharmacological interactions. Other traditional medicines may contain large quantities of heavy metals – such as gold, silver, tin, copper, barium, lead, mercury, zinc, antimony and iron – that can cause toxicity. Associated prescriptions of changes in diet and fluid intake will influence absorption and action of medicines. Religious rituals such as fasting totally or partially can similarly alter the efficacy and tolerability of a prescribed drug. This presentation elaborates the relevant questions doctors have to explore.

### *New Solutions – Mental Disorder and Second Language Learning*

Stella Torster, *Vitos Gießen Forensic Psychiatric Hospital, Gießen, Germany*,  
([stella.torster@vitos-haina.de](mailto:stella.torster@vitos-haina.de))

Bettina Vogelmeier, *Gießen Forensic Psychiatric Hospital*,  
([bettina.vogelmeier@vitos-haina.de](mailto:bettina.vogelmeier@vitos-haina.de))

A considerable proportion of the migrant patients accommodated to the forensic psychiatric hospital have no knowledge of German. A lack of language skills prevents integration, favours the development of severe mental illness and makes risk assessment, treatment, integration into the community, and participation in social life more difficult, especially because there is a forensic aspect to be considered. In a pilot study primary objectives were to test and validate the best possible training programme for this patient group. The patients transferred from the two sites in Haina and Giessen to participate in this programme were those for whom not only the indication was given, but also the suitability for participation. The segregated patients were intramurally and extramurally not highly dangerous, capable of socialising, psychopathologically compensated, able to work in groups and able to concentrate. These patients were accommodated on a specialised ward. There were no specific forensic treatment measures, so that the analogy to a language boarding school ("boarding school model") is suitable. The presentation describes the implementation of the model programme at the Vitos Forensic Psychiatric Hospital Gießen.

### *New Solutions – Voluntary and Involuntary Return to the Country of Origin*

Marita Henderson, *Vitos Gießen Forensic Psychiatric Hospital, Gießen, Germany,*  
([marita.henderson@vitos-haina.de](mailto:marita.henderson@vitos-haina.de))

For foreigners in Germany, criminal proceedings often also have consequences under immigration law. For example, the person concerned may lose their right of residence as a result of the conviction and be expelled from the Federal Republic of Germany and deported to their home country. With regard to repatriation options, the situation for immigrant patients in a forensic psychiatric hospital is basically not different to that for prisoners. In some cases, voluntary return and involuntary return are the only possibilities to leave the hospital. However, there are additional conditions for repatriation (or voluntary departure) to the country of origin due to the mental illness. As the hospital has to establish health care structures as well as medical and legal monitoring in the country of origin, and has to meet the requirements of the regulatory authorities and airlines of the country of admission as well as those of the country of origin this options require a very high level of commitment from the responsible hospital staff. This presentation describes the challenges of discharge.

## **60. Innovations in Healthcare Education**

### *(I) Responsible AI: Ethical Implications for the Future of Education*

Miriam Weismann, *Florida International University* (mweisman@fiu.edu)  
Jayati Sinha, *Florida International University* (missing e-mail)  
Min Chen, *Florida International University* (missing e-mail)  
Paulo Gomes, *Florida International University* (missing e-mail)

Artificial Intelligence (AI) as a learning tool is the subject of controversy not because of its design but more because of its potential design flaws. Using a unique formulation of the “Known-Unknown Matrix,” (Knowledge-Awareness Matrix), this paper engages in an ethical risk assessment of AI applications in the educational setting. The sources of ethical risks in AI decision making include two major causes of risk: technological uncertainty and human limited rationality. The study of the ethical risks of artificial intelligence decision making involves clarifying the ethical risks caused by the uncertainty of technology and the uncertainty of human complex emotional decision making, to effectively prevent and protect against these risks, and to enable intelligent decision making to develop in a strong direction. The paper concludes that intervention of risk governance elements can effectively minimize the social and ethical risks caused by technological uncertainty, lack of data, and human limited rationality.

### *The Impact of Longitudinal Faculty Educators on Medical Students Professional Development*

Laura Chamorro Dauer, *University of Miami* (lchamorro@med.miami.edu)  
Sabrina Taldone, *University of Miami* (staldone@med.miami.edu)  
Zeina Hannosh, *University of Miami* (zhannoush@med.miami.edu)  
Hilit Mechaber, *University of Miami* (hmechabe@med.miami.edu)

Results from an annual survey of medical school graduates from our institution showed the need for more individualized, longitudinal support for medical students to help develop their professional identity. Twenty-five faculty were selected as Longitudinal Clinical Educators (LCEs) to lead a group of eight students with the objectives to: improve medical students’ connection to faculty; create a brave space for reflection on personal and professional performance; encourage establishing habits of goal setting, self-reflection, and lifelong learning; develop skills for resilience. After the one-year course, evaluations of LCEs by students (172/200 response rate 86%) were overwhelmingly positive, noting them as effective facilitators with a mean of 4.85 (1-5 Likert scale; 1= Strongly Disagree to 5= Strongly Agree). Mean ratings of the LCEs’ effectiveness in key domains included: encouraging students to embrace controversy with civility, own their intentions and impact, and take responsibility for learning objectives. Faculty were highly rated for encouraging thinking, inquiry and critical reasoning, and demonstrating sensitivity and respect for students. Through qualitative analysis, certain themes emerged: gratitude to LCE; facilitated discussions preferred over lecturing; guided learning and professional development. The presentation argues that the model fostered students and LCEs to create meaningful professional relationships which positively impacted the medical student experience.

## **61. Intergenerational Indigenous Healing Knowledges & Their Relationship to the Right to Survival, Dignity and Well-Being**

## *Indigenous Resurgence, Cultural Continuity, and Reclamation Through Land-Based Arts and Material Practices*

Alexandra Nordstrom, *Concordia University* (alexandra.r.nordstrom@gmail.com)

In this presentation, Plains Cree researcher Alexandra Nordstrom discusses her doctoral research at Concordia University in Montreal. Through the application of land-based arts and material practices, she relates hide work to larger movements of cultural resurgence, community well-being and survivance. Contextualizing these practices as ways of contesting colonial and systemic violations of dignity, Alexandra discuss sovereignty-based processes that maintain relationships with Land, non-human kin, culture, community. Indigenous languages and cultural practices were banned in Canada, under the Indian Act, when the Canadian government sought to destroy Indigeneity and assimilate Indigenous people into the body politic. Today, UNDRIP outlines minimum standards for survival, dignity and well-being of Indigenous Peoples, including the right to engage in cultural practice. The resurgence of cultural practices, including hide preparation, relates to present-day movements in decolonization and builds upon long-standing efforts to retain sovereignty, self-governance and preferred ways of being. Cultural practices are outlined as being healing and restorative in recent reports, such as “Reclaiming Power and Place: The Final Report on the National Inquiry on Missing and Murdered Women and Girls” and the Royal Commission on Aboriginal Peoples.

## *Strengthening Our Roots: Bringing Intergenerational Healing Through Storywork*

Alicia Ibarra, *Concordia University* (alicia.ibarralemay@concordia.ca)

In this presentation, Kanien'kehà:ka and Chilean researcher Alicia, will focus on her Masters work titled “Strengthening our roots: Bringing intergenerational healing through storywork and duoethnography”. This research focuses on the importance of family stories and knowledges for bringing intergenerational healing and strengthening of cultural roots, especially within an Indigenous context. As outlined by UNDRIP, "Indigenous people have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures" (United Nations, 2007). This work is inspired by this right to reclaim and work towards the revitalization of traditional Indigenous knowledges. Within this presentation, the research will focus on the author's totà (grandmother), the matriarch of the family, who holds knowledges and family stories that have yet to be passed on to the next generation, this is where the work begins in ensuring the continuity of this knowledge. This work consists of blending an Indigenous storywork methodology as well as a practice of duo ethnography to begin the path towards intergenerational healing. Within this presentation, the presenter will touch upon the inspiration of her work (her totà), the process and methodologies she used as well as share insight into the stories shared and their meaning within this context of resurgence.

## *The Indigenous Healing Knowledges Project*

Catherine Richardson, *Concordia University* (catherine.richardson@concordia.ca)

In this presentation, Métis researcher and therapist Dr. Richardson will discuss the theory and practice embodied in the Indigenous Healing Knowledges project and the Concordia University Research Chair. She will discuss the context and pre-conditions for both violence, and healing/recovery, pointing to Indigenous responses and resistance to infractions on land, security and self-governance. This includes activities of land and water protection and recent protests against oil and gas pipelines through sovereign Indigenous territories in northern Turtle Island. Dr. Richardson makes references to legal frameworks such as the United Nations Declaration of the Rights of Indigenous People which articulates safety and security for Indigenous peoples, including the most readily targeted groups such as women and girls. She draws parallels between violence against women and violence against Earth and refers to recommendations in “Reclaiming Power and Place: The Final Report on the National Inquiry on Missing and Murdered Women and Girls”. Finally, Catherine makes reference to her recent co-authored chapter on Nature’s Rights as well as other legal frameworks protecting, and granting personhood to natural bodies which are important for human survival and well-being on the planet.

## *Strengthening Cultural Connection and Healing Through Portraiture*

Juliet Mackie, *Concordia University* (mackiejuliet@gmail.com)

In this presentation, Métis doctoral student Juliet Mackie discusses her research related to strengthening Indigenous cultural connection and healing through portraiture. As a visual artist, Juliet will discuss her PhD research on strengthening cultural connection and healing through portraiture. She relates portraiture to issues of representation of Indigenous women in Canadian society, particularly when media reports violence against them. “Reclaiming Power and Place” The Final Report on the Inquiry on Missing and Murdered Indigenous Women and Girls” contests the negative stereotyping of Indigenous women. Juliet’s art and research explores positive and preferred representations of women, in ways that highlight their strength, cultural pride, and Indigeneity. Working together with Indigenous women in Montreal, this research project is part of a larger effort to create conditions of safety and security for Indigenous women, girls, outlined in the United Nations Declaration on the Rights of Indigenous people. She describes how art and representation may constitute acts of resistance to colonial and racist stereotyping of Indigenous people in Quebec.

## **62. Integrative Law**

### *An Introduction to Integrative Law*

J. Kim Wright, *Quinnipiac University* (jkimwright@gmail.com)

Integrative Law is the collective name used by a worldwide movement of legal professionals who are rethinking and exploring what the law is and what its function should be in society. They are designing new models and approaches which often arise from a different set of values. Using the model of a garden, we see integrative law being like soil, from which many new models (flowers) of legal practice are emerging. The values in this “soil” are different from the conventional legal values (safety, certainty, emotional detachment, etc.) Integrative Law values are more focused on caring, listening, compassion, dignity, inclusivity, being relational, happiness, wellbeing, and love. The values represent a different mindset or paradigm. From the integrative mindset, new models, ways of thinking and acting arise. Examples include collaborative practice, restorative justice, Earth law, sharing law, relational contracts, therapeutic jurisprudence, and several others. In this session, we will hear from practitioners of various integrative approaches. One of the central figures in the integrative law movement, J. Kim Wright, will provide the overview.

### *Trauma-Informed Cultural Competence in Legal Practice*

Chuck Kanafi, *Kanafi Law, Berlin, Germany* (menahem@kanafilaw.com)

Regard for differences of culture is often absent in legal practice. This lack is most obvious in client contact, but can also find its expression in design aspects of the legal profession. In light of accepted definitions of culture, it is not unreasonable to consider individuals sharing common experiences of trauma as being members of a distinct (if intersectional) culture emerging from an external traumatic event or environment, or experiences of comparable individual trauma-inducing events. Distinct culture is reinforced by the emergence of communities in the virtual space and elsewhere. Adopting a systemic view of the different presentations of trauma among stakeholders in the legal process therefore calls for an intercultural approach to design and interaction with clients even where reflexive views indicate cultural commonalities between the practitioner and the client. Incorporation of cultural competence is intrinsic to integrative law. In particular, iterative reflective processes characteristic of integrative lawyers are invaluable in the approaching cultural differences. These ensure that relevant client experiences inform an individual trauma-informed approach to legal service delivery, and can also serve to model an evolutionary approach to colleagues and students

### *Conscious Contracts, an Opportunity to Create a New Contractual Governance*

Fernanda Guerra, *Fernanda Guerra Advocacia, Rio de Janeiro, Brazil*  
(fe@fernandaguerra.adv.br)

Acting as an integrative lawyer and teaching lawyers to integrate feelings, empirical knowledge and legal tools as a systemic way of dealing with conflict, I realized that self-care is rarely on the agenda. In fact, talking about the need for self-care is not among the priorities of legal professionals and is not even seen as something they should do in the process of composing the conflict being handled. Failure to recognize this need limits the possibilities of including the pain of the other as raw material in building consensus. As a result, we are faced with a professional practice that ends up perpetuating the trauma of those who arrive at law firms and in the Courts. The awareness that

we are part of the problem and the solution, as well as the availability to build, together with the client, mechanisms to deal with problems, without seeking to colonize relationships, I believe this to be a way for us to sustain a more inclusive and collaborative paradigm of justice.

### *Coherent Leadership for Lawyers: The Art and Science of Building and Maintaining Healthy Bodies, Minds, and Thriving Practices in Our Complex World*

Amar Dhall, *The Trauma and Well Being Centre, Canberra, Australia* (amar@dramardhall.com)

Psychophysiological coherence is an emergent and self-organising state of sustainable peak performance that manifests when body and mind are entrained. Once in that state, problem solving, creativity, resilience, and physical and mental well-being are optimised, amongst myriad cognitive, emotional and physical benefits. Social coherence emerges when individuals who are internally coherent then become coherent with others in a group, as evidenced in great bands and sporting teams. Such states of flow are also accessible to individual lawyers, teams and practices. This paper unpacks psychophysiological coherence for leaders and integrates the four pillars and six integrations of Integrative Law to support lawyers to lead themselves, their co-workers and practices to thrive in the 21st century. This is achievable because the ontological commitments of integrative law are resonant with the dynamics of psychophysiological coherence. The beauty of this lens is that by harnessing the intrinsic biological capacity for psychophysiological coherence in homo sapiens, these principles are applicable across legal systems, cultures, ages, genders and transcend many other variables. Psychophysiological coherence applied as a paradigm of leadership is called “coherent leadership” and addresses many of the challenges to physical and mental health that often assail those in the legal profession.

## **63. International Training in Forensic Mental Health**

## **64. Interventions for Everyday Life and Behaviour**

### *A Link Between Debt and Mental Health? A Legal Perspective*

Gerda van Niekerk, *University of Limpopo* (gerdavn48@gmail.com)

It is said that many people in South Africa who experience mental health problems do so because of high personal debt. So it is accepted that for these people the debt problems came first and then the mental health problems. This contribution will evaluate whether this is true and whether it is

rather true that people with mental health problems are more prone to debt problems than people who do not suffer from mental health problems. This contribution will consider how consumer credit is regulated in South Africa by the National Credit Act 34 of 2005 and how the Act provides for debt re-organisation in cases of over-indebtedness as well as what norms and standards has it established relating to consumer credit. It will reflect on what health professionals, specifically psychiatrists and psychologists, can do if a patient is plagued by huge personal debt. The question will be asked whether such a person should only be treated by a health professional or whether help or input from a lawyer, a debt counsellor or other person with legal knowledge is also needed.

### *Project CARE: Co-Creating a Preventative Graduate Mental Health Resource Grounded in the Journey of Individual Resilience*

Radhika Prabhune, *University of Toronto* (radhika.prabhune@mail.utoronto.ca)

Jocelyn Lee, *University of Toronto*, (joc.lee@mail.utoronto.ca)

Alexander Moore, *University of Toronto*, (alexanderm.moore@mail.utoronto.ca)

Graduate students experience higher rates of depression and anxiety compared to the general population due to challenges such as academic pressures, financial instability, and career uncertainties. Project CARE emphasizes the importance of preventative mental health interventions that promote resilience – the capacity to adapt and bounce back from overwhelming experiences through self-care, self-awareness, help-seeking, and social connectedness. Research has shown that resilience-building can enhance well-being and reduce mental health issues. At the University of Toronto's Temerty Faculty of Medicine, we conferred with graduate students through focus groups about their experiences with mental health issues and resources. It was found that graduate students felt more resilient when being provided with guidance to help navigate the broad scope of mental health resources offered by the university. Leveraging student involvement, the Graduate Wellness Guidebook was developed, designed to promote resilience across academic disciplines. The Guidebook highlights important graduate student-specific resources while also extending across the mental health spectrum into other factors can affect one's wellbeing, such as work-life balance and insurance assistance. Our project emphasizes the value of cross-disciplinary collaboration within institutions and highlights the value of student engagement, ultimately improving their mental health and well-being throughout their academic journey.

### *Music: A Promising Resource to Promote Mental Health Among Homeless Young Adults*

Elise Cournoyer Lemaire, *McGill University* (elise.cournoyerlemaire@mail.mcgill.ca)

Christine Loignon, *Université de Sherbrooke* (christine.loignon@usherbrooke.ca)

Karine Bertrand, *Université de Sherbrooke* (karine.bertrand@usherbrooke.ca)

An important proportion of homeless young adults experience mental health issues, including problematic psychoactive substance (PS) use. Despite those difficulties, few of them access psychosocial services and rather rely on personal resources to promote their well-being. Although



these resources remain unknown, literature suggests that music plays an important role in promoting mental health among young adults who experience psychosocial issues. This study aimed to describe and understand how homeless young adults' involvement in music relates to the promotion of mental health and PS use management. Semi-structured qualitative interviews were conducted with 15 homeless young adults to explore the links between music, mental health and problematic PS use. Following a thematic analysis, results highlighted young adults' ability to adapt their use of music to address some needs associated with mental health and PS use. Namely, music was used to control some symptoms associated with mood and anxiety disorders, including suicidal ideations and post-traumatic stress. Some also used music to act on the factors underlying PS use, making it easier to control, reduce or quit consumption. By supporting homeless young adults in the management of their mental health and consumption difficulties, music also contributed to reduce the use of violent and criminal behaviors. Better understanding the resources young adults use to effectively promote their mental health will help guide the development of outreach interventions adapted to their abilities and interests. Findings and implications will be discussed in the presentation.

### *Health and Disclosure Requirements as a Barrier to Help-Seeking for Mental Health Problems*

Fabian Jaekel, *Max Planck Institute for Research on Collective Goods, Bonn, Germany*  
(jaekel@coll.mpg.de)

In various countries, health requirements exist for people who want to work in certain professions (e.g., the police) and applicants may be required to disclose pre-existing medical conditions, including past mental disorders, during the application process. For instance, in Germany, receiving the status of a tenured civil servant requires that the applicants' health is "suitable". Applicants have to disclose pre-existing medical conditions to a doctor who then assesses their current and future fitness for the position. One reason why such requirements can be problematic is that they can impede help-seeking for mental health problems. People might refrain from seeking professional help because they are concerned that their future employment options might be affected if a mental health condition is mentioned on their medical record. This presentation will discuss this issue by focusing on the German health requirement for applicants for the status of tenured civil servants.

### *How Music Prevents Crime, An Introduction to Working Mechanisms of Music Therapy*

Rutger Cornelis Jacobus Wolf, *Leiden University of Applied Sciences* (rutger.wolf@fivoor.nl)

Music therapy is widely used in forensic psychiatric care helping patients to recognize and regulate emotions, train their attention skills, enhancing social and executive functions and gather insight into coping and behavioral patterns. Music therapists have based their therapeutic interventions on a variety of theoretical models deriving from psychology, psychotherapy, music and neuroscience. Together with Annemarie Abbing, Wim Waterink, Suzanne Haeyen and Susan

van Hooren, a systematic review is being performed aimed at mapping effectiveness of arts therapies for mental disorders on psychophysiological outcomes. According to PRISMA principles, studies are collected, reviewed and analyzed. Rutger Wolf is currently conducting masters research within this larger systematic review and focusses on the working mechanisms of music therapy. In this presentation, the role of music therapy in the treatment of mental health problems seen in forensic care will be explored through the lens of psychological theories and neuroscience. Implications for forensic care and future research will be discussed in the presentation.

## **65. Is it Time for Mental Health Law Reform? Perspectives from Canada (I)**

*From Clinic to Courtroom: Legal Appeals of Treatment Incapacity in Ontario*

Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)  
Lyndal Petit, *University of Ottawa* (lyndal.petit@gmail.com)

In Canada, the provinces and territories are responsible for determining the mental health laws that govern their jurisdictions. Ontario, Canada's largest province, grants individuals an automatic right to appeal after a finding of incapacity, which differs from some of the other provinces. Appeals for treatment incapacity are of particular interest because of the consequences to clinical care and patient outcomes. When an appeal is launched, new treatment cannot commence, leading to delays in care for both hospitalized patients and patients receiving care in the community. While the proportion of treatment incapacity findings appealed by patients might be small, there are significant health system impacts and mental health consequences when treatment is delayed. This presentation reviews the Ontario data from 2018 to 2023 for appeals filed to the court regarding findings of treatment incapacity. Most of the appeals are withdrawn, dismissed or abandoned, which brings into question whether the intention of the current law is fundamentally fulfilled, especially as harm might be actively occurring to patients. The presentation will discuss how Ontario can study other provinces' legislation and develop improvements to its system of appealing findings of treatment incapacity.

*The Consequences of Treatment Delay Associated With Ontario's Prohibition on Initiating Treatment Pending Appeal Resolution*

Richard O'Reilly, *University of Western Ontario* (roreilly@uwo.ca)  
John Gray, *Board Member, British Columbia Schizophrenia Society, Canada* (jgray@shaw.ca)

In this presentation we describe the consequences of delays in initiating treatment, or absolute failure to treat patients who appeal a finding of treatment incapacity in Ontario, Canada. Most of

the negative consequences are experienced by the patients who are the subject of these appeals. However, there are also important consequences for others. Patients who are civilly committed but not treated: 1) experience prolonged distress from their untreated symptoms; 2) lose their liberty due to their forced confinement in hospital, often with seclusion and restraint; 3) have poorer long-term prognoses; and 4) are sometimes discharged without treatment because of staff frustration or institutional pressure to free beds. Hospital staff, visitors, and co-patients on the ward experience intrusive behavior and physical assaults from untreated patients. The ward milieu becomes non-therapeutic. The therapeutic relationship between the patient and the healthcare professionals becomes adversarial and healthcare professionals, particularly nurses, experience moral distress as their role becomes custodial rather than therapeutic. In addition, there are significant costs both financially and in terms of bed availability, which will be considered in another presentation in this session.

### *Patient Examples and Outcomes of Involuntarily Detained Patients Appealing Findings of Treatment Incapacity to Court*

Tom Hastings, *McMaster University* (tom.hastingsmd@gmail.com)

Tariq Munshi, *University of Toronto* (tariq.munshi@camh.ca)

Nicole Fielding, *Clinical Legal Counsel, The Centre for Addiction & Mental Health, Toronto, Canada* (nicole.fielding@camh.ca)

Ontario, the largest Province in Canada, has multiple rights protections for mental health patients who are involuntarily detained in hospital and found incapable of consenting to their psychiatric treatment. These “protections” and the process of their implementation, frequently significantly delay the provision of the very treatment necessary to allow for a patients release. In particular, where a patient appeals a finding of treatment incapacity to court, the result is often a months (or years) long, ongoing involuntary admission that frequently ends with forcible treatment anyways. This presentation will review the rights protections for patients, a review of the facts of several recent examples of patient appeals of treatment incapacity to court, their varied outcomes and the personal reflections of two of the patients’ psychiatrists. The anticipated discussion that follows will seek to explore the issue, processes, problems and solutions to this clinical, legal and ethical quandary both in Ontario and other regions globally.

## **66. Is it Time for Mental Health Law Reform? Perspectives from Canada (II)**

### *Involuntary Admission Without Treatment, What is the Cost?*

Saulo Castel, *University of Toronto* (saulo.castel@sunnybrook.ca)

Paul Kudlow, *University of Toronto* (paul.kudlow@sunnybrook.ca)

Ashwati Raghunath, *University of Toronto* (ashwati.raghunath@sunnybrook.ca)

Involuntary admission is a common practice in psychiatric hospitals, motivated by concerns about the safety of the patient or others. Capacity to consent to treatment is a common, related but distinct topic. The legislation in Ontario addresses these two topics independently. Patients can appeal the involuntary admission and the finding of incapacity independently and have a hearing within one week. If the incapacity is then confirmed, they can appeal to the Superior Court, a process that usually takes months – during this time, treatment cannot be initiated and patients may remain admitted. These regulations are in place to protect the rights of individuals. Other provinces in Canada do not allow such situation as their legal framework allow treatments to be started during involuntary admissions while appeals run their course. The authors estimated roughly the financial cost of these admissions, an argument to use in advocating for a change in the legislation. We contacted 7 hospitals in Toronto, 6 had that situation in the previous 5 years, LOS ranging from 1-17, mode 12 months. The daily cost of a psychiatric admission in 2019 was CAN 572.00. Calculating one patient per year per hospital that informed having one, the yearly cost is around 1.2 million per year. Implications will be discussed in the presentation.

## *Involuntary Admission Criteria and Barriers to Care for Incapable Persons*

Lyndal Petit, *University of Ottawa* (lyndal.petit@gmail.com)  
Angela Ho, *University of Toronto* (anj.ho@alumni.utoronto.ca)  
Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)

In Canada, mental health law differs between the Provinces and Territories resulting in very different abilities for individuals to access care. Ontario, Canada's largest Province, restricts involuntary psychiatric admission to when there is likely harm to self, others or to when there is likely substantial mental or physical deterioration if the person is incapable with respect to treatment and has a past response to treatment. These criteria discriminate against and harm mentally ill Ontarians who are not at acute risk for harming oneself or others and have no prior history of response to treatment. In particular, patients with first episode psychosis symptoms or chronic symptoms who have never received treatment could not receive care in a hospital in a similar manner as previously treated patients with the same illnesses, even if the likelihood of deterioration were identical. This presentation will illustrate how Ontario law fails individuals needing care, describe the involuntary admission criteria differences between Canadian jurisdictions, review factors resisting inclusive care and propose non-discriminatory involuntary admission criteria for Ontario.

## *The Convention on the Rights of Persons with Disabilities (CRPD) and substitute decision making for patients with severe mental illness*

Samuel Law, *University of Toronto*, (samuel.law@unityhealth.to)

The United Nations' (UN) Convention on the Rights of Persons with Disabilities (CRPD) has been a major milestone in promoting the rights of those with disabilities. Since its launch in 2008, most countries, including Canada (except the USA) have signed the CRPD; as of Jan 2023, there are

164 signatories and 186 parties. For people with serious mental illness (SMI), the implementation of the CRPD has been more controversial. In particular, the contention concerns Article 12 of the CRPD, as the Committee overseeing the CRPD and other advocacy groups have called for the abolition of current practices such as involuntary hospitalization and treatment, Community Treatment Orders, and substitute decision making (SDM), among others. Regarding SDM, the concerns from a mental health practitioners' perspective are that people with SMI often may not have the knowledge and understanding of their illness, related to 'insight' and judgement to make the best treatment decisions, placing them in further vulnerable state if without treatment. Having SDM is viewed as a necessary compromise on these rights. We present qualitative data on two perspectives regarding SDM – one from family member SDM, and the other from clients who had SDMs.

## 67. Kantian Cosmopolitanism

### *Kantian Cosmopolitanism and Contemporary Mental Health Practices*

Agnieszka Romanowska, *Saint Louis University* (agnieszka.romanowska@slu.edu)

Coercive psychiatric treatment, such as compulsory admission to psychiatric hospitals has played an important role in modern psychiatry, even in the 21st century. Patients whose mental state may present a danger to themselves or to others may be forcibly placed in psychiatric hospitals, and in some instances, treated without their consent. This practice brings out several important questions with regard to our understanding of freedom and coercion in the international context. Much of international law and bioethics has been shaped by Immanuel Kant, especially around his theory self-determination. The first speaker will present the current practices in Poland (Europe) and the United States and will elucidate Kant's view on self-determination and individual freedom in relation to mental health and the use of coercive treatments in psychiatric hospitals. The discussion will focus on the provisions regarding self-determination within the United Nations Charter and the European Convention on Human Rights in relation to Kant's philosophy of the freedom, in which individuals are free to do otherwise as long as their acts are within themselves. The other speakers in the panel will then focus their presentations on Kantian cosmopolitanism with mental health as the example.

### *Kantian Cosmopolitanism and the Religion of Kant*

Jeffrey Bishop, *Saint Louis University* (jeffrey.bishop@slu.edu)

Kant has been arguably the most important Western philosopher for over two centuries. His thought is cosmopolitan and animates international bioethics. The second speaker will challenge Kantian cosmopolitanism. Kant's intervention is both skeptical and yet hopeful. He is skeptical that reason can secure a metaphysical ground, but that by appeal to the transcendental conditions for the possibility of moral action, one can establish a universal moral order. For Kant, religions are particular cultural moral orders, and as such they are heteronomous. Right religion exists within the bounds of reason alone, transculturally. Kantian cosmopolitanism stands within the bounds reason and claims that "things-in-themselves", for example, mental health/illness or any

metaphysical good-in-itself, are inaccessible to reason. Yet his appeal to the freedom of the good will imports a kind of metaphysics, an ego that has some sort of access to the good and is substantially free with regard to the good. A simple test, a categorical imperative, renders right judgement. Both are rather robust metaphysical claims. Thus, in a way, Kantian cosmopolitanism is a form of the very religion that he wants to critique, a very Western and hegemonic religion in its own right deployed on all.

### *Kant's Middle Way*

Pawel Luków, *University of Warsaw* (p.w.lukow@uw.edu.pl)

Against most of Kant's distractors, the third speaker will argue that universal moral standards are possible without relying on religious/metaphysical claims. By rejecting metaphysical claims, one is not doomed to endless debate or endless violence between different cultures and communities with respect to the good, generally, and mental health/illness, specifically. The speaker will propose that to identify at least some universally binding moral principles, one needs to ask what it is to be a member of a plurality of embodied and planning agents, i.e., beings who (at least sometimes) need to coordinate their actions with others, are vulnerable to various forms of harm, and (at least sometimes) act on a plan. Kant's answer is that willing together from this vulnerable position is to arrive at principles of action that all can endorse. This does not mean that a Kantian perspective generates universal moral principles for all occasions, nor that it leaves no room for moral doubt or disagreement. It does mean, however, that the focus on embodied agency of a plurality of planning agents, can provide a platform for a culturally sensitive debate that can lead to non-arbitrary moral standards, in bioethics and beyond.

### *A Thomistic Alternative to Kant's Cosmopolitanism*

Jason Eberl, *Saint Louis University* (jason.eberl@slu.edu)

The final speaker offers an alternative to Kant. Like Kant, Aquinas holds the universality of reason and freedom of the will as a transcendental condition for the possibility of right action. Unlike Kant, Aquinas contends that reason can secure knowledge of "things-in-themselves" and the goodness of those things, e.g., mental health/illness. For Aquinas, "eternal law," which exists in the mind of God, is not accessible by reason. Sacred scripture, "divine law," reveals to human creatures those things not accessible to the human mind. "Natural law," however, is accessible through reason. Both divine and natural law inform the crafting of "human law" and "customs" of particular cultures, both of which may be expressions of the natural law, even while not universal. Thus, while not reducing morality to merely culturally-derived standards, natural law, according to Aquinas, is both universally rationally knowable – though not equally known by all – as well as, to a degree, culturally relative in its particular expression through custom and human law, in which not only human reasoning but theological revelation plays a determinative role. A Thomistic view is up-front about its metaphysical commitments and may provide firmer ground for international bioethics because of those commitments.

## **68. Killing the Spirit of Children & Adolescents Wrongful Convictions in Jail and Prisons**

### *Racial Bias in the Wrongful Convictions of Youth*

Kristin Henning, *Georgetown Law* ([hennink@law.georgetown.edu](mailto:hennink@law.georgetown.edu))  
Laura Cohen, *Rutgers Law School* ([Lcohen@kinoy.rutgers.edu](mailto:Lcohen@kinoy.rutgers.edu))

Innocent young people, and particularly Black and brown youth, are disproportionately at risk of wrongful conviction as compared with adults. This panel discussion will open with the heart wrenching story of a 14-year-old boy “John” who was wrongfully convicted of murder in New York City. After 16 years in prison and another 11-years fighting to prove his innocence, John was exonerated and is still putting the pieces of his life back together with extraordinary resilience, wisdom, and grace. Together with Professor Laura Cohen, Professor Kristin Henning will discuss the frequency and causes of wrongful convictions of youth and identify factors that push Black and brown youth into the criminal legal system and render them especially vulnerable to police misconduct and ultimately, to convictions for crimes they did not commit. Professors Cohen and Henning will also explore the unique harms youth of color experience in American prisons and jails, including the risk of physical and sexual abuse; the cruelty of solitary confinement; and the lack of adequate mental health services and educational programming for youth in prison. The panel will conclude with an exploration of potential, science-driven changes in law, policy, policing, and legal practice that could prevent the wrongful arrest, prosecution, and conviction of children.

### *Trauma Disrupts the Very Fabric of One’s Being*

Gimel Rogers, *Pepperdine University Graduate School of Education and Psychology*  
([drgimel@7fire8.com](mailto:drgimel@7fire8.com))

Trauma disrupts the very fabric of one’s being. For youth exposed to various interpersonal traumas, specifically those involving systematic oppression, it adversely shapes their neurobiology. Childhood abuse as well as other childhood adversities result in impairment in developmental processes related to the growth of emotion regulation and associated skills in effective interpersonal behaviors. These existing traumas are further exacerbated via interactions with the legal system. Youth at risk of being transferred to the adult system are likely to be further traumatized and victimized due to prison environments. Adolescents in the adult system may be at risk for disruptions in their personal development, identity formation, relationships, learning, growth in skills and competencies, and positive movement into adult status. Studies indicate that youth transferred from the juvenile justice system are more likely to commit criminal acts than adolescents who are not.<sup>3</sup> In addition, adolescents are more likely to be victimized in the adult

system and these youth may align with maladaptive peers for survival. However, this survival leads to further traumatization on a brain and body that was already suffering without intervention.

## **69. Leadership Skills and Issues Across Multiple Platforms**

### *I Came in Like a Wrecking Ball...The Costs and Consequences of Being a Bully Leader*

Shelley Ball, *Attorney-at-Law, Vancouver, Canada* (shelley.ball@icloud.com)

Exclusion, dismissiveness, denial of knowledge and experience, institutional ghosting and gaslighting, covert and overt demonstrations of disrespect. These are some of the known behaviours and signs of bullying in the professional environment. People in positions of leadership, at all levels, will have an impact on those they lead; it can be long lasting and can have significant mental health, legal, financial and reputational consequences. Being a bully leader can cost not only the mental health of individuals on a leader's team and in their departments, it can equally impact the cultural health, direction and governance of the organization, as well as creating risk when faced with the legal costs associated with investigating or litigating claims brought forward by those subjected to bully leaders. Inevitably, it will also cost a bully leader their reputation. By contrast, leaders who lead with empathy, support and empowerment can create healthy, psychologically safe professional environments, and pathways to success for those they lead and for their own legacy. In this presentation, participants will engage in a discussion about how to not be a 'wrecking ball' leader, and learn tools to lead with compassion and empathy to preserve the health of those they lead and their organizations.

### *Leadership for All Occasions*

Laura Bloom, *Los Angeles General Medical Center, United States* (oaktodpsviativ@gmail.com)

Why does leadership matter and what can effective leadership accomplish? In this presentation we will explore leadership principles that have helped create some of the world's most accomplished and high-performing teams. To do so, many different fields will offer insight – including business, Psychology, Surgery, and the Navy SEALs. We will even take a brief look at the mafia. There are tips for those climbing the ladder and those at the top. The fundamental differences between leadership and management and the history behind the concepts will be thoroughly inspected. The follies of micromanagement will be exposed as will those of being overly hands-off. We will see how the best teams are able to grow from their mistakes and continually improve. We will investigate why people need to be challenged by their work and find it meaningful. Lastly, we will explore why fun and friendship are essential in the workplace – whether it be in the classroom, the boardroom, the operating room, or the battlefield.



## *The Corporate Practice of Emergency Medicine in the United States*

Leah Colucci, *Yale University* (leah.colucci@yale.edu)

According to the American Academy of Emergency Medicine (EM), “The ideal practice situation affords each physician an equitable ownership stake in the practice. Such ownership entails responsibility to the practice beyond clinical services.” Unfortunately, for the majority of EM Physicians in the US they work for a contract management group (CMG). Many are surprised to learn that emergency medicine doctors are rarely hired by the hospital in which they work. This means the CMG is a third-party entity between the physician and the hospital. These CMGs are often performing the corporate practice of medicine, which is when a non-physician exerts control over medical decision making or collects reimbursement for the medical services of physicians. Frequently, CMGs require physicians to waive their rights to due process or sign non-compete clauses. Ultimately, if a physician sees an issue in patient care they want to address, they are limited in options. If they bring it up to the hospital system, there is no duty to the employee and their actual employer, the CMG, has no duty to the patient. This practice model is plaguing the US medical system. Implications will be discussed in the presentation

## *Interdisciplinary Leadership Development of Residents and Fellows*

Chelsea Du-Quesne, *Baptist Health Academics* (ChelseaD@BaptistHealth.net)

Jason Bell, *Baptist Health Academics* (JasonB@BaptistHealth.net)

Halena Leah Marcelin, *Baptist Health Academics* (halenam@baptisthealth.net)

Health care systems, being highly complex organizations, necessitate well-coordinated and often high-stakes collaboration among professionals spanning diverse fields like medicine, nursing, pharmacy, and administration to ensure successful operation. These health systems often serve as the training ground for physicians, nurses, pharmacists, and administrators in supervised programs providing clinical and didactic instruction. The curricula of these respective programs, which can span in length from one to seven years, are guided by specialty-specific accreditation requirements. At the completion of their programs, most trainees will go on to work in multi-disciplinary teams of clinicians and administrators. While these postgraduate trainees participate in structured development of knowledge and technical skills in a wide range of clinical and administrative disciplines, there is often minimal guidance or requirements from their programs’ accreditors for training on interdisciplinary, interpersonal communication and people management. Health systems have an opportunity to supplement programs’ required curricula with additional training focused on developing these critical skills. This presentation describes how a novel program provided formalized leadership training to mixed cohorts of clinical and administrative trainees and increased participants’ communication skills, emotional intelligence, and business acumen and better prepared them for a future leadership position within a complex health system.

## **70. Leading with Dignity: Trauma-informed Policy in Sexual Misconduct and Humanitarian Investigations**

### *Leading with Dignity: Trauma-informed Policy in Sexual Misconduct and Humanitarian Investigations*

Shelley Ball, *Investigations and Policy Consultant, Senior Legal Counsel in Healthcare Regulation* (shelley.ball@icloud.com)

What it means to be trauma-informed, employ a trauma-informed approach, policy or practice(s) varies among contexts and circumstances in our human and legal interactions, but there are guiding principles to be followed when carrying out work considered to be ‘trauma-informed’. We know trauma can result from a single event, or occur over a period of time, and that it can impact individuals, generations, and communities, ranging from sexual offences, bullying and harassment, to responding to humanitarian crises and global fatality management. Part of leading with trauma-informed policy is committing to developing and enhancing awareness and understanding of trauma. It is good for humanity and human dignity; it also makes good business and legal sense. Guiding principles include (i) doing no further harm or retraumatizing individuals, families and communities, with responses and institutional processes, (ii) respecting the rule of law and particularly procedural fairness, in procedures such as those involving investigations (iii) being flexible and adapting to the diverse needs of communities and/or individuals, and, (iv) showing respect for culture and community with agile approaches and practices which support cultural safety. Underpinning these principles is the ability to acknowledge, recognize and understand power imbalances and vulnerability. This panel will discuss the importance of leading with trauma-informed policy in diverse legal and investigative contexts of sexual misconduct and global forensic human identification. The panelists are leaders in humanitarian work, forensic identification and law.

### *Trauma-informed Policy Approaches to Humanitarian and Forensic Identification Work*

Megan Bassendale, *Forensic Guardians International* (info@forensicguardians.com)

The forensic identification of human remains is an intricate, invasive and detail-oriented process requiring sensitive engagement with the families of missing persons. This involvement is amplified in armed conflicts and disasters, where the human toll is often substantial. This presentation emphasizes the critical importance of implementing a trauma-informed approach in missing person cases and larger-scale investigations. Recognizing the profound emotional, psychological, and social impact on families, it advocates for policies and practices that prioritize mental health and well-being. It also discusses potential risks and detrimental effects of neglecting a trauma-informed perspective, including the exacerbation of families' distress and potential harm to community trust. It further delineates the essential elements that should be integrated into missing persons projects,

such as safety, transparency, collaboration, and cultural sensitivity, to ensure that these investigations are conducted respectfully and ethically, while aiming to foster resilience and recovery for those affected.

## **71. Legal and Regulatory Implications of Trauma Mitigation in Post-Pandemic Clinical Training**

### *Trainee Gatekeeping and Regulatory Compliance using a Trauma-Informed Lens*

Tara S. Jungersen, *Nova Southeastern University* (tj290@nova.edu)

The number of clinical trainees experiencing serious psychological distress since the pandemic has grown exponentially. Accordingly, rates of graduate-level interns receiving academic accommodations for serious psychiatric conditions have also risen. Universities, clinical internship placements, and employers must simultaneously support clinician and trainee development, maintain compliance with the Americans with Disabilities Act (ADA), and manage gatekeeping of impaired clinicians in accordance with ethical and regulatory requirements. Pre- and post-graduate clinical training programs are required to modify their practices to utilize a trauma-informed lens when supervising practitioners with mental health issues. This session will explore mechanisms through which clinical supervisors and training directors can increase trainee distress tolerance while simultaneously imparting the coping skills to permit adequate functioning as a mental health professional charged with the care and treatment of clients. It is argued that it is critical to address the workforce implications of these post-pandemic cohorts of ‘wounded healers’ whose personal wellbeing has been decreased during a critical juncture in their training during the pandemic.

### *Mental Well-Being: Improving Distress Tolerance and Resilience*

Carly Paro-Tompkins, *Nova Southeastern University* (cparol@nova.edu)

Distress tolerance refers to one’s ability to manage emotions, situations, or circumstances without impulsive or maladaptive behaviors, a critical skill for professionals. Recognizing distress tolerance as a key component of mental health, this presentation aims to explore the central theoretical frameworks, Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Cultural competence requires behavioral healthcare professionals to be prepared to work in intellectually and emotionally demanding environments. Some of the most provocative healthcare environments include community agencies, hospitals, jails, or other mandated settings with a wide variety of patients. Working in these settings, clinicians face incredible stressors;

uncertainties of competence, high conflict environments, financial burdens, vicarious trauma, and experiences of countertransference in practice all requiring masterful emotional regulation. The session will highlight the usefulness of self-regulation techniques in multiple high stress environments with a focus on strategies for early career clinicians. By incorporating distress tolerance training, clinical supervisors can empower trainees with the necessary tools to navigate adversity, develop emotional regulation skills, and enhance overall well-being for them and their clients. Attendees will be introduced to various distress tolerance strategies and interventions tailored to address these challenges effectively. These strategies include mindfulness techniques, emotion regulation skills, cognitive reframing, and coping mechanisms.

### *Enhancing Competencies and Clinical Expertise for Telehealth Provision*

Shannon Karl, *Nova Southeastern University* (Shannon.Karl@nova.edu)

The demand for mental health services delivered via telehealth surged during the COVID-19 pandemic. This necessitation of remote services left many behavioral health professionals and counselor-trainees navigating the need for rapid telehealth integration into training and practice. The legal and ethical requirements of mental health delivery through the telehealth format engenders extra stress for mental health professionals and especially for those still in training. Post-pandemic, clients have continued to embrace the convenience of participating in telehealth services from remote locations while behavioral health professionals increasingly view telehealth as an effective and accessible modality. Additional training to address the complexity of telehealth service delivery is imperative to ensure optimal client care and adherence to legal and ethical standards. In the presentation, best practices in telehealth delivery will be shared along with tips to reduce trainee stress while providing excellent client care. It is argued that clinical training that incorporates these elements can engender competent and confident behavioral health professionals with best practices in the delivery of telehealth benefiting clients and communities across the world.

### *Overcoming Unique Challenges Faced by Health, Legal, and Behavioral Professionals for Clinical Placement*

Elda Veloso, *Nova Southeastern University* (veloso@nova.edu)

Health professionals, legal professionals, and behavioral health providers with criminal histories, prior legal involvement, and/or medical marijuana use, face unique challenges in their profession, particularly in the mental health field. These challenges can impact their ability to obtain a license or maintain their professional standing and can also lead to stigma and lack of trust within the profession. These professionals may also struggle with their own mental health and substance use due to the nature of their work, leading to burnout and avoidance of seeking treatment. To address these challenges, it is important to provide support and resources such as specialized training, supervision, peer support, and advocacy efforts to reduce stigma and promote inclusivity within the health profession. During and after the COVID-19 pandemic, additional challenges have

arisen, including reducing unnecessary barriers or restrictions for professionals with criminal histories or prior legal involvement, coordinating clinical placements, being flexible by providing multiple clinical placements, and providing adequate supervision and support for trainees. In conclusion the presentation argues that addressing the unique challenges faced by professionals with criminal histories, prior legal involvement, and/or medical marijuana use is essential in ensuring high-quality care for patients and promoting the well-being of all individuals in the health profession.

## *Cultural Multiplicity and Training for Diverse Professionals*

Carlos Perez, *Nova Southeastern University* (perez@nova.edu)

As organizations compete for global and local markets, diverse operations and systems are in increased demand. For-profit, nonprofit, and government groups need trained employees, contact points, and research that consider broader audience insight. To achieve diversification, not only do organizations need communications trainings systems, but even risk management, that recognize the needs of increasingly mobile communities and global marketplace. Rather than having token images of diversity, organizations need to have systems that recognize cultural nuances international communication, and the basis of our learning styles, and intelligences—aptitude. Research has shown that multiple intelligences including emotional intelligence connection affect organizational culture in the areas of leadership styles, management models, and peer productivity. This presentation focuses on diversity within organizational culture highlighting origin, skin tone, spirituality, ethnicity, disability, age, ancestry, marital status, sexual orientation. It is argued that understanding the basis of how individuals relate to one another in organizations can aid in identifying potential areas for training, while at the same time allowing for the assignment of specific duties that will most effectively utilize each unique individual.

## **72. Legal Change as a Structural Determinant of Health**

### *The U.S. Opioid Epidemic and the Law*

Abbe Gluck, *Yale University* (abbe.gluck@yale.edu)

This presentation will discuss the status of the opioid epidemic in the United States, with a focus on legal and regulatory responses. Included will be state and federal legislation—what has been enacted, what needs to be passed; the status of the uniquely creative and provocative Opioid multi-district litigation in U.S. federal court and the parallel cases in bankruptcy court and the state courts; the increase in lawsuits concerning mental health parity; changes in the practice and regulation of the medical profession over the past several years in response to the epidemic; and ways in which the COVID-19 crises helped and exacerbated the opioid epidemic, including supporting the uptake of telemedicine. Findings and implications will be discussed in the presentation.

## *Conflicting Laws, Moral Distress, and the Mental Health of Providers and Patients*

Nicole Huberfeld, *Boston University* (nlh@bu.edu)

The U.S. Supreme Court in *Dobbs v. Jackson Women's Health* overturned *Roe v. Wade* to “return the issue of abortion to the people’s elected representatives.” *Dobbs* produced chaos, causing legal conflict between states, confusing the public, and demonstrating how law is a determinant of health, including mental health. Abortion-restrictive states limit abortion anywhere from 0 through 22 weeks; while most states include exceptions to save the life of the pregnant person, often mental health is carved out. Yet, it is a risk factor in pregnancy. Among abortion-protective states, some have constitutional protections, others have statutes safeguarding access, and controversially, some enacted “shield laws” that block cooperation with other states’ legal enforcement efforts. These conflicts are deepening pre-existing health inequities and are likely to impact already vulnerable patients the most. Further, data shows medical training and the practice of medicine are changing after *Dobbs*, with doctors and trainees avoiding and leaving abortion restrictive states. These differences reflect a nearly unprecedented level of legal conflict that increases risks for patients and complicates the practice of medicine, causing moral distress for health care providers and patients alike.

## *Working For Mental Health: Employers' Role in Access to Care*

Liz McCuskey, *Boston University* (mccuskey@bu.edu)

Working conditions can be both the source of mental and behavioral health struggles, and the source of funding for care to address those struggles. In health care systems where employers play some role in funding or administering health benefits, their motivations to provide mental health supports to their employees vary widely – from minimal compliance with regulations requiring accommodation and/or coverage, to “wellness” programs that ostensibly support employee mental wellbeing. This presentation examines the responses of employers to regulations requiring parity in mental health coverage, and also to social, political, and financial pressures to either expand the funding and provision of mental health coverage, or to economize on it. It investigates the areas of conflict and convergence between workers’ interests in accessing mental and behavioral health supports, and employers’ interests in providing or limiting those supports, and how the fresh focus on mental health prompted by the COVID-19 pandemic has altered the trajectories of those interests.

## 73. Legislation and Ethical Considerations in Healthcare

### *Ethical Considerations for Urine Drug Testing During Pregnancy*

Sigita Cahoon, *University of Southern California* (sigita.cahoon@med.usc.edu)

Rates of maternal substance use disorder continue to increase in the United States. While universal screening for substance use disorder during pregnancy is recommended, routine urine drug testing is not supported. Pregnant patients experiencing substance use disorder often face stigma and discrimination when interacting with the healthcare system, and persons belonging to marginalized populations are more likely to be tested without consent. Positive drug tests often result in child welfare system involvement and placement of infants into foster care, with notable racial and socioeconomic disparities among patients subjected to urine drug testing and the subsequent involvement of child protective services. While interventions for substance use disorder during pregnancy should focus on improved health outcomes for mothers and infants, there is little evidence that urine drug testing attains that goal. Existing data on ethical and clinical considerations of urine drug testing in pregnancy will be reviewed here, with the recommendation that urine drug testing should be reserved for limited situations of clinical utility, and whenever possible should be collected only after obtaining informed consent from the patient.

### *Young People Providing Care: Emerging Research-Legislation Nexus in the United States*

Julia Belkowitz, *University of Miami* (jbelkowitz2@med.miami.edu)

The United States is decades behind many other countries in supporting its young carers, or ‘caregiving youth’ in the U.S. There is no formal recognition for this population in most education, healthcare, or legislative arenas, but a group of academic, practitioner, adult family caregiving, and government agencies are making progress in translating policy to legislative practice. The last national U.S. prevalence study was in 2004, but individual states, schools, and one health clinic system have begun to systematically identify this population. This session will present the prevalence data available from surveys done in these various settings as well provide an update about research in progress. Additionally, the team will present how this research has helped fuel developing legislation in both the state of Florida and nationally and emphasizes the need for country wide data. This session will examine the progress and limitations in efforts to create research-driven legislation to support Caregiving Youth in the United States.

### *Baker Act and intoxication. Rescinding the BA after sobriety*

Larry S. Zaret, *International Clerkship Director, Jackson Memorial Hospital, Miami, United States of America* (lzaret@jhsmiami.org)

In Florida, the Baker Act permits the involuntary examination and potential treatment of individuals who pose a danger to themselves or others due to a mental health disorder, including cases involving suicidal, homicidal, intoxication, or severe agitation. An ER doctor can initiate a Baker Act when they believe a patient meets certain criteria. Upon sobriety in the ER and after conducting a thorough clinical assessment, the ER doctor has the authority to rescind the Baker Act if it is determined that the patient no longer presents a risk to themselves or others due to their mental health condition. Documentation of the decision, the patient's current mental state, sobriety status, and any consultations with mental health professionals, if applicable, is crucial. However, it's important to adhere to specific hospital policies, local procedures, and legal requirements while seeking guidance from legal and mental health experts as needed to ensure compliance with Florida's Baker Act statutes.

### *Regulation, Reimbursement, and Access to Care: A Study in the Post-Acute Care Sector*

Jazlyn M. Merida, *University of Miami* (jmerida@med.miami.edu)

Isabella M. Ferre, *University of Miami* (i.ferre@med.miami.edu)

Monica Broome, *University of Miami* (mbroome@med.miami.edu)

Access to healthcare is intricately shaped by a complex interplay of a multitude of factors—socioeconomic status, education, healthcare availability, location, and environment—collectively recognized as the social determinants of health. These determinants are subject to regulation and ensuing healthcare policies possess the power to either exacerbate or mitigate the impacts of the determinants on health outcomes. In this study, we analyze the effect of legislative modifications on post-acute care reimbursement and utilization and discuss how those changes affect access to care. Specifically, we analyze the effects of critical regulatory changes on key metrics including the number of facilities, average length of stay, occupancy rate, number of cases, payment per case, and profit margin within the post-acute care sector. Our analysis dissects these findings with respect to distinct categories of post-acute care providers, including long-term care hospitals, inpatient rehabilitation facilities, and skilled nursing facilities. Subsequently, we elucidate the implications of these quantifiable alterations and their consequences on the accessibility of care for patients.

### *Shuttering Safety Net Hospitals: A Rising Trend Contributing to Healthcare Disparity*

Irving Jorge, *Physician, Mayo Clinic, Pheonix, United States of America* (ijorgemd@gmail.com)

Miriam Weismann, *Florida International University* (mweisman@fiu.edu)

Historically, a precise measure of the total share of care to the poor and uninsured populations delivered by safety net providers was difficult to find, given the safety net's variability across communities, the lack of adequate and comparable data, as well as the lack of a consistent definition of the “health care safety net.” This paper aims to compile comparable state data regarding the future financial and economic viability of safety net hospitals and provide a national picture of the rising trend of safety net hospital closures which may further endanger already



limited access to healthcare for the uninsured and underinsured. The paper concludes that current CMS healthcare reimbursement formulas are a substantial contributing factor to the closures and need to be redesigned to meet the operating needs of SNH organizations. This may require additional legislation and a commitment from CMS to increase Medicaid supplementary payments to cover unreimbursed care.

## **74. Linking Legally-Involved Individuals to Needed Health Services**

### *Addressing the Opioid Epidemic Among Justice-Involved Individuals; The TCU Research Hub of the Justice Community Opioid Innovation Network (JCOIN)*

Kevin Knight, *Texas Christian University* (k.knight@tcu.edu)  
Jennifer Becan, *Texas Christian University* (j.becan@tcu.edu)  
Amanda Wiese, *Texas Christian University* (a.wiese@tcu.edu)

Recognizing the current opioid crisis among justice-involved individuals and the need to intervene at the intersection of justice and community health, this presentation will present preliminary findings from the TCU Research Hub Justice Community Opioid Innovation Network (JCOIN) study that explores positive outcomes associated with a multi-level hybrid implementation strategy involving facilitated collaboration (coaching), training, and cross-system data sharing in an effort to leverage improvements in criminal justice and community behavioral health (CBH) interagency collaboration. Findings associated with access to and retention in appropriate CBH and medical (MAT) services for justice-involved individuals who have a history of or are at risk for opioid use, as well as outcomes (including costs) associated with public health and safety will be presented. This study is part of a larger initiative to establish a national consortium of investigators examining promising approaches designed to improve the capabilities and capacity of the justice system to more effectively address the opioid epidemic.

### *Mental Health, Mental Health Service Utilization, and Justice Involvement Among Incarcerated Urban and Rural Women With a History of Opioid Use Disorder in Kentucky Jails*

Michele Staton, *University of Kentucky* (mstaton@uky.edu)  
Martha Tillson, *University of Kentucky* (martha.tillson@uky.edu)  
Carrie Oser, *University of Kentucky* (carrie.oser@uky.edu)  
Matt Webster, *University of Kentucky* (matt.webster@uky.edu)  
Carl Leukefeld, *University of Kentucky* (cleukef@uky.edu)  
Meghan Walker, *University of Kentucky* (meghan.walker@uky.edu)  
Megan Dickson, *University of Kentucky* (megan.dickson@uky.edu)

Jaxin Annett, *University of Kentucky* (jaxinannett@uky.edu)  
Mary Levi, *University of Kentucky* (mary.levi@uky.edu)

Mental health (MH) issues are common among incarcerated women with opioid use disorder (OUD), but research on MH treatment before incarceration is limited. This presentation will examine (1) MH issues and treatment among incarcerated rural and urban women; and (2) correlates of MH treatment utilization. Through the NIDA-funded JCOIN cooperative, women (N=650) were randomly selected, screened for OUD, consented, and interviewed. Analyses examined MH issues and treatment before incarceration as a function of lifetime justice system involvement and rurality. Women reported 10 lifetime arrests (median) and 27 lifetime months incarcerated. Most reported MH issues were consistent with anxiety (64.3%), depression (76.3%), and traumatic stress (77.8%), but only 10.8% reported receiving MH treatment in the 90 days before jail. Rural women reported higher traumatic stress than urban women (82.1% vs. 73.9%,  $p=.015$ ), but no other MH differences were observed. Treatment utilization did not differ by rurality or justice system involvement. Findings indicate that incarcerated women with OUD report high levels of MH issues, but few receive MH treatment. Degree of prior criminal justice involvement was unrelated to MH treatment, which may suggest that linkages to treatment are being overlooked by the justice system for women in significant need.

### *Early Lessons Learned from a Multisite Hybrid Type 1 Effectiveness-Implementation Randomized Controlled Trial of Patient Navigation Compared to Mobile Health Unit Service Linkage to HIV Prevention and Treatment Services in the Community for Justice-Involved Persons*

Sandra Springer, *Yale University* (sandra.springer@yale.edu)  
Ank Nijhawan, *University of Texas* (ank.nijhawan@utsouthwestern.edu)  
Irene Kuo, *George Washington University* (ikuo@gwu.edu)  
Jennifer Pankow, *Texas Christian University* (j.pankow@tcu.edu)  
Richard Colon, *Yale University* (richard.colon@yale.edu)  
Randi Proffitt, *Texas Christian University* (r.proffitt@tcu.edu)  
Zoe Pulitzer, *University of Texas* (zoe.pulitzer@utsouthwestern.edu)  
Cynthia Frank, *Yale University* (cyndi.frank@yale.edu)  
Sandra Violette, *Deputy Warden, Connecticut Department of Correction, United States of America* (sandra.violette@ct.gov)  
Kevin Knight, *Texas Christian University* (k.knight@tcu.edu)

Persons involved in the justice system are at high risk for HIV and drug overdose upon release to the community. We describe the early lessons learned from our on-going NIH-funded multisite hybrid type 1 effectiveness-implementation randomized controlled trial comparing two models (Patient Navigation [PN] or Mobile Health Unit [MHU] service delivery) of linking justice-involved individuals to the continuum of community-based HIV and substance use disorder (SUD) prevention and treatment service cascades of care. The six-month post-release intervention focuses on the primary outcome of time to initiation of pre-exposure prophylaxis (PrEP) for those without HIV and antiretroviral treatment for people living with HIV. Secondary outcomes will examine

the continuum of PrEP and HIV care; HCV and bacterial STI incidence and treatment; substance use, SUD treatment and overdose. Primary implementation outcomes include feasibility, acceptability, sustainability, and costs required to implement and sustain the approaches as well as to scale-up in additional communities. The results of this project will help inform future methods of delivery of prevention, testing, and treatment of HIV, HCV, SUD for justice-involved individuals in the community.

### *Preventing Opioid Use among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults (LeSA)*

Danica Knight, *Texas Christian University* (d.knight@tcu.edu)

Yang Yang, *Texas Christian University* (y.yang@tcu.edu)

Elaine Tinius, *Texas Christian University* (e.tinius@tcu.edu)

As one of the NIDA-funded studies within the HEAL Prevention initiative, the LeSA Project focuses on developing and testing Trust-Based Relational Intervention® (TBRI®) as an evidence-based practices to prevent opioid initiation and/or escalation of substance use among older adolescents who are re-entering communities after Juvenile Justice (JJ) secure detainment. TBRI is a youth-centered, attachment-based, and trauma-informed approach to strengthen youth/caregiver relationships and improve youth self-regulation (thinking, emotions, and behavior). The intervention is delivered to youth and caregivers while youth are in JJ custody through 13 modules (5 caregiver, 4 youth, 4 joint caregiver/youth). Using a Hybrid Type 1 Effectiveness/Implementation design, the project (a) compares standard reentry practice (SRP) to SRP with TBRI added, (2) examines the comparative utility of three reentry support formats. and (3) examines the agency-level factors that impact TBRI implementation and success. This presentation will describe the overall project (now in its fifth year), the ways in which TBRI was adapted for juvenile populations, and present preliminary findings regarding feasibility and acceptability of TBRI with JJ youth and caregivers.

## **75. Mad or Bad? Dilemmas in Criminal Justice and Mental Health Care. How to Combine Punishment with Care?**

### *Collaboration with Chain Partners in the Context of Prosecution*

Linda Dubbelman, *Netherlands Public Prosecution Service, The Hague*, ([l.c.dubbelman@om.nl](mailto:l.c.dubbelman@om.nl))

The options for the Netherlands Public Prosecution Service in criminal cases involving suspects with mental issues and the way in which the Service collaborates with partners. Many suspects have problems in multiple areas of life. The Dutch criminal justice system offers many options for combinations of punishments and measures. The core task of the Public Prosecution Service is

criminal investigation and prosecution. However, the Public Prosecution Service also has legal tasks in the legal consultation between the representatives of the police, Public Prosecution Service and local government. The Public Prosecution Service therefore works intensively with chain partners in so-called 'Care and Safety Houses', this involves chain partners such as the municipality, the probation service, youth care and mental health institutions. The aim is of course to prevent criminality and reduce re-offending but also support and, if necessary, care after a sentence or measure has expired. Municipalities have an important role in the field of prevention and aftercare. This presentation will focus on this specific task of the Public Prosecution Service and the collaboration with chain partners.

## *Collaboration Between Mental Healthcare and Public Prosecution Service*

P.T. Meijerink, *Netherlands Public Prosecution Service, Rotterdam* ([p.meijerink@om.nl](mailto:p.meijerink@om.nl))

The core task of the Public Prosecution Service is criminal investigation and prosecution. However, the Public Prosecution Service also has a major task in the Compulsory Mental Health Care Act. The Public Prosecution Service has close cooperation with the medical director of the mental health institution. The medical director is responsible for the content of care and the public prosecutor for the process. The Public Prosecutor is responsible for the national registrations of, among other things, authorizations and measures on the basis of the compulsory mental health care legislation. The Public Prosecutor assesses the legal qualifications such as "mental disorder" and "danger" and the causal link between them and provides reasons for this to the judge. The public prosecutor ensures, among other things, that information from the criminal proceedings is known to the Mental Health Service when preparing a judicial authorization for compulsory mental care. How does this work? This presentation will focus on this task of the Public Prosecution Service and its success factors.

## *The Appropriate Response in Case of a Mental Disorder*

B.J. Berton, *Netherlands Public Prosecution Service, Rotterdam* ([b.j.beron@om.nl](mailto:b.j.beron@om.nl))

Many suspects have problems in multiple areas of life. The Dutch criminal justice system offers many options for combinations of punishments and measures. The basic principle is that a punishment represents retaliation, while the measure is aimed at security or treatment. Yet this also poses dilemmas: does a person with certain problems belong in criminal law or not? Can this person be held responsible for his actions and is a forced form of help or treatment appropriate? Research shows that 36% of suspects have multiple problems. If there are also serious psychiatric problems, a report will be requested from the probation service and/or from a psychologist and psychiatrist especially when a serious criminal offense has been committed. The public prosecutor and the criminal court have the option to divert a criminal case to regular psychiatry. When is forensic care appropriate and when is regular psychiatry appropriate? This presentation will focus on the considerations that are made in a criminal trial in case of a mental disorder and a possible care component.

## *Secure Treatment for Mentally Disordered Offenders Found Not (Completely) Guilty by Reason of Insanity (TBS)*

L.H.J. Vijlbrief-Smit, *Netherlands Public Prosecution Services, Arnhem*, ([L.h.j.vijlbrief-smit1@om.nl](mailto:L.h.j.vijlbrief-smit1@om.nl))

TBS is the principal form of confinement in the Netherlands for mentally disordered offenders who are found not (completely) guilty by reason of insanity. This secure treatment for mentally disordered offenders increases safety in the Netherlands. For years, scientific research has shown that convicts with TBS are four times less likely to reoffend. TBS is possible for persons for whom individual psychiatric and psychological research has shown that they have psychiatric problems and, partly as a result, have committed a serious crime. This is a 'TBS-worthy' crime for which a minimum prison sentence of four years is imposed. There must also be a chance of recidivism. The aim is to allow the patient to return to society in a safe and responsible manner. The greater goal of TBS is to significantly reduce the chance that the patient will commit a serious offense again. Within five years after a TBS measure, just under 30% of former TBS patients commit a serious offense again. More than 70% do not reoffend. This presentation will focus on TBS and its success factors.

## **76. Medical Assistance in Dying in the 21st Century**

### *Medical Assistance in Dying*

Brian Furlong, Clinical Psychiatrist, Homewood Research Institute, Guelph, Canada  
([bfurlong@homewoodhealth.com](mailto:bfurlong@homewoodhealth.com))

Doug Mason, Occupational Therapist, Homewood Research Institute, Guelph, Canada  
([dmason@homewoodhealth.com](mailto:dmason@homewoodhealth.com))

Medical Assistance in Dying (MAID) became legal throughout Canada in 2016 and since then the legislation pertaining to MAID has continued to evolve. In March 2024, a tsunami of change will occur with the commencement of MAID for solely mental health conditions. For all clinicians, this poses complicated questions from the medical, clinical and ethical perspective which requires a more thorough understanding. In many ways the metaphor "we are flying the plane as we are building it" seems especially relevant to MAID in Canada. The objectives for our presentation are: 1) to provide a synopsis of the Canadian landscape to date regarding MAID. 2) to understand the proposed eligibility and the assessment process for MAID. 3) to identify how a request for solely mental health conditions differs from an individual with a foreseeable terminal physical condition.

4) to explore the clinical, legal and ethical challenges for clinicians in the Canadian setting as it pertains to MAID for mental health conditions.

### *Assisted Suicide of a Prisoner In Indefinite Detention*

Andreas Frei, Erwachsenen psychiatrie Baselland, Switzerland (andreas.frei@pbl.ch)

Assisted suicide to end unreasonable suffering is a common practice in Switzerland. Assisted suicide is also possible for chronically mentally ill people, as long as they are capable of judgement regarding their wish to die. However, the determination of the capacity to judge requires psychiatric expertise. The Swiss legal system recognizes the measure of indefinite criminal detention for untreatable, dangerous offenders. This casuistry reports on the first case of assisted suicide in a detained sex offender who used the services of EXIT, the first right to die organization in Switzerland, to end his life. The man had been convicted of various sexual offenses, a forensic psychiatric report attested to him a dissocial personality disorder with psychopathic traits, a paraphilia and untreatability. The expert appointed by this man stated that he suffered from a mental disorder in the narrower sense, which was responsible for the living conditions that were unacceptable to him, and attested to his ability to judge his wish to die. Subsequently, the prison authorities cooperated with EXIT in the implementation of the wish to die; the man was allowed to take the lethal dose of sodium pentobarbital provided to him in a private apartment.

### *Medically Assisted Dying in Canada and Unjust Social Conditions*

Timothy K.S. Christie, Regional Director, Horizon Health Network, New Brunswick, Canada (timothy.christie@horizonnb.ca)

In 2021, the Criminal Code of Canada was amended to allow Medical Assistance in Dying (MAiD) for people whose natural death was not reasonably foreseeable. Canada now has two tracks for MAiD: in track 1 the patient's natural death is reasonably foreseeable, meaning they typically have a terminal condition. In track 2 the patient's death is not reasonably foreseeable, meaning they usually have a chronic disease, illness, or disability. As a result of this legislative amendment, some individuals with a chronic condition have requested MAiD, because they are living in unjust social conditions (e.g., structural vulnerability, poverty, and discrimination). Although this is a subset of track 2 patients, it raises a major ethical concern. While these patients meet the eligibility criteria and safeguards for MAiD, it is the lack of access to services that is the primary cause of their intolerable suffering. These are not patients who necessarily want to die and "but for" unjust social conditions they would be able to tolerate sequelae of their chronic illness, disease, or disability. This paper challenges the "autonomy-only" model of MAiD and argues for a robust role of clinical judgment guided by the principle of nonmaleficence, while assessing patient eligibility for MAiD.

## 77. Medical Assistance in Dying in a Rural Healthcare Setting

### *Situating Maid: A Qualitative Study of Medical Assistance in Dying in Rural Alberta, Canada*

Julia Brassolotto, *University of Lethbridge* (julia.brassolotto@uleth.ca)

Research on medical assistance in dying (MAiD) has primarily taken place in urban settings, without explicit consideration of place. Our team conducted an exploratory qualitative study looking at MAiD in rural Alberta, Canada. This involved in-depth interviews with 29 participants, including physicians, nurses, ethicists, family members of MAiD patients, and patients who had applied for MAiD. Distinct aspects of rurality impacted participants' experiences with MAiD. Our findings highlight: 1) the significance of place, 2) the realities of the relational rural, and 3) the ways in which rural care workers operate within the constraints of limited resources and isolation to provide quality care. Our data confirm, extend, and challenge current thinking about MAiD in rural settings. We suggest that MAiD policy and service provision ought to be context-sensitive, with attention to the distinct characteristics of rural settings. MAiD policies and practices would benefit from leveraging the assets of rurality while also buffering against rural healthcare challenges. Specific findings and implications will be discussed in the presentation.

### *The Implications of Medical Assistance in Dying for Rural Communities: A Review of Canadian Policy*

Alessandro Manduca-Barone, *University of Lethbridge* (alessandro.manducaba@uleth.ca)

Medical assistance in dying (MAiD) was legalized by the Canadian Parliament in June 2016 with the passage of Bill C-14. In other countries MAiD is known as voluntary euthanasia or physician-assisted suicide. Since 2016, the legislation and policies have continued to evolve in Canada. Despite growing scrutiny over the practice, there has been little attention paid to the particular implications of MAiD for rural communities. Though sometimes overlooked, rurality is a vital determinant of health. In order to address this gap, we conducted a rural-focused scan of policies, guidelines, and legislation that govern the practice of MAiD in Alberta, Canada (N=16). Through an analysis of rural health scholarship, we identified three key rural considerations (place, community, and relationships). We then reviewed the MAiD policies, guidelines, and legislation focusing on these three considerations in order to identify potential implications of MAiD for rural residents. Through this analysis, we identified four opportunities where policy can better serve rural regions. This includes addressing geographic location, continuity of care, dual relationships, and systemic barriers. The presentation will offer several recommendations for how future policy and guidelines can address these areas and better support rural communities.

## *The Continuum of Rural Healthcare Professionals Experiences Within the Medical Assistance in Dying Context (MAiD): A Qualitative Study*

Monique Sedgwick, *University of Lethbridge* (monique.sedgwick@uleth.ca)

As the Canadian Federal Government continues to expand the eligibility criteria for medical assistance in dying (MAiD), we sought to better understand rural healthcare professionals' (HCP) experiences with assisted dying. Qualitative interviews were undertaken with physicians, nurse practitioners, registered nurses, ethicists, patients, and patient families in rural southern Alberta, Canada. Data from 18 HCP were analyzed and presented. Between the binary positions of supporting or conscientiously objecting to MAiD, HCPs' decision to support or object to MAiD was based on the strength of their own conscientious objection and moral acceptability of the various stages of assisted dying processes. Patient suffering; personal and professional values and beliefs; relationships with colleagues, patients and family, and community; and changing MAiD policy and legislation also informed their decision making. Evolving legislation has the potential to increase HCPs' uncertainty and level of discomfort in providing services. Moral identity and action also seem to be influenced by social interactions with colleagues, patients and family, community members, and the rural context. The presentation will suggest that the binary language typically used in the MAiD discourse of policy, procedure, and guidelines be reframed to reflect decision-making processes that recognize actions in particular instances are fluid and situational.

## *Medical Assistance in Dying: Representations in Canadian News Media*

Paige Zurbrigg, *University of Lethbridge* (paige.zurbrigg@uleth.ca)

We conducted a review of discursive representations of medical assistance in dying (MAiD) in Canadian news media texts since its legalization in 2016. These news stories reflect concerns, priorities, and experiences of key stakeholders and play a role in shaping public opinion about MAiD. Following our review, we identified four key themes: vulnerability, autonomy, dignity, and human rights. Though key stakeholders share the values of autonomy, dignity, and human rights, they appeal to them in diverse ways, sometimes with conflicting policy demands. These representations offer a useful gauge of how views about MAiD continue to shift alongside changes in federal legislation. These stories can influence related policies, respond to the powerful voices that shape MAiD legislation, and have the potential to change national conversations. Our analysis extends the scholarship on MAiD by examining post-Bill C-7 news media, identifying related health equity issues and tensions, and discussing potential impacts of MAiD's representations in news media. Findings and implications will be discussed in the presentation.



## **78. Mental Health and Capacity Legislation in England & Wales: Developments and Practice Considerations**

### *England and Wales Draft Mental Health Bill: Implications for People with Intellectual Disabilities*

Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

John Taylor, *Northumbria University* (john.taylor@cntw.nhs.uk)

The draft Mental Health Bill published by the UK Government in July 2022 aims to reform mental health legislation in England and Wales. One significant proposal is to remove intellectual disability and autism from the scope of the legislation in all but a limited number of circumstances. The basis for this proposed change is not clear and there are no plans to introduce alternatives to the current legislation for people with intellectual disabilities and autism whose behaviour is challenging and present significant risks to themselves or others. This paper examines the implications of these proposals for people with intellectual disabilities. It considers the New Zealand experience as the only other common-law jurisdiction to implement a similar legislative change. Links to the government's Transforming Care de-institutionalisation programme and associated policies are explored and calls for a review of this approach are set out.

### *Extending Legal Powers of Detention to Psychologists: Challenges to Traditional Ethos and Culture*

John Taylor, *Northumbria University* (john.taylor@cntw.nhs.uk)

The England & Wales Mental Health Act 2007 introduced the approved clinician (AC) role that extends legal powers previously reserved to medical practitioners to other professions. A key competency of ACs is the ability to identify the presence and severity of mental disorder and determine whether that mental disorder is of a nature or degree that warrants compulsory detention. ACs can act as the responsible clinician (RC) for patients compulsorily detained under the Act. RCs have overall responsibility for a detained patient's care and treatment, including medication. In essence, RCs are required to take statutory responsibility for the continued detention or release of patients who carry extant risk of harm to themselves or others. In this presentation, the nature and development of the AC role is described in terms of the legal debate that accompanied it and the relationship between the law and psychology that shapes its operation. Emphasis is given to how the power invested in this role can be harnessed through effective clinical leadership to promote change and improvements in services to better meet patients' needs and improve access to evidence-based interventions.

### *Court Appointed Advocates for Defendants Lacking Capacity in Criminal Proceedings in the U.K. and the U.S.*

Natalie Wortley, *Northumbria University* (n.wortley@northumbria.ac.uk)  
Peter Joy, *Washington University* (joy@wustl.edu)

Where a defendant lacks sufficient understanding to participate in criminal proceedings and is found unfit to plead, courts in both England & Wales and the U.S. are required to appoint an advocate to “put the case for the defence”. Limited guidance is provided to assist judges in deciding who to appoint and the legal and ethical duties of appointed advocates remain unclear. In contrast, in proceedings for detained patients, a mental health tribunal can only appoint a legal representative if the patient lacks the capacity to do so and the tribunal considers that representation would be in the patient’s best interests. In England, there are special criteria that representatives must meet to be eligible for appointment and the regulator has issued a Practice Note concerning their duties, responsibilities and good practice. In the U.S., there is no such federal right to counsel, no equivalent to the Practice Note, and only some states have statutes guaranteeing such a right. This paper will analyse the rationale for the appointment of legal representatives in criminal proceedings and will consider whether adopting the approach of the specialist tribunal would be sufficient to respond to concerns about the appointed advocate’s professional and ethical duties.

### *Child Friendly Justice in Mental Health Settings*

Raymond Arthur, *Northumbria University* (raymond.arthur@northumbria.ac.uk)  
Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

The Mental Health Act 1983 regulates the ‘reception, care and treatment of mentally disordered patients’ in England and Wales. Children who are detained under its provisions have the right to be provided with an explanation of their legal status and their right to apply for review of their continued detention. In 2010, the Council of Europe issued ‘Guidelines on Child Friendly Justice’ developed as part of its comprehensive children’s rights strategy. The Guidelines highlight the importance of providing accurate and relevant information to support children’s active participation in judicial proceedings affecting them. A previous study of materials provided to detained children for this purpose uncovered noteworthy shortcomings and lack of adherence to the Guidelines. This presentation reports findings from a subsequent study examining the extent to which detained children felt they could access accurate, age appropriate information relevant to their status through the adoption of participatory methods of research. The Diamond16 data collection method was adopted which enables participants to rank their views, experiential knowledge, and emotional responses thereby giving a voice to an under-researched group of children. The findings are relevant to the development of evidence-based resources to support the participation of detained children in Tribunal proceedings in a manner consistent with the Guidelines.

## **79. Mental Health and Human Rights**

### *Medicine and Human Rights*

David Matas, *Attorney-at-Law, International Coalition to End Transplant Abuse in China, Winnipeg, Canada* (dmatas@mts.net)

Medical professionals, like everyone else, should oppose grave human rights violations. Medical professionals should, in particular, oppose human rights violations committed by members of their profession. Human rights violations by rogue medical personnel often occur in non-democratic states where the violations are part of an overall pattern of repression of targeted minorities. Standing against human rights violations by rogue medical personnel in this context means opposing the politicization of human rights by human rights abusing governments. Opposing the politicization of human rights by human rights abusing governments does not fall within the realm of medical expertise. Well intentioned medical professionals can, in this area, diverge in tactics and shoot off in the wrong direction. The purpose of this presentation is to address this dilemma by consideration of a couple of instances where it has arisen – Soviet abuse of psychiatry and the killing in China of prisoners of conscience for their organs. The intention is, through examination of these two instances, to suggest pitfalls to avoid and steps to take so that the global medical profession can effectively combat abuse by local medical professionals where the abuse is government directed.

### *A Human Right to the Freedom of Mind*

Matt Bywater, *London School of Economics and Political Sciences* (matt.b@mailbox.org)

The need for protection for the mind in today's world is urgent. We must raise our understanding of authoritarian mind control up to one of fundamental human rights, and respond with a rights-based approach to the global and psycho-social problem of authoritarianism: the blind submission to authority and the suppression of one's free will. This presentation outlines what is the freedom of mind and sets out a roadmap for how to advance it. It explores the extent to which freedom of mind already exists in the international human rights regime, and how we afford it a firmer footing in international law, such as by proposing a General Comment to a UN Treaty Body and/or submitting a Declaration of Freedom of Mind to the UN General Assembly. Taking the psycho-social nature of authoritarianism into account, promoting freedom of mind is as much a matter of education as of law. By helping people to form their own opinions and to challenge the opinions of others, they will overcome their submissive attitudes. In order to exercise their freedom of mind, individuals need to know how to defend it themselves. In so doing, we will build a popular understanding of this human right.

### *Hear Me Out: Exploratory Research on Racialized South Asians' Mental Health and Educational Experiences*

Nivatha Moothathamby, *University of Toronto* (nivatha.moothathamby@mail.utoronto.ca)

Richard Volpe, *University of Toronto* (richard.volpe@utoronto.ca)

Fiona Moola, *Toronto Metropolitan University* (fiona.moola@torontomu.ca)

Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)

The South Asian diaspora started immigrating and seeking refuge in Canada in the late 1890s, due to war conditions in the homelands, and to seek better life opportunities. However, they are a neglected, understudied group within psychology and educational research today. Based on other racialized groups' experiences and evidence of disparities, it is important to study this population and identify present disparities, strengths, coping abilities and resilience patterns. This presentation will discuss a PhD exploratory, mixed-methods study, which sought to explore the mental health and educational experiences of South Asian immigrant and first-generation youth and young adults living in Canada. Strengths and drawbacks around mental health issues, social wellness, academic experiences, racial identity, racial and gender inequities, and cultural stigma all intersect for this group, so it is crucial to explore these experiences. With presenting a novel approach to past research, people will understand the complex intersectionality between South Asian culture, intergenerational trauma, mental health, cultural genocide, and education, and hear many lived experience stories about South Asian youth and young adults building their identity, while learning how to mold themselves through coping and resilience. Findings and implications will be presented.

### *Prisoner Mental Health and Human Rights in New Zealand: The Ombudsman versus Corrections*

Marozane Spammers, *University of Canterbury* ([marozane.spammers@canterbury.ac.nz](mailto:marozane.spammers@canterbury.ac.nz))

In recent years, the Ombudsman in New Zealand has regularly reported on concerning aspects of prison management and the treatment of prisoners, including poor conditions, long hours of lock up, not getting meals and medication at appropriate times, being video recorded when using ablutions, restricted access to exercise in open air, not having contact with family; and the inability to spend time in prison engaged in activities, programmes or services needed for release from prison. Considered together with the high levels of mental disorder in the prisoner cohort (over 60%), the untherapeutic and challenging prison environment described by the Ombudsman raises questions about the mental and physical wellbeing, human rights, safety and long-term outcomes of this vulnerable population. This presentation will discuss the implications of the findings of the *Kia Whaitake | Making a Difference: Investigation into Department of Corrections Ombudsman* report released in June 2023. The discussion will critically address the human rights and mental health issues inherent in the findings of the Ombudsman, including rights to privacy and not to be subjected to torture or cruel, degrading, or disproportionately severe treatment or punishment, along with the policy and institutional barriers to protecting the human rights of prisoners.

### *Institutional Betrayal and Its Sequelae in the Wake of the COVID 19 Pandemic*

Filomena M. Critelli, *University at Buffalo* ([fmc8@buffalo.edu](mailto:fmc8@buffalo.edu))  
Lisa D. Butler, *University at Buffalo* ([lbutler@buffalo.edu](mailto:lbutler@buffalo.edu))

National responses since the beginning of the COVID-19 pandemic have produced, magnified, and/or exacerbated an extraordinary range of human rights abuses and traumatic events around the world. This presentation will apply a trauma-informed human rights framework to analyze the

enduring damage from the pandemic in the U.S. with a focus on institutional betrayal. The concept of institutional betrayal as a form of trauma will be defined and described. We will examine how institutional actions and inactions exacerbated traumatic experiences and fractured the social contract, exposing profound gaps in basic human rights protections. Structural inequalities and entrenched discrimination intensified economic vulnerabilities, health disparities, and disproportionate losses among racialized minorities and front-line workers. The ways in which misinformation and politicization of the issue fueled societal divisions, mistrust, and conspiracy theories will be also be discussed. The presentation will conclude with a brief discussion of the need for reconciliation and national responses that center on human rights and healing.

## **80. Mental Health Assessments: Confronting Disparities**

*The Experiences of Mental Health Experts in the Courtroom – Respect, Disdain or Simply Misunderstood?*

Rita Laura Shackel, *University of Sydney* (rita.shackel@sydney.edu.au)

This presentation will explore the experiences of different types of experts in the court system and examine how treatment of experts may differ according to their area of expertise. It argues that in the Australian context, medical experts may experience different treatment by judges and the legal system generally. Compared with non-medical experts, their interactions with judges and lawyers reveal qualitatively different experiences. Drawing on case studies from criminal courts and the Children's court, this argument will be tested with reference to the experience of mental health professionals without formal qualifications in medicine compared with that of psychiatrists. How does the treatment of these two categories of experts differ in the course of giving evidence? Are mental health professionals treated differently to 'scientific' experts more generally? What does this analysis reveal about our justice system?

*Empowering and Involving Service Users in Statutory Mental Health Assessments*

Jill Hemmington, *University of Central Lancashire* (jhemmington@uclan.ac.uk)

In parts of the United Kingdom, Approved Mental Health Professionals (AMHPs) make ultimate decisions as to whether to detain an individual in hospital without their consent. They are required to embed the statutory guiding principle of Empowerment and Involvement into their practice. In future, mental health professionals will need to ensure that service users' views and choices are respected and that their voices are heard more loudly and distinctly and carry more weight. Statutory reforms acknowledge that culture change is required to enable this but there is very little research in this area. Within psychiatry, any focus on power has been on the overt, structural or 'macro' aspects of control and coercion rather than the more subtle forms of manipulation at the

‘micro’, individual level and more needs to be understood about aspects of communication and involvement. This presentation is based on empirical qualitative research gathering in-depth information about AMHPs’ communicative practices. Statutory assessments were observed and audio-recorded and Conversation Analysis was used to analyse interactions. Findings suggest that at a micro, conversational level, AMHPs redistributed power through their conversational manoeuvres. The study concludes that there is a need for training to apply evidence-based, communication techniques to statutory assessment and decision-making.

## **81. Mental Health Courts and Legislation: Pressures for Reform**

### *Disparity in the Imposition of Long Sentences in the US District Court*

Cassia Spohn, *Arizona State University* (cassia.spohn@asu.edu)

As the third decade of the 21st century unfolds, there is mounting evidence that Americans’ appetite for incarceration may be shrinking and that the United States must chart a different course on sentencing policies and practices. This presentation reports findings from a project focusing on the imposition of long sentences—that is, sentences of 10 years or longer—in the US District Courts. I examine the prevalence of these sentences and the characteristics of those serving them. I also test for racial and ethnic disparities in the imposition of long sentences and discuss reforms that have the potential to reduce the number of persons serving long sentences and to ameliorate racial and ethnic disparities in their imposition. Results indicate that among defendants who were sentenced to prison from 2010 to 2021, 22 percent received sentences of 10 years or more. Results also indicate that African Americans—and especially young African American males—were more likely than other defendants to receive these long sentences. I discuss the policy implications of long sentences, including the implications for defendants’ mental and physical health and for their odds of rehabilitation, as well as reforms that would reduce the prevalence of long sentences.

### *United States’ Federal Mental Health Courts: Evaluation Findings from Philadelphia*

Kimberly Houser, *Rowan University* (houser@rowan.edu)

Christine Saum, *Rowan University* (saum@rowan.edu)

In the United States there are nearly 4,000 problem-solving courts, yet only three of these courts are federal mental health courts (MHCs). This, despite the fact that 45% of federal prisoners are estimated to have some type of mental health disorder and with federal appropriations for treatment courts recently at an all time high. Mental health courts utilize a non-adversarial, therapeutic jurisprudence approach to address the needs and improve the lives of persons with mental health disorders in various stages of the criminal justice process. In 2016, The U.S. Congress mandated an evaluation of the Philadelphia Federal MHC through the 21st Century Cures Act, an initiative

that promoted the development of a variety of health initiatives and criminal justice reforms. This presentation will present an overview of the three existing federal MHCs, examine why so few of these courts exist, and discuss findings from the evaluation of the Philadelphia MHC.

## **82. Mental Health Issues in Specific Patient Populations**

### *The Dual Tide of Resilience: Navigating Mental Health and Digital Integration in HBCUs*

JoAnn Rolle, *Medgar Evers College, CUNY; Immediate Past President, HBCU Business Deans Roundtable* ([jdrolle@me.com](mailto:jdrolle@me.com))

Historically Black Colleges and Universities (HBCUs) serve as powerful symbols of resilience and progress. However, recent events, including the tragic losses of leaders and faculty, reveal a complex interplay between mental health challenges and digital integration within these communities. This session, led by Dean JoAnn Rolle, confronts this critical issue by exploring several key themes: 1. Vulnerability Unveiled: Examining the immediate and long-term impacts of recent losses on HBCU communities, featuring a case study of Medgar Evers College School of Business's approach to grief management and institutional resilience. 2. Pandemic Echoes: Analyzing the ongoing emotional toll of COVID-19 and exploring strategies for strengthening mental health frameworks within HBCU communities. 3. Empathetic AI's Enigma: Discussing the nuanced role of Artificial Intelligence (AI) in shaping emotional well-being, drawing upon research on empathy and human sustainability in the digital workplace. The session then transitions to practical solutions, focusing on: 1. Digital-Age Self-Care: Empowering attendees with self-care strategies that integrate mindfulness and digital literacy to promote mental and emotional health in a hyper-connected world. 2. Echoing Empathy: Equipping attendees with techniques for building empathetic connections, utilizing both traditional and technology-based approaches to support individuals facing mental health challenges.

### *Co-Morbid Anxiety and Avoidance Behaviors in Allergic & Immunologic Diseases*

Caroline Caperton, *Medical Practitioner, Willis-Knighton Allergy, Asthma, & Immunology Center, Shreveport, United States of America* ([ccaperton@wkhs.com](mailto:ccaperton@wkhs.com))

Amongst patients with allergic diseases such as asthma, food allergy, severe eczema, and immunodeficiency diseases, there is a high degree of comorbid anxiety and avoidance behavior. The natural course of these diseases is chronic with significant treatment burden, not only in frequent physician follow-up and medication costs, but also in day-to-day maintenance of the disease itself. Often a mainstay of management of allergic and immunodeficiency disease is

avoidance of disease trigger(s), which can lead to general anxiety disorders and avoidance of unnecessary foods, events, or other opportunities, with a significant decrease in the patients' and caregivers' quality of life as a result. Awareness of this comorbid anxiety and resultant exaggerated avoidance behavior is paramount for the providers, family members, and colleagues of these patients, in order to recognize these risks and provide resources for early intervention and mental health support. Those patients with untreated anxiety and depression have disproportionately worsened health outcomes which may significantly increase their burden of disease, and negatively influence the morbidity of their allergic and immunodeficiency diseases.

### *Longitudinal E-effects of Psychedelic Use Across Age 18-60 in a Representative U.S. Sample: Examination of Predictors on Brain Health And Behavior*

Stal Shresha, *University of California San Francisco* (stal.shrestha@ucsf.edu)

*Aim:* To better understand the long-term effects of naturalistic psilocybin use on brain health and behavior in age 18-60 as well as the predictors that influence them. *Hypotheses:* Using the restricted cohort panel survey data, we broadly assessed the brain health effects as well as incidence and prevalence of psychedelics use. In addition, we sought to examine how psychedelics affect long-term mental health after controlling for covariates such as socio-demographic groups defined by gender, ethnicity, financial status, and urban vs. rural living and confounders such as concurrent substance use. *Study Methods:* This is an observational study using United States participants enrolled in Monitoring the Future (MTF) survey, which is a nationally representative ( $n > 100,000$ ) dataset. MTF is an ongoing, epidemiological, and etiological survey research project of high school-attending adolescents who are tracked into adulthood. In this study, trends in psychedelics use was assessed across ages 18-60 specifically regarding long-term brain health outcomes. Survey-weighted non-linear logistic regression models was used to estimate associations of psychedelics use on brain and behavior. *Conclusion:* The findings on naturalistic psychedelics use on long-term brain health may allow for risk-stratification based on demographic and behavioral factors, such as concurrent substance use.

### *After the Involuntary Hold: Psychiatric Outcomes & Patient Perceptions*

Neva Lundy, *University of Miami* (nnl19@miami.edu)

Adriana Baez, *University of Miami* (adrianabaez@med.miami.edu)

Roan Wheeler, *University of Miami* (roan.wheeler@med.miami.edu)

Brett Frank, *University of Miami* (bsf2351@med.miami.edu)

Mousa Botros, *University of Miami* (mxb554@med.miami.edu)

Public health policy must balance preserving civil liberties with protecting community health. Involuntary psychiatric holds are a public health measure that markedly shifts the balance from respecting patient's rights in favor of protecting the patient from imminently harming themselves or others. A recent study evaluating trends in rates of psychiatric holds in 25 states revealed a 13%



annual increase in involuntary psychiatric hospitalization rates within a period of only a 4% increase in population size. In 2020, Florida saw 194,680 involuntary psychiatric evaluations. Policies allowing for short-term involuntary psychiatric commitment exist in every state, yet the data regarding their effectiveness in improving mental health outcomes is limited. To better understand the impact of this policy in Florida, a case series is conducted on adults with multiple involuntary hold episodes at a safety net hospital in South Florida to explore clinical outcomes, including continuity of mental health care, subsequent suicide or homicide attempts, and future healthcare utilization. The presentation suggests that this study has the potential to improve data collection; inform policy recommendations at the state and federal levels; and influence further research into the efficacy of involuntary psychiatric holds.

### *We were right... 'Til We Weren't...Ten Communication Tools for Bridging Discord*

Monica Broome, *University of Miami* ([mbroome@med.miami.edu](mailto:mbroome@med.miami.edu))

Turn on any television news program in any country these days and you will most likely hear a story relating to distress or conflict with an unfortunate outcome. It is a different world post pandemic, with a rise in mental health issues both in the home and in the workplace. Communication tools are not widely disseminated and are urgently needed to bridge the sometimes-wide gaps in perspectives, especially when emotions run high or with people who are already struggling with health and mental health challenges. These are complex and complicated issues involving many factors and disciplines, not limited to psychology, psychiatry, public health, politics, and their surrounding communities. This presentation will discuss ten communication tools to help navigate and bridge conversations when they become difficult. The goal of these tools is to facilitate a more positive outcome, to reduce stress in themselves, and to preserve the relationship with others. Implications will be discussed in the presentation.

## **83. Mental Health Law Reform and Associated Laws**

### *Addressing Jurisdictional Barriers to a Supported Decision-making Framework: Using the Greenhouse Gas Reference as a Roadmap to Federal Implementation*

Brendon Pooran, *Toronto, Canada* ([bpooran@pooranlaw.com](mailto:bpooran@pooranlaw.com))  
Faisal Bhabha, *Osgoode Hall Law School* ([fbhabha@osgoode.yorku.ca](mailto:fbhabha@osgoode.yorku.ca))

The protracted inaction of Canadian provinces/territories to implement laws allowing people to exercise their legal capacity by formulating decisions with the support of trusted friends and family members (generally referred to as “supported decision-making”) is unfortunate. Without supported decision-making legal frameworks, many people with a mental disability, who may be

capable of making decisions with supports, are unnecessarily at risk of being labelled as “incapable” and subjected to legal guardianship. Under the Canadian Constitution, provinces/territories are assigned the exclusive right to make laws on matters of legal capacity. However, only some of these jurisdictions have implemented supported decision-making statutes. A persuasive, constitutional argument may be made that Canada’s Parliament can legislate on the matter of supported decision-making under the national concern branch of “Peace, Order and Good Government,” particularly considering Canada’s commitment to the UN Convention on the Rights of Persons with Disabilities. The Supreme Court of Canada’s decision in Reference re. Greenhouse Gas Pricing Act, 2021 SCC 11 demonstrates how Parliament can justify federal backstop legislation on matters of national concern. Such legislation would facilitate the implementation of legal frameworks allowing for people to exercise their legal capacity through supported decision-making laws across the country.

### *The Supplements to the National Mental Health Law: Local Mental Health Legislation in China After 2013*

Yang Shao, *Shanghai Jiao Tong University* (sawyer2002@163.net)  
Bin Xie, *Shanghai Jiao Tong University* (xiebin@smhc.org.cn)

China's mental health law, which came into effect in 2013, has been considered to have a series of shortcomings, such as the lack of an independent review process for involuntary hospitalization, the overly general and lack of operability of provisions. These defects may hinder the realization of the goal of safeguarding the rights and interests of patients with mental disorders. Since 2013, nine administrative regions in China have passed their own new local mental health regulations. These local regulations attempt to supplement and improve under the framework of the National Mental Health Law, including the establishment of a psychosocial service system that meets the requirements of the World Health Organization, the regulation of commercial psychological counseling institutions, the clarification of discharge procedures for involuntary inpatients, the establishment of an involuntary community treatment system, and the provision of assistance to guardians of persons with mental disorders. This presentation will introduce the innovations of these local regulations and analyze the possible impact on the future development of mental health services in China and the revision of the national mental health law.

### *How the Refugee Crisis Impacts Our Non-Human Animal Ecology: A Need for International Ethical and Legal Guidance and Policy*

Julie Aultman, *Northeast Ohio Medical University* (jmaultma@neomed.edu)

While it is without question that the refugee crisis is having a global impact on the welfare and rights of persons and communities, our non-human animal ecology is at risk of harm. There is a lack of clear and consistent policy, law, and ethical guidance regarding our animal species as “refugee” and the protections we ought to afford (or not) to this victimized population. Despite the benefits of animal populations for food sources, ecological stability, companionship, etc., such benefits often are shadowed by perceived risks, unyielding policy, inadequacy of resources, and lack of preparedness, such as the abandonment of pets and service animals that can have

devastating effects on the mental wellbeing of pet owners and families. This presentation examines animal welfare to explain that it is not whether or which animals ought to be protected in the context of our refugee crisis, but *why* animals from livestock to pets are themselves “refugees” and ought to have the opportunity to flourish and, in turn, promote mental health and wellbeing among persons.

### *Mental Health Law: Abolish or Reform?*

Kay Elizabeth Wilson, *University of Melbourne* (kay.wilson1@unimelb.edu.au)

Since the entry into force of the Convention on the Rights of Persons with Disability (CRPD) in 2008, the call for the abolition of mental health law has ignited debate about the future of mental health law. This paper provides an overview of the controversy and considers what vision of disability rights is contained in the CRPD and what it requires States Parties to do. Drawing on my recent book *Mental Health Law: Abolish or Reform?* (OUP, 2021), I argue that mental health law should be reformed rather than abolished by decreasing coercion and increasing social support. I also provide a summary of what I have called the ‘interpretive compass’ of the CRPD being a qualitative analysis of the concepts of dignity (including autonomy), equality and non-discrimination and participation and how that can assist in understanding the meaning of the CRPD and how it applies to the claims of abolitionists and the alternatives for reform, especially the Mental Capacity with Support Model.

### *Judicial Nullification of a Patient’s Preferences*

Dennis B. Feld, *Attorney at Law, New York, United States* (dbfeld@nycourts.gov)

Utilizing a best interest’s approach, the court granted the hospital’s petition to administer “lifesaving” dialysis, over the patient’s opposition. Diagnosed with both Schizo-affective Disorder and End Stage Chronic Kidney Disease, the court dismissed as delusional the patient’s claim that her kidneys were healthy, and authorized the other measures sought by the hospital to overcome the patient’s physical resistance to the dialysis: the involuntary administration of psychotropics and paralytics, and the use of physical restraints. Unfortunately, this so-ordered treatment regimen resulted in the patient’s two week stay in the hospital’s Intensive Care Unit. With the patient having barely survived this ordeal, the hospital chose to move under a less coercive treatment paradigm wherein the court, or a surrogate decision-maker, is tasked with discerning the patient’s underlying wishes, and act in accordance. However, here the court engaged in the judicial nullification of the individual’s preferences. The Court refused to accept the patient’s physical resistance to the procedure, including her pulling out the permacath, as a valid expression of her wish to forgo dialysis. Instead, the court found she possessed an innate capacity to signify that she wishes to undergo dialysis, citing both her having never verbalized a wish to die, and her prior sporadic cooperation with the procedure. She died within a month of the court renewing its order.

## 84. Mental Health Policy, Treatment and Care in the 21<sup>st</sup> Century

### *Open Disclosure of Adverse Medical Events and a Statutory Duty of Candour*

Tina Leeanne Crethar Cockburn, *Queensland University of Technology* (t.cockburn@qut.edu.au)

The Australian Open Disclosure Framework (2013) was developed to facilitate the open communication between health service organisations, clinicians and patients when things go wrong in health care. Open disclosure can redress harm and repair damaged relationships and can also contribute to health system improvement. However, open disclosure does not always occur. For example, there was no open disclosure at Djerriwarrh Health Services at the time of the tragically preventable perinatal deaths. The discovery of this cluster of perinatal deaths led to the Victorian Government establishing Targeting Zero, the review of hospital safety and quality assurance in Victoria, which was led by Dr Stephen Duckett. A key recommendation of the Targeting Zero Report was the introduction of a statutory duty of candour in Victoria. Following this, the Victorian Government introduced a statutory duty of candour in 2022 to foster an open and honest culture and strengthen quality and safety in health services delivery. This presentation will consider: a) the Australian Open Disclosure Framework b) barriers to open disclosure and the incident disclosure gap c) Statutory duty of candour and d) Medico legal implications.

### *Involuntary Commitment for Substance Use Disorder Included in or Excluded from the Mental Health Commitment Legislation.*

Marianne Larsson Lindahl, *Lund University* (marianne.larsson\_lindahl@med.lu.se)

The mission of the Swedish government's National Commission on Comorbidity was to analyse the coordination of substance use disorder (SUD) treatment and to clarify the division of responsibilities between health care and social services. As a part of this assignment a special analysis was performed on commitment to involuntary care. Involuntary commitment due to SUD has since 1989 been regulated by The Care of Substance Abuser's Act, and not included in the regular mental health legislation. In a proposal by the Commission in 2023, repeal of this specific legislation was suggested, with people with SUD to be absorbed in the involuntary legislation for individuals with severe mental illness. This presentation will focus on the reasoning behind integrating commitment of people with SUD into the involuntary care legislation for people with severe mental illness. The presentation will also investigate the consequences of the proposed change regarding legislation, patients, and institutions.

### *Community Treatment Orders and Access to Care for Life Threatening Illness*

Steven Paul Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

Leena Badran, *University of California, Berkeley* (lbadran@berkeley.edu)

Lachlan Rimes, *Data Administrator/Analyst Victoria Department of Health and Human Services (VDHHS), Melbourne, Australia* (Lachlan.Rimes@dhhs.vic.gov.au)

Do severely-mentally-ill(SMI)-people require involuntary-care to protect their physical health or do they simply lack access to general-healthcare that they would access voluntarily if available and effective? Australia's single-payer-healthcare-system provides accessible-medical-treatment and an excellent-context to answer these questions. This study considers whether community treatment order(CTO)-assigned SMI-patients are more likely to access acute-medical-care addressing life-threatening-physical-illnesses than voluntary-patients with and without SMI. Between 2010–2017, acute-medical-care-access of three cohorts was considered: 7,826 CTO-assigned-patients with SMI; 13,896 hospitalized-SMI-patients released without CTO-assignment; and 12,101 low-morbidity-risk outpatients, never psychiatrically-hospitalized. Logistic regression was used to determine whether community-mental-health(CMH)-supervision, and CTO vs non-CTO-supervision, influenced the likelihood of receiving initial-diagnoses of life-threatening physical-illness. SMI-hospitalized-cohorts (CTO and non-CTO-patients) shared elevated-morbidity-risk, 43.7% and 46.7%. respectively accessed initial-life-threatening-diagnoses vs 26.3% of outpatients. Outside-CMH-supervision, CTO-patient access to a physical-illness diagnosis was 36% lower than non-CTO-patients—1.30-times that of outpatients. Under-CMH-supervision, it was two-times-greater than non-CTO-patients and 6.6-times that of outpatients. Each CTO-episode yielded a 14.6% increase in the likelihood of receiving a diagnosis. The results replicate a 2000–2010-cohort-comparison. CMH-supervision, notably CTO-supervision, in two independent-investigations over two decades facilitated access to physical-healthcare in acute-care-settings for SMI-patients who refused treatment—a group that has been subject to excess morbidity and mortality.

## **85. Mental Health Provision in the United Kingdom- Mental Health Policy, Roles, and Practice**

### *Pioneers not Guinea Pigs; Non-Medics as Approved Clinicians*

Sarah Vicary, *The Open University* (sarah.vicary@open.ac.uk)

Kevin Stone, *Warwick University* (kevin.stone@warwick.ac.uk)

This presentation discusses an initial exploratory study carried out in England, United Kingdom. The pilot study set out to understand the experiences of non-medical professional undertaking the Approved/Responsible Clinician role; a previously exclusively held medical role. The principal research aim was to explore the function and experiences of Approved Clinicians from their own social work perspective. The research is timely. The nature and type of professional mental health roles is changing. This change is a result of Government policy, as encapsulated in legislative reform, which is bringing about new ways of working in the mental health sector in England and Wales. The research aims to provide new insights into the experience of undertaking a role which

is directly relevant to the public sector and will be an area of importance to those who undertake it and to those who educate and manage them. Findings and implications will be discussed in the presentation.

### *Mental Health Professionals Experiences of Detaining Black Men Under the 1983- a Call for Anti-Racist Assessment Practice*

Caroline Leah, *Manchester Metropolitan University*, (c.leah@mmu.ac.uk)

The number of detentions under the Mental Health Act 1983 is growing, disproportionately impacting on black and minority ethnic people, and especially on men from Black and African Caribbean ('BAC') communities. These men face individual and institutional obstacles that negatively affect their access to mental health care and treatment and limit their positive care experiences. As part of an overarching multimethod project the aim of this presentation is to understand the role of mental health professionals in the detention experiences of BAC men. Experience based co-design methodology was employed in a qualitative method that uses a storytelling approach to focus on people experiences and emotions rather than attitudes or perceptions. It offers an alternative way to: 1. Understand professionals' experiences of MHA detention; 2. Enable BAC men to work together as equal partners with key professionals to prioritise and co-design solutions for improvement. Using EBCD methodology several professionals including Approved Mental Health Professionals/social workers, psychiatrists, police officers, and nurses were interviewed. The presentation will explore findings from the research project on the professionals. It will consider implications for policy and practice in the UK and may be of value to other countries, globally.

### *Learning to Detain- Managing Risk as a Newly Qualified Approved Mental Health Professional*

David Watson, *University of Brighton* (dw1@brighton.ac.uk)

The Approved Mental Health Professional (AMHP) has a pivotal role in the Mental Health Act 1983 in England. This study explored how newly qualified AMHPs learned to manage the risk inherent in a referral for a Mental Health Act assessment. Data was gathered via semi-structured interviews with seven participants from two successive cohorts of an AMHP course. Participants were interviewed at least twice during their first year in practice. All were qualified social workers and acted as AMHPs on a duty rota, one day a week. Interview transcripts were analysed by a process of thematic analysis. Findings indicated the newly qualified AMHPs treat risk as something real to be assessed and recorded and learn strategies for managing the anxiety that comes with the responsibility and accountability for this. Over the first year, they become more able to decline a referral, passing the responsibility back to the referrer, whilst retaining some accountability in terms of their decision not to intervene. Newly qualified AMHPs also learn to structure their reports to demonstrate the medico-legal rationale for detention, or not, and ensure

that the doctors share the responsibility when the person is not detained. Implications will be discussed in the presentation.

### *Approved Mental Health Professionals Decision Making*

Andy Brammer, *Mental Health Professional Lead, Wakefield, United Kingdom*  
(andybrammer@wakefield.gov.uk)

In England and Wales (UK) the Mental Health Act 1983(2007) (MHA) is the primary piece of legislation used for involuntary admission to a mental health hospital. The task of considering and coordinating these involuntary admission decisions rests with the Approved Mental Health Professional (AMHP). The research aim was to explore the several factors that influenced the decision making of AMHP's. Qualitative semi-structured interviews using a fictitious vignette of a community-based assessment, was conducted with eighteen AMHPs followed by a focus group to explore beliefs about the purpose of mental health legislation. The research found that AMHPs adopt frameworks of understanding when considering MHA assessment decisions. The AMHP does not approach the situation with a blank slate or with no presumptions about what may be happening or how they should proceed. There is evidence that the primary frameworks align to the legal requirements and principles of the MHA; even though AMHPs do not always explicitly state this when describing their considerations, they test information received against a consistent set of factors deriving from the MHA criteria for involuntary admission decisions.

## **86. Mental Health Reviews: Clinicians, Patients, and Policy Planners**

### *A Clinical Law School Model for the Legal Representation at the Involuntary Civil Commitment Hearing of the Mentally Ill Person*

Donald Stone, *University of Baltimore School of Law* (dstone@ubalt.edu)

The University of Baltimore School of Law provides law students with an opportunity to represent persons who are allegedly mentally ill, dangerous and in need of inpatient psychiatric hospitalization and facing involuntary civil commitment. The design and implementation of this Mental Health Law Clinic will be discussed. The opportunity for law students in a 3 credit clinic to interview clients, evaluate medical records, develop a case theory, ponder ethical issues and argue the case before an Administrative Law Judge are vital legal skills taught in the clinic. The student's educational objectives including client interviewing, counseling, and trial advocacy will be highlighted. Students participate in a classroom component, conduct mock interviews and hearings which culminate in the actual legal representation of clients three times within the semester. Students also become involved in other legal aspects of the civil commitment process including legislative advocacy on mental health issues and provide investigative legal assistance in cases involving voluntary admission and postponements. Advice on developing a law school

legal clinic, the obstacles faced as well as the benefits to both the client and law student will be the focus of the presentation.

### *Patient Perspectives on Coercion Reduction in Mental Health Care – Insights from Qualitative Studies*

Olav Nytingnes, *Akershus University Hospital* (olav.nytingnes@ahus.no)  
Solveig Helene Høymark Kjus, *NTNU Social Research, Trondheim, Norway*  
(solveig.kjus@samforsk.no)  
Tonje Lossius Husum, *Oslo Metropolitan University* (tonjelos@oslomet.no)  
Jorun Rugkåsa, *Akershus University Hospital* (jorun.rugkasa@ahus.no)

Coercion in mental health care, including involuntary admission, medication, and restraints, remains contested, prompting calls for reductions from users, professionals, and authorities. To explore potential solutions, we conducted a systematic review of qualitative studies on patient experiences and opinions regarding coercion. Our search covered qualitative studies published between 1990 and 2021, regardless of the specific form of coercion in mental health care. We screened 27,521 titles and abstracts, examined 613 full texts, and found 236 papers reporting qualitative data on patient perceptions of coercion. Among them, 137 papers provided suggestions for reducing coercion or improving the coercive experience. We will present a metasummary and metasynthesis of the findings. Research focus soared after 2010, and 2/3 of included publications are from Europe. The content of findings align partially with previous reviews on experienced coercion, emphasizing the importance of care, humanity, trust, and empathetic dialogue regarding patients' reasons for their behavior. The full body of results across papers enables a deeper understanding of when and why patients oppose or accept paternalistic care and treatment. Findings and implications will be discussed in the presentation.

### *Civil Commitment Law in the United States after Dobbs*

Timothy S. Hall, *University of Louisville* (tshall01@louisville.edu)

Since the U.S. Supreme Court's decision in *Dobbs v Jackson Women's Health*, much attention has been paid to the direct effects of that decision on reproductive health care; and on established precedent related to privacy and autonomy, such as rights to contraception and marriage. This presentation will explore the potential effect of *Dobbs* on the constitutional parameters of the law of civil commitment and involuntary medication of the mentally ill. The language and analysis of *O'Connor v Donaldson*, the foundational Supreme Court case establishing the parameters of the State's right to involuntarily commit an individual, is similar to that of *Roe v Wade*, the case overturned by *Dobbs*. The current Court has cast substantial doubt on the continued vitality of that analysis; and one can imagine a reconceptualization of *O'Connor* after *Dobbs* that substantially alters the requirements for civil commitment. The reliance in *Dobbs* and other recent Supreme Court opinions on historical precedent as a linchpin of originalist analysis could lead the Court to search for justifications in colonial or 19th-century mental health practices, time periods which predate modern psychiatric science. This presentation will explore the potential disruptions in American civil commitment law arising from such a shift in Constitutional analysis.



## 87. Migrant Mental Health and Policy in International Context

### *Comparison of Canada and U.S. Refugee Policy*

G. Eric Jarvis, *McGill University* ([eric.jarvis@mcgill.ca](mailto:eric.jarvis@mcgill.ca))

Canada and the U.S. share common histories and cultural origins. Despite these similarities, refugee mental health and legal issues differ between the two countries. This paper highlights what these differences may be and how they affect the lives of refugee applicants. Medical and government documents relating to refugee mental health and legal issues are reviewed, compared, and contrasted in light of current political and economic contexts in Canada and the U.S. Until the defeat of the Conservative government in October 2015, Canada focused on expediting refugee applications while reducing expenditures on refugee mental health care. The United States, on the other hand, has been preoccupied with staunching the flow of immigrants in general, including refugees, and deciding how to handle the millions of foreign residents living within its borders. For example, despite providing billions of dollars in aid, the U.S. specifically has refused to grant Syrian refugees asylum. For different reasons, the agendas of medical and government policies in both countries have not been centered on the well being of refugee applicants, but on ideological outcomes that devalue immigration and assume that asylum seekers are being provided a better life at the expense of citizens.

### *Migration and Psychosis in Spain: A Critical Review*

Irene Falgas-Bague, *University of Basel* ([irene.falgasbague@swisstph.ch](mailto:irene.falgasbague@swisstph.ch))

G. Eric Jarvis, *McGill University* ([eric.jarvis@mcgill.ca](mailto:eric.jarvis@mcgill.ca))

Migrants have high rates of schizophrenia and other psychotic disorders, which may be related to the context in which migrants and their descendants live in their countries of adoption. In the last 20 years, Spain has dramatically changed to a country of immigration, such that immigration has clearly become a fundamental issue in Spanish society. This increase of the migrant population represents a challenge for the Spanish health care system, the professionals associated with it, and government funding of services. Few Spanish studies have been published regarding psychosis in migrants. To identify reasons for this neglect, and to summarize the state of the knowledge of the field, we gathered all relevant studies and critically reviewed the Spanish literature with respect to psychosis and migration. Retrieved publications produced three categories of information about the current state of research: Characteristics of the publications, research approaches to migrant concepts, and research perception of psychotic disorders in migrants. Reasons for the neglect of migrants with psychosis by Spanish psychiatry appear principally to be due to the newness of immigrants to Spain combined with stereotyped thinking arising from historical and cultural legacies that favor integration rather than multiculturalism.

## *From Cultural Consultation to Cultural Psychiatry: The experience of a Cultural Consultation Service in Bologna, Italy*

Vincenzo Spigonardo, *Servizio Protenzi Internazionali, ASP Città di Bologna, Italy*  
(vincenzo.spigonardo@gmail.com)

Delia Da Mosto, *Universitat Rovira i Virgili* (deliadamosto@gmail.com)

Paola Rucci, *University of Bologna* (paola.rucci2@unibo.it)

Giorgia Zanutto, *University of Bologna* (giorgia.zanutto@studio.unibo.it)

Rhoonak Khamooshi, *Servizio Protezioni Internazionali, A.S.P. città di Bologna*  
(khamooshi\_ronak@yahoo.com)

Madeleine Kana, *Dipartimento Assistenziale, Tecnico e Riabilitativo, Ausl Bologna*  
(m.kana@ausl.bologna.it)

Riccardo Rondelli, *Servizio Protezioni Internazionali, A.S.P. città di Bologna*  
(r.rondelli77@gmail.com)

Leonardo Mammana, *University of Bologna* (leonardo.mammana3@unibo.it)

Bologna's Cultural Consultation Service (CCS-Bo) is a comprehensive mental health support service. It has provided assistance to migrants and refugees since 2015 and has supported over 200 refugees and asylum seekers originating from more than 30 countries. Naturalistic data collected by the CSS shows how the clinic has adapted its practices and intake models to address migration patterns and contextual factors. Driven by local requirements for psychological and psychiatric care, the CSS of Bologna has transitioned from a consultation service to a psychiatric service. This evolution aligns the activities of the CCS-Bo more closely with those of a community-based facility, as opposed to the traditional CCS in Montreal. The strong collaboration with the International Protection Service of Bologna as well as the level of engagement with the Department of Mental Health of Bologna has transformed the CCS-Bo into a specialized liaison service between outpatient and custodial teams. In this context, partnerships with the University of Bologna plays a crucial role in supporting the monitoring and networking efforts of the CCS-Bo, facilitating service evaluation and the exchange of best practices.

## *French Immigration Policy and the Access to Mental Health Care for Asylum Seekers: Challenges and Perspectives How Has Cannabis Legalization Influenced Cannabis Use in Pregnant Women in Quebec? Integration Pregnant Women's Voices*

Andrea Tortelli, *CAPSYS, Paris, France* (atortelli@wanadoo.fr)

France welcomes 100 000 asylum seekers per year. Most live in the Paris area. Restrictions to housing and welfare for asylum seekers are due to services being assigned based on place of residence. Yet, once in care, barriers still exist, such as long wait lists and low use of interpreters (most patients do not speak French). This paper aims to clarify why. A survey of studies on access

to mental health care for migrants in the Paris area found that the most in need are those presenting with common mental health problems (anxiety, depression, or PTSD) and with unstable housing. To address these needs, a new facility with an integrative approach was created in 2021 and currently receives nearly 800 asylum seekers per year. With no address constraints, patients have free access to pharmacological and psychological interventions and coordination with general practitioners and social workers. Distress associated with the asylum procedure, isolation, and language barrier is observed to have a negative impact on access to care for asylum seekers. Provision of resources like housing, interpreters, and flexible mental health care options, enhances asylum seeker access to services.

## 88. Mind of the Mafia

### *Organized Crime in the Covid-19: A Psychopathy-Oriented Approach?*

Guido Travaini, *University of Vita-Salute San* ([travaini.guido@hsr.it](mailto:travaini.guido@hsr.it))

Emma Flutti, *University of Rome* ([emma.flutti@hsr.it](mailto:emma.flutti@hsr.it))

The aim of the present work is to explore the implications of the COVID-19 pandemic for organized crime in Italy. Particularly, considering the impact on the typical activity of organized crime groups (OCGs), in terms of reduction or increase, and analyzing how OCGs benefited from the pandemic by adopting new strategies to deal with the global crisis. The results to be shared are supported by the main operations of the Italian Law Enforcement recorded in the period 2019-2023. Furthermore, the presentation will reflection on the OCGs' organizational choices, which turned out to be rational, unethical, and strategic, even though the context made the OCGs themselves equal victims of the health emergency. It could be hypothesized that a psychopathy-oriented organizational approach guided and allowed the OCGs to operate undisturbed even in an emergency scenario. Findings and implications will be discussed in the presentation.

### *The Psychopathic Dimension in Women of Mafia*

Felice Carabellese, *University of Bari* ([felicefrancesco.carabellese@uniba.it](mailto:felicefrancesco.carabellese@uniba.it))

Lia Parente, *University of Rome* ([lia.parente@uniroma1.it](mailto:lia.parente@uniroma1.it))

Fulvio Carabellese, *University of Bari* ([fulvio.carabellese@uniba.it](mailto:fulvio.carabellese@uniba.it))

The authors focus their interest on the socially deviant mafia world, especially on the question of a psychopathic dimension of individuals in mafia. From the scientific point of view, this continues to be an unknow world. In all these cases, individuals in mafia, their “feats”, their profiles seem to correspond to popular conceptions of the psychopath. Even less known is the role of women in criminal organizations. Their historical role in the last decades has gradually shifted and become more important than it was in the past. The presenters research focused on identifying the prevalence of the psychopathic dimension in mafia women, based on a sample of 20 convicted mafia women coming from Campania and Calabria, the regions of Camorra and 'Ndrangheta respectively, historical Italian criminal organizations. These women inherited their roles from

previous bosses and successfully carried on the criminal business. The study reported in this presentation compared this sample of mafia women with a sample of female offenders with full criminal responsibility who were in common female prisons. Like men of mafia, the women of mafia have a low prevalence of the psychopathic dimension. The presentation concludes that further research is necessary to identify the psychopathic dimension in larger samples of women, and then compare them with similar male samples.

## *Overview of Use of the Insanity Defense in Mafia Trials*

Gaia Sampogna, *Università Vanvitelli* ([gaia.sampogna@unicampania.it](mailto:gaia.sampogna@unicampania.it))  
Corrado De Rosa, *Università Vanvitelli* ([corrado.derosa@unicampania.it](mailto:corrado.derosa@unicampania.it))

The use of the insanity defense as a tool to obtain justice benefits represents a quite frequent strategy in mafia trials. In Italy several mafia trials – ranging from Camorra trials in ‘80s and ‘90s to Maxi-Trials coordinated by G. Falcone and P. Borsellino – have included criminals who simulated mental disorders. Several reasons have been listed for using insanity in mafia trials, including: the lack of unique biological basis of mental disorders, the lack of specific diagnostic tools for confirming the presence of a full-blown mental disorder, and the poor reliability of some psychiatric diagnoses. Furthermore, the use of the insanity defense in mafia trials guarantees judicial advantages such as sentence reductions, suspension of judgement, and release from prison. This presentation will provide an overview of the use of the insanity defense in mafia trials and will highlight the need for improving the curricula on forensic issues in education programs for psychiatrists.

## *Psychology of the Mafiosi: Psychopathy or Social Deviance? A Conceptual Analysis*

Alan Felthous, *Saint Louis University* ([alan.felthous@health.slu.edu](mailto:alan.felthous@health.slu.edu))

The psycho-social condition of mafiosi has been designated as dyssociality and sociopathy, but both terms are heterogenous in their inconsistent definitions and applications. Psychopathy, too, is a heterogenous concept in its early and multi-national development. Its meaning has, nonetheless, become more universally understood and used, first described ideographically by Cleckley, then nomothetically by Hare who developed the PCL-R instrument for measuring psychopathy. Recent research has shown psychopathy not to be elevated among the mafiosi, leaving the criminal and violent behavior, however serious, frequent and persistent, unexplained. Better than a psychopathological category or dimension, the “mind of the mafiosi” seems better explained by deviant social learning and differential socialization following the social learning theory of Bandura and the criminological theory of Sullivan. Any explanatory theory must, however, take into account the different life trajectories of mafiosi including their age upon

affiliation and ascending to membership. Findings and implications will be discussed in the presentation.

## *Organized Crime in Puglia, the Foggia Mafia*

Parente Lia, *University of Rome* ([lia.parente@uniroma1.it](mailto:lia.parente@uniroma1.it))  
Fulvio Carabellese, *University of Bari* ([fulvio.carabellese@uniba.it](mailto:fulvio.carabellese@uniba.it))  
Harry Kennedy, *Trinity College University* ([harry.kennedy@tcd.ie](mailto:harry.kennedy@tcd.ie))  
Mary Davoren, *Trinity College University* ([mary.davoren@tcd.ie](mailto:mary.davoren@tcd.ie))  
Alan Felthous, *Saint Louis University* ([alan.felthous@health.slu.edu](mailto:alan.felthous@health.slu.edu))  
Felice Carabellese, *University of Bari* ([felicefrancesco.carabellese@uniba.it](mailto:felicefrancesco.carabellese@uniba.it))

The annual report of the DIA (Anti-Mafia Investigation) presented to Parliament, relating to 2021, outlined the activities of the criminal organizations of Puglia. The report shows that, in addition to the usual criminal activities, the Apulian criminal organizations are also engaged in economic-entrepreneurial activities of the territory and the corruption of sectors of the Public Administration. Criminal activities in the Foggia area, which are headed by historical families, allied with Campanian, Albanian and Montenegrin clans, are characterized by their ferocity and the heterogeneity of the groups, in changing relationships of conflict and alliance with each other. The main clans in the Foggia area are those of the Gargano, specialized in arms trafficking, that of Foggia, the so-called "Society", specialized in extortion, that of Cerignola, specialized in assaults on armored vans and car theft, that of San Severo, dedicated to drug trafficking through agreements with other national and foreign criminal organizations. The DIA investigations led to the dissolution of the council of the municipality of Foggia, with the resignation of the mayor in 2021. The Foggia "Society" had also massively infiltrated the agricultural sectors and the construction of public procurement.

## **89. Mistreatment of Women's Rights: From History to Current Challenges**

### *Adverse Childhood Exposures, Substance Abuse, Victimization and Mental Health Problems Among Women*

Marie Väfors Fritz, *Malmö University* ([marie.vafors.fritz@mau.se](mailto:marie.vafors.fritz@mau.se))  
Sten Levander, *Malmö University* ([sten.levander@mau.se](mailto:sten.levander@mau.se))

Adverse childhood experiences and victimization have been linked to an increased risk for substance abuse and repeat victimization later in life. This study explores women's exposure to childhood and later victimization and the association between substance abuse, victimization/poly-victimization, and mental health problems (diagnostic prevalence and treatment are briefly discussed). In-depth interviews were conducted with eleven Swedish women (aged 20 to 51) with

serious substance abuse as well as a range of other psychosocial problems. Thematic analysis using systematic text condensation revealed five overarching themes of exposure. These exposures are Upbringing and childhood environment; Childhood psychological and physical victimization or neglect; Mental ill-health, such as neuropsychiatric vulnerabilities; Re-victimization after childhood regarding placements; and Re-victimization after childhood regarding new relationships and alternative social networks. Each theme is further described by category subgroups and is exemplified using participants' quotes to illustrate the first-person perspective of these women's life stories. Early life experiences, neuropsychiatric vulnerabilities and poly-victimization throughout life interact with negative contextual factors and a lack of support to result in individually different adverse life situations. Treatment efforts that are comprehensive, individualized and implemented by multi-professional agents are to be preferred. These findings and implications will be discussed in the presentation.

### *Understanding How Violence, Mental Health Challenges and Child Welfare Removal Disproportionally Contribute to Indigenous Women's Overincarceration in Canada*

Paula Maurutto, *University of Toronto* (p.maurutto@utoronto.ca)

Kelly Hannah-Moffat, *University of Toronto* (hannah-moffat@utoronto.ca)

In Canada, the Indigenous women's population is facing a deeply concerning issue – they are the fastest-growing incarcerated group. Despite comprising only around four percent of the Canadian female population, Indigenous women represent a staggering 43 percent of adult female custodial admissions. This alarming disparity highlights a pressing need to examine and address the underlying factors contributing to this overrepresentation. To shed light on this issue, we conducted a quantitative and qualitative analysis of 200 'Gladue reports' written in Ontario, Canada. These reports are requested by judges at sentencing. Our findings reveal a disturbing pattern of excessive exposure to violence and abuse experienced by these women that exacerbate or result in mental health challenges, which the courts often interpret as evidence of increased risk, leading to a cycle of over-incarceration. Furthermore, we show how state practices such as child welfare often result in escalated exposure to violence, trauma, and mental health challenges. Unfortunately, the removal of children often leads to increased involvement with the criminal justice system, perpetuating a vicious cycle. Addressing these pressing issues requires a multifaceted approach that recognizes the unique experiences and challenges faced by Indigenous women. Findings and implications will be discussed in the presentation.

### *Gratitude is Stronger Than Fear —The President of the United States Has a Duty to Publish the Equal Rights Amendment to Protect Women's Bodily Autonomy, Reproductive Rights, and LGBTQ Rights*

Gina Collias, Attorney, *National ERA Publication Task Force* (ginacolliasattorney@gmail.com)

In the United States, the ratification of the Equal Rights Amendment ("ERA") was completed on January 27, 2020. Both Presidents Trump and Biden refused to do their Constitutional duty and

take care that the ERA is published as the 28th Amendment to the US Constitution; they failed to instruct their Executive Branch employee, the Archivist, to publish the ERA as the 28th Amendment to the US Constitution. The National ERA Publication Task Force provides the legal grounds and the overwhelming political and policy reasons that we hope will strongly urge President Biden to instruct his Executive Branch U.S. Archivist to publish the ERA immediately as the 28th Amendment. The ERA saves Reproductive Rights, LGBTQ Rights, and makes women citizens equal to their male counterparts for the first time in U.S. history. By protecting the legal status of over half the American population, the publishing of the ERA will be the one of the most historic acts of any U.S. President, akin to the Emancipation Proclamation ending slavery. The World Health Organization defines Gender Inequality Index as a “measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labour market.” In June 2023, the World Economic Forum’s ranked the United States at 43rd below countries who have higher gender parity, we believe in part due to the 2022 US Supreme Court’s Dobbs decision, the autocracy surge, and voter suppression that has been enveloping the USA at the expense of democracy. Implications will be discussed in the presentation.

### *The End of Roe: What Could It Mean For the Mental Health of Those Desiring Children?*

Stephanie Boys, *Indiana University* (sboys@indiana.edu)

In 2022, the U.S. Supreme Court issued a death knell to the right of women to obtain safe abortions that had been enshrined for nearly 50 years. Among the many intended and unintended consequences of handing states authority to control reproductive health is the ability to regulate IVF access and procedures. This presentation will explore the implications of states defining life to begin at fertilization on IVF, as well as the consequences for the mental health of patients undergoing fertility treatment. Although it is possible to argue that IVF could be interpreted as completely illegal under laws defining life to begin at conception, analysis indicates there is much more leeway in constitutional interpretation, which is strongly lobbied for by the lucrative IVF industry and pharmaceutical companies. Three major changes could likely be required in IVF practice. First, the number of embryos that could be created each cycle could be limited. Second, all embryos created each cycle could be required to be transferred. Third, life at conception bills could ban cryopreservation. The current uncertainty in the fertility industry will ultimately impact patient mental health as they justifiably fear the likelihood of a successful pregnancy may be lowered due to state regulations. Implications will be discussed in the presentation.

## **90. Neuroscience and the Law**

### *Criminal Law in the Wake of Science- Can Neuroscience Inform the Criminal Law-Medico-Legal Perspectives from South Africa*

Geert Stevens, *University of Johannesburg* (philip.stevens@up.ac.za)

The role of science and, more specifically, medical science in explaining criminal behaviour has been acknowledged since time immemorial. With reference to the defence of pathological criminal incapacity within the context of substantive criminal law, the role of mental health sciences is well established. The defence of pathological criminal incapacity has historically been rooted within the fields of forensic psychiatry and psychology. Recently the role of neuroscience in assessing criminal responsibility has become an issue of academic and practical debate. A question that falls to be assessed is whether the time has arrived to open the door to other sciences such as neuroscience to supplement the traditional mental health science model to assess criminal responsibility properly. In this presentation, the defence of pathological criminal incapacity will be used as an example of an area within substantive criminal law where the role of science becomes crucial in assessing criminal responsibility. The historical context of this area of criminal law will be canvassed against the backdrop of advances made in neuroscience to provide an alternative perspective to the traditional model of mental health science in terms of explaining criminal behaviour.

### *Bioethical Problems of Predicting and Explaining Behavior*

David Freedman, *IALMH Senior Research Consultant* (df2379@gmail.com)

Neuroscience research has already changed the expectations of how it can explain and predict behavior, but it does so in ways that raise significant ethical and scientific questions. Some of the current research recruits prison inmates as the subjects of studies of behavior, using brain imaging to offer supposedly predictive and character defining models. Most of the current research is cross-sectional, yet broad conclusions are offered about behavior without having established ecological validity or acknowledging how social and environmental conditions shape behavior. Moreover, while neuroscience on the one hand demonstrates that the brain is not fixed, that the neurodevelopmental trajectory defines a changing structure and function across the lifespan, the use of the research in courts typically fails to address these changes, opting instead for static labeling approaches which ignore the very science on which it is based. In discussing these bioethical issues, this presentation will address the importance of considering the social context of behavior; the ways in which cross-sectional studies (e.g., most neuroimaging studies) are used to make unsupported, broad claims about behavior; how neuroscience has become another tool used to label, categorize and exercise control over some people; and whether neuroscience research adequately details its assumptions and limitations when applied.

### *Plasma Neurofilament Light Chain Protein is Not Increased in Forensic Psychiatric Populations: A Pilot Study*

Anja Fernqvist, *University of Gothenburg, Sweden* (anja.fernqvist@gu.s)

Eirini Alexiou, *University of Gothenburg, Sweden* (eirini.alexiou@gu.se)

Henrik Zetterberg, *University of Gothenburg, Sweden* (henrik.zetterberg@clinchem.gu.se)

Katarina Howner, *Karolinska Institutet, Stockholm, Sweden* (katarina.howner@ki.se)

Thomas Nilsson, *University of Gothenburg, Sweden* (thomas.nilsson@neuro.gu.se)

Peter Andiné, *University of Gothenburg, Sweden* (peter.andine@gu.se)



Neurofilament light chain protein (NfL) is a fluid biomarker of neural injury measurable in cerebrospinal fluid and blood. Patients with different neurodegenerative disorders and mild traumatic brain injury display elevated levels of NfL. So far, elevated levels of NfL have not been demonstrated in persons with psychiatric disorders. To our knowledge, the occurrence of NfL in the blood has not previously been studied in persons undergoing forensic psychiatric assessment or treated in forensic mental health services. Supposedly, these persons are exposed to a higher risk of neural injury than other psychiatric patients. In this pilot study, we investigated plasma levels of NfL in 20 persons undergoing forensic psychiatric assessment and 20 patients at a forensic psychiatric hospital. NfL values were compared with control groups of healthy individuals matched for age and sex. The prevalence of increased NfL in both forensic groups was low and did not differ compared with the controls. However, some slightly elevated values were observed in the forensic psychiatric assessment group, investigated closer in time to the index crime, when elevated NfL levels could be expected due to acute conditions from the time of the offense. This gives reason to look further into this group.

### *Deciphering the Nexus: Forensic Psychiatry's Role in Linking Functional Neurological Disorder to Physical Injury*

Shafi Ali Khan Lodhi, *Massachusetts General Hospital* ([admin@shafilodhimd.com](mailto:admin@shafilodhimd.com))

This presentation explores the intersection of Forensic Psychiatry and Functional Neurological Disorder (FND), with a particular focus on attributing FND to physical injury. Functional Neurological Disorder, a condition marked by neurological symptoms with no discernible organic cause, often presents a challenge for both diagnosis and treatment. Within the realm of Forensic Psychiatry, the task becomes even more complex when attempting to determine causation, especially in relation to a physical injury. In this presentation, we delve into the nuances of this process, exploring the clinical, legal, and ethical considerations that come into play. We will discuss the methodologies used in forensic psychiatric evaluations to establish the link between physical injury and FND, and examine the potential pitfalls and challenges in these cases. The goal is to provide a comprehensive overview of the role of forensic psychiatry in these complex cases, and to encourage further research and discussion on this critical topic.

## **91. Neurotechnology in Forensic Psychiatry: Law and Ethics**

### *Emerging Neurotechnology and Forensic Psychiatry*

Gerben Meynen, *Utrecht University* ([g.meynen@uu.nl](mailto:g.meynen@uu.nl))

In the near future, emerging neurotechnologies may be used in different areas of society, for instance, healthcare, education, gaming, military, and criminal justice. If neurotechnology will be used in criminal justice contexts, one possible setting is forensic psychiatry. In this presentation

several aspects of such possible near-future application will be considered. Basically, two types of neurotechnology exist: first, technologies that aim to obtain information about the brain (and mind, behavior); second, technologies that aim to change the brain (and mind, behavior). In fact, these techniques can also be combined into so-called closed loop devices that detect brain activity and, based on the activity that is detected, can change the output. Each of these devices could, in principle, have a place in forensic treatment. Yet, such use of neurotechnology clearly entails ethical issues. This presentation will focus on ethical challenges that arise when considering the application of neurotechnologies in a forensic psychiatric context that combines therapeutic and security aims.

## *Human Rights Protecting of the Mind Against Emerging Neurotechnologies*

Naomi Van de Pol, *Utrecht University* (n.a.w.vandepol@uu.nl)

In the near future, neurotechnologies may be employed in criminal justice, in particular in forensic psychiatry. Neurotechnological interventions – neuro-interventions – may not only be used to treat neuropsychiatric disorders, but also to contribute to the rehabilitation of offenders. For example, a Dutch research group showed that neuromodulation (transcranial direct current stimulation) reduced aggression in a forensic population. In principle, neuro-interventions offer potential benefits both for rehabilitating offenders and the criminal justice system, but they also raise fundamental concerns about offenders’ human rights. As neuro-intervention may have profound mental effects and influence mental health, the question is raised whether offenders’ minds are provided with adequate human rights protection. This has been the topic of international debate for several years. Some legal scholars argue that traditional rights and freedoms can be interpreted to include adequately protection for the mind, whereas other advocate for the creation of novel human rights – neurorights. This presentation will examine whether current human rights law, specifically Article 3 (the prohibition of ill-treatment), Article 8 (the right to respect for private life) and Article 9 (the freedom of thought) of the European Convention on Human Rights, can be interpreted to include protection for the mind.

## *Neurotechnologies and the Moral Right to Mental Integrity: Implications of the Extended Mind Thesis*

Vera Tesink, *Vrije University of Amsterdam* (v.tesink@vu.nl)

Neurotechnologies could in the future be used in criminal justice to prevent recidivism. Some worry that the use of these technologies may threaten offenders’ mental integrity. What exactly constitutes ‘mental’ integrity, however, is a matter of debate—and importantly depends on one’s view of the mind. If the mind is understood in internalist—or brain-based—terms, neurotechnologies might indeed interfere with offenders’ mental integrity. However, if we understand the mind as extended, it is less clear that neurotechnologies would uniquely threaten offenders’ mental integrity. For one, because interferences with mental integrity could also consist

in interferences with environmental objects that are extensions of the mind. Moreover, neurotechnologies could also become part of the mind and thereby subject to mental integrity interferences themselves. This importantly has implications for the debate on how the use of neurotechnologies in criminal justice ethically compares to incarceration. On an internalist account, only neurotechnologies seriously threaten mental integrity, while on an extended account, incarceration might threaten mental integrity to a similar extent. The presentation will argue that discussions on the ethical permissibility of using neurotechnologies in criminal justice should therefore be informed by discussion on the assumed boundaries of the mind.

### *The Offer of Neurorehabilitation: Respecting Offenders as Social Beings*

Emma Dore-Horgan, *Vrije University of Amsterdam* (e.dore-horgan@vu.nl)

Soon, it may be possible to promote offender rehabilitation through the use of neurointerventions – interventions that exert direct physical, chemical or biological effects upon the brain. Ethical and legal debate surrounding neurointervention use within criminal justice has largely consisted in arguments either against any such intervention, because it infringes offenders’ rights and/or autonomy, or in favour of neurointervention, independently of issues involving offender rights. Yet, the idea that offenders have a moral right to be offered ‘neurorehabilitation’ is currently gaining traction. This presentation builds upon existing arguments by arguing that offering neurorehabilitation will sometimes be necessary to respect offenders as social beings. I argue, firstly, that persons qua social beings have a moral right to be respected as social beings. I argue, secondly, that respecting persons as social beings entails (amongst other things) offering assistance to persons in preserving their capacity to forge social connections when their practical ability to socially connect and integrate with others is in jeopardy. And I argue, thirdly, that this duty to offer assistance implies a (defeasible) duty to offer safe and effective neurorehabilitation to offenders when such intervention is necessary for preserving offenders’ abilities to connect and integrate with others

### *The Various Faces of Vulnerability: Offering Neurointerventions to Criminal Offenders*

Sjors Ligthart, *Utrecht University* (s.l.t.j.ligthart@tilburguniversity.edu)

In recent years, we have witnessed considerable progress in neurotechnologies that visualize or alter a person’s brain and mental features. In the near future, some of these technologies could possibly be used to change neural parameters of high-risk behavior in criminal offenders, often referred to as neurointerventions. The idea of delivering neurointerventions to criminal justice populations has raised fundamental normative concerns, but some authors have argued that offering neurointerventions to convicted offenders could be permissible. However, such offers raise normative concerns too. One prominent worry that is often emphasized in the literature, relates to the vulnerability of convicted offenders in prison and forensic patients in mental health facilities. This presentation aims to show that as far as vulnerability is considered relevant within

the context of offering medical interventions to offenders, it could contribute to arguments against as well as in favor of these offers.

## 92. Obesity and Legal Challenges

### *Legal Aspects of Obesity at Workplace*

Gaurav Mehta, *University of Toronto* (gmehta@southlakeregional.org)

Obesity is considered to be a discriminatory factor in hiring process and promotions. People with obesity are more likely to be penalized and discriminated against, when compared to their counterparts with equivalent qualifications, in terms of employment, salary recommendations, and competence evaluations. There has been statistically significant continual rise in the wage penalty for overweight and obese white women followed throughout 1981 to 2000 in U.S. A study conducted in 2014 in Poland investigated personal experiences of obese Polish women in the workplace. In the group of 88 surveyed females, 4.5% had experienced discrimination, mostly challenges with securing employment or reduced chances of promotion due to obesity. Nearly 10% of the women had experienced verbal and social stigmatization at their workplace. A deception study in US simulating the resident selection process in 2017 evaluated the impact of attractiveness and obesity on resident selection in radiology. Obesity and attractiveness were equally important in applicant shortlisting for interview as conventional medical school performance metrics. Finding and implications will be discussed in the presentation.

### *Obesity in Prison Settings: Weighing in on Collective Responsibility*

Shweta Mehta, *Physician, Southlake Regional Health Centre, Newmarket, Canada*  
(smehta@southlakeregional.org)

Obesity is now a global epidemic and affects all strata of the society. It is associated with many co-morbidities leading to worsening of physical and mental health outcomes. It is perceived that sedentary behaviours coupled with limited food choices, and increased stress and depression may predispose prison inmates to weight gain and obesity. Prevalence of obesity in prisoners has been reported to be between 8.1 to 55.6%. A recent meta-analysis has shown an average weight gain of 0.43 (95% CI 0.14, 0.72) lb/week during incarceration. The management of chronic diseases, including obesity has unfortunately been shown to be below par in prison populations. Prisons may provide a unique opportunity to promote health and behaviour changes in this marginalised population. Multilevel interventions in prison settings aimed at prevention and adequate management of obesity are needed in order to avoid long term health problems in prisoners. Findings and implications will be discussed in the presentation.

### *Metabolic Syndrome - An Overview*

Tariq Munshi, *University of Toronto* (tariq.munshi@camh.ca)

It is collectively a group of risk factors (i.e., abdominal obesity, hypertension, hyperglycemia and deranged lipid profile) that exist in a human being. A quarter of the world's adult population has been estimated to have metabolic syndrome. This syndrome is considered to be the driving force for a cardiovascular disease epidemic. In the Psychiatric population it is twice as much. The incidence of severe mental illness is much higher in the prison population, and these individuals needs are clearly neglected due to lack of adequate services for both mental and physical health care needs. A study involving the national register of Denmark, revealed that life expectancy was 18.7 years shorter for schizophrenic men, 16.3 years for women, 13.6 years for bipolar men and 12.1 years for bipolar women. Mental illness may lead to denial of pain or discomfort, self-neglect, affect presentations or ability to provide history or lead to poor cooperation with assessment and treatment. Psychotic symptoms may be disturbing, distracting or take precedence because of risk to self or others. In addition, psychotropic medications appear to be contributing to worsening the metabolic syndrome. This presentation discusses possible use of management strategies to manage this risk.

## 93. Oppressed Groups

### *Crafting a Research Agenda for Addressing Justice Involvement Among American Indian and Alaska Native Populations*

Tanya Renn, *Florida State University* (trenn@fsu.edu)

Katie Schultz, *University of Michigan* (katieasc@umich.edu)

Kathi Trawver, *University of Alaska* (krtrawver@alaska.edu)

American Indian and Alaska Native (AI/AN) people are disproportionately represented in the U.S. criminal justice system (CJS). Overall, AI/AN individuals are incarcerated at a rate more than double that of White individuals, with rates rising 85% since 2000. Understanding the full impact of justice involvement on AI/AN peoples is difficult. National data sources that include justice-involvement variables often place AI/AN data in racial "other" category or omit Native people from reporting altogether. Furthermore, there is little to no work done with AI/AN populations who are under community corrections (e.g., probation and parole). Thus, although we know AI/AN populations are disproportionately represented throughout the CJS, much less is known about the individual and systemic factors that bring them into these settings and the unique needs that arise for AI/AN individuals both in incarceration settings and during community reentry. The goal is to provide a collective space to explore the present knowledge related to the overincarceration and disproportionality of AI/AN people in criminal legal systems, examine needs and knowledge gaps, and collectively identify research agendas and strategies to address the inequities and harms caused by involvement in the CJS.

## *Parenting Styles, Neighborhood Safety, Well-Being, and Interpersonal Outcomes in Peruvian Adolescents*

Rafel Gargurevich, *Pontificia Universidad Católica Peru* (rgargurevich@pucp.pe)  
Lennia Matos, *Pontificia Universidad Católica Peru* (lmatosf@pucp.pe)

Self-Determination Theory showed that parental autonomy-support enhances well-being in adolescents while psychological-control diminishes it. But socio-cultural factors may influence parenting: in dangerous neighborhoods, harsh-controlling parenting (e.g. punishment) may seem necessary to protect adolescents from danger in the neighborhood. We studied the mediation role of parenting styles (autonomy-support, psychological-control) in the relation between neighborhood safety (NS) and unsafety (NU) and some trauma-related outcome variables (depression, aggressive-behavior, relational-aggression) and well-being variables (vitality, prosocial-behavior) in 569 students (Mage=14.90, SD=1.05) from two low socioeconomic public schools from a highly dangerous neighborhood from Lima. Questionnaires were adapted to Peru. With their consents (students and parents), students answered questionnaires (mothers and fathers). Results showed that NS negatively correlated with psychological-control, depression, aggression, and positively with monitoring, autonomy-support, prosocialbehavior and vitality (NU showed an opposite pattern). Path analysis showed that autonomy-support mediated the negative association between NS and depression, while autonomy-support mediated the positive association between NS and vitality. Autonomy-support prevailed as an adaptive parenting style in harsh contexts.

## *Beyond the Mental Capacity Threshold: Safeguarding for the Exercise of Legal Capacity in the Context of (CRPD) Article 12*

Margaret Isabel Hall, *Simon Fraser University* (margaret\_hall@sfu.ca)

Article 12 of the Convention on the Rights of Persons With Disabilities, “Equal Recognition Before the Law”, has been interpreted as requiring the disappearance of mental capacity as a threshold for the exercise of legal capacity entailing (among other consequences) the disappearance of legal mechanisms providing for substitute decision-making. Article 12 sets out a complete code for implementing equal access to legal capacity that includes supports (section 3) and “safeguards” (section 4). The exercise of legal capacity is a point of both autonomous practice and risk for all persons; focussing on the (relatively ignored) safeguarding provision, this paper explores how the inclusive development of traditional, generally applicable private law safeguards can effectively replace the protective function of the mental capacity threshold in relation to punctuate legal decisions, while enhancing fairness in the exercise of legal capacity more generally. Legislation providing for personal and financial “management” falls outside the legal capacity paradigm, requiring a different theoretical basis that incorporates a legal concept of risk (replacing the pseudo-medical concept of mental capacity).

## *Indigenous Philosophies and Radical Decolonial Love as Pathways toward Improved Student Mental Health*

Lindsay Anne Morcom, *Queen's University* (morcoml@queensu.ca)

Kelly Maracle, *Queen's University* (kelly.maracle@queensu.ca)

Liv Rondeau, *Queen's University* (liv.rondeau@queensu.ca)

Alice Johnston, *Queen's University* (alice.johnston@queensu.ca)

Jennifer Davis, *Queen's University* (jennifer.davis@queensu.ca)

Deb St. Amant, *Queen's University* (deb\_stamant@yahoo.com)

The Ontario Education Act affirms that all students have a right to attend school and states that “All partners in the education sector...have a role to play in enhancing student achievement and well-being” (1990). In spite of this, in recent years we have witnessed an increasing emphasis from the provincial government on standardized test scores, grade level expectations, and ‘back to basics’ education in literacy and numeracy, and little discussion of student well-being. As educators in K-12 and post-secondary education, we understand that this shift, along with other social factors, has resulted in a crisis of mental health in Ontario education institutions. We believe that concepts of wellness embedded in Indigenous philosophies from the Nations to which we are connected, along with the concept of Radical Decolonial Love, offer wisdom to help us counter this crisis and contribute to the wellness of our students. During this session, we will each present our understandings of perspectives on wellness from Anishinaabe and Haudenosaunee Nations, and we will also explore the roles of Settlers in student mental health. Following this, we will make suggestions for improved, culturally-reflective praxis. We offer these perspectives as an alternative to more individualistic, standardized understandings of education and wellness common in Western institutions. We examine Indigenous concepts of wellness based in reciprocity, holism, and love, alongside the concept of radical decolonial love, which call us to work for our own and others’ personal wellness and emancipation from oppressive systems; we also offer that our wellness is connected to the land and the other-than-human, and that this view of wellness has the potential to benefit all of our students and the world around us.

## **94. Prison Mental Health**

### *Prison Suicide in times of Corona*

Annette Opitz-Welke, *Charite Berlin* (annette.opitz-welke@charite.de)

Meischner-Al Moussavi, *Kriminologischer Dienst Sachsen* (maja.meischner-al-mousawi@jva.justiz.sachsen.de)

Suicide is the most common cause of death in prison and imprisonment is an independent risk factor for dying from suicide. In Germany, all suicides in prison are recorded since 2000 in a comprehensive survey. Between 2000 and 2022, altogether 1698 prisoners died by suicide. The average suicide rate in German prisons was 102.2 per 100. 000. During this time period annual suicide rates initially decreased and then increased, first slowly followed by a marked increase

during Corona pandemic. Trends and sociodemographic characteristics will be presented and discussed. During the Covid-19 pandemic prisoners in Germany were quarantined to minimize the chance of Covid-19 Transmission. To show the impact of the Covid-19 pandemic suicide rates and sociodemographic characteristics of the years 2020-2022 will be compared with rates and sociodemographic characteristics of the years 2017-2019. The observation of a considerable increase of suicide rates during pandemic years, especially during the first two weeks of incarceration, and possible reasons for this trend will be discussed in the presentation.

### *Psychiatric Morbidity and Treatment Needs in Berlin Prisons – Preliminary Findings*

Sharon Jakobowitz, *Kriminologischer Dienst für den Berliner Justizvollzug*  
(sharon.jakobowitz@krimd.berlin.de)

Prisoners have higher rates of psychiatric morbidity, when compared to the general population. Yet there is a paucity of evidence regarding resulting treatment needs and the extent to which prisons are able to meet them. The current study aims to address these questions. Diagnostic interviews are carried out with a representative sample of prisoners in the city state of Berlin. Disorders assessed include a much broader spectrum than is customary in such a setting. Cases are presented to an expert panel in the form of case vignettes. The Panel then rates resulting treatment needs, to what extent they have been met and if respondents are willing to engage in interventions with a validated need-assessment tool, the MRC Needs for Care. Preliminary results and implications will be discussed in the presentation.

### *Self-Harm Among Inmates of the Berlin Correctional System: A Descriptive Study of Sociodemographic and Risk Factors*

Alexander Blees, *JVA Plötzensee, Justizvollzugskrankenhause* (alexander.blees@jvapl.berlin.de)

55,000 people were incarcerated in Germany as at July 2022, 3,527 of them in the Berlin penal system as at May 2023. There is a high prevalence of self-harming behavior in this population. A recent meta-analysis by Favril et al. of 663,000 inmates worldwide showed an overall prevalence of 3.8% compared to 1% in the general population. According to the authors, there is only one study by Lohner and Konrad from 2006 on 49 male subjects that investigated self-harming behavior in inmates. We're undertaking another study on the question of risk factors for self-harm among inmates of the Berlin prison system. With SPSS we will analyze questionnaires on various socio-demographic and medical (especially psychiatric) data. We will also analyze data on the course of imprisonment, such as sanctions, solitary confinement or hospitalization. We hope to gain new impulses for further research on risk factors, also with regard to a comparison with international data. Findings and implications will be discussed in the presentation.



## *Prescription Practice of Benzodiazepines and Z-Drugs in Berlin Custody Facilities*

Nicolas Schwarzer, *Charite Berlin* (nicolas.schwarzer@charite.de)

Benzodiazepines and z-substances are commonly prescribed medication in general and psychiatric treatment. Compared to the general population, imprisoned individuals are a special patient group because of widely higher prevalence about drug abuse and psychiatric morbidity. Since data about medical treatment of imprisoned patients is scant, we undertook an exploratory study of valid prescriptions for benzodiazepines and z-drugs in seven Berlin prison facilities. Data included social demographics, arrest modalities and medical records. After descriptive analysis we compared different subgroups of patients for potential correlations and distinctive features, such as arrest modalities and comorbidities. Further, we compared our data with official published custody records from justice authority. Prescription prevalence in imprisoned patients at cut-off date is 4,33% (n=147), while it is slightly higher in female patients (6,84%) than in male patients (4,06%). The highest percentage of prescriptions among all prisoners was for those imprisoned for failure to pay a fine (18,62%), while prescription rates in patients in investigation custody (3,26%) and finally convicted patients (2,28%) are much lower. More than half of all cut-off date valid prescriptions (63,3%) are started within two days after imprisonment. The most prescribed substance is diazepam (72,8%) followed by lorazepam (13,6%). Implications will be discussed in the presentation.

## *Availability of Opioid Agonist Treatment and Critical Incidents in Forensic Clinics for Dependency Diseases in Germany*

Sven Reiners, *Krankenhaus des Maßregelvollzugs Berlin* (Sven.Reiners@kmv.berlin.de)

Prevalence of substance use disorders, especially opioid use disorders, is high in patients admitted into forensic psychiatric settings. Opioid agonist treatment is a safe, well-established, and effective treatment option for patients that suffer from opioid dependence. Surprisingly, data on the availability and practice of opioid agonist treatment (OAT) options in German Forensic Clinics for Dependency Diseases is rare. Furthermore, essential data on the prevalence of critical incidents such as violent behavior, relapse, or escape from the clinic are missing for this particular treatment setting. We conducted an observational study on all forensic addiction treatment units in Germany (Sect. 64 of the German Criminal Code). A questionnaire on the availability and practice of OAT was sent to all Forensic Clinics for Dependency Diseases in Germany. Following items were assessed: availability and the total number of patients that received an OAT in 2018, available medication options, specific reasons for start and end of OAT, number of treatments terminated without success, number of successful treatments, and critical incidents such as violent behavior, relapse, escape and reoffending. We compared the forensic clinics that offered OAT with those that did not offer this treatment option. The data were analyzed descriptively. Findings and implications will be discussed in the presentation

## **95. Project Aim - Similar by its Spirit of Welcome to the Statue of Liberty, “The Welcoming” Monumental Sculpture for Quebec, Canada**

### *Plans For A Sculpture To Shift Political Framing “On The Issue of Immigration”*

Isaac David Romano, International Director, *Arts & Immigration Alliance, Montreal, Canada*,  
([admin@artswayhome.com](mailto:admin@artswayhome.com))

What might “The Welcoming” Monumental Statue provide as a means to a more generous immigration policy in Quebec and how might it affect immigrant wellbeing, physical and mental health? Quebec is a Canadian Province that has until now been more than ambivalent toward policies honoring new immigrants, particularly from Africa, the Middle East, Latin America and Asia. This presentation will present regional urban city and rural associated examples that are playing out as current prejudicial trends toward recent immigrant groups arriving to Quebec, that exemplify the challenge faced by groups more highly profiled and targeted by these prejudicial trends. Some groups are even targeted through recent provincial legislation, creating prejudicial targeting of religious groups, including Jews and Muslims. We also see prejudice by way of social conditioning toward various immigrant communities, such as South American immigrants from Colombia and Chile. What might the sculpture provide as an antidote to the underlying racism and Antisemitism in Quebec society, offering instead a shift a more welcoming and generous policy in Quebec and how might it affect immigrant wellbeing, including self-pride and group-pride and opportunity.

### *"Advancing Cross-Border Cooperation on Refugees through Public Education"*

Jonathan Hafetz, *Seton Hall University* ([jonathan.hafetz@shu.edu](mailto:jonathan.hafetz@shu.edu))

This presentation will examine how public sculpture can advance values of openness, tolerance, and inclusion with respect to the rights of migrants. It will situate this discussion within the larger context of the need for cross-border cooperation between the U.S. and Canada in addressing increased migration through humane policies that promote tolerance and inclusion. As the presentation will emphasize, this cooperation is especially important today given the array of political, social, and economic factors that migration poses and that prompt opposition to it.. The presentation will explore how sculpture—and public art more generally—can capture legal issues around refugees and contribute to broader narratives and public debate on the subject. In that regard, the presentation looks at the impact of sculpture both on those fleeing persecution and the host country to which they migrate, such as the way that sculpture can capture such emotions as hope, fear, and acceptance, which are at the heart of refugee law and policy.

## *“Artistic Voices for Change: Sculpting Immigrant Rights and Inclusion”*

Azelie Lemoine, , Linguistics Specialist and Immigrant Advocacy Specialist, Arts & Immigration Alliance, *New York City, U.S.* azelielemoine8@gmail.com)

This presentation will highlight the potent role of public sculpture and art exhibitions in advocating migrant rights and nurturing inclusivity. As migration shapes societies, art becomes a transcendent universal language. The discussion explores how sculpture and artistic expression unite for social change. It sees art expos as immersive platforms igniting discourse on immigrant rights, fostering empathy-driven connections that surpass statistics, and spurring advocacy. The upcoming Alliance’s art expo will be used as an example of how collective creativity fosters the latter and shapes discourse. It shows that creativity is a catalyst for social transformation, championing migrant rights and embracing values of openness, tolerance, and inclusion. Through united artistic efforts, bridges are built—connecting hearts, minds, and aspirations in the pursuit of justice and harmony.

## *North American Regional Cooperation in Refugee and Asylum Processing*

Matt Adams, *Legal Director, Northwest Immigrant Rights Project, Seattle, United States of America* ([matt@nwirp.org](mailto:matt@nwirp.org))

Geographical neighbors must constantly work together address emerging issues that arise with respect to migrating populations. Sometimes interests are clearly aligned while at other times one country’s approach adversely impacts their neighbors. This presentation will explore approaches taken by North American countries to address the flow of refugees, highlighting regional treaties implemented to both promote and obstruct refugees fleeing persecution or torture from their countries of origin. Since 2004 the United States and Canada have been members of a “Safe Third Country” agreement, creating barriers to those seeking protection in either country who first pass through the other country without applying for protection. Relatedly, the United States has renewed rules aimed at limiting the ability of persons to apply for asylum if they first cross through Mexico without seeking protection in Mexico. This presentation will focus on the impact of these agreement, as they create several significant barriers to persons from all over the world who travel through Mexico to the United States and Canada in their search for protection.

## **96. Psychiatry of Flying - Clinical and Regulatory Aspects**

### *Understanding Pilot Mental Health*

Sadgun Bhandari, *University of London* ([sadgun@sbhandari.co.uk](mailto:sadgun@sbhandari.co.uk))

Mental well-being and absence of mental illness are essential to the safe performance of aviation safety-sensitive duties. Being labelled with a “mental health problem” in aviation might have consequences, including stigma, discrimination, grounding, loss of income and potential loss of employment. Since the European Aviation Safety Agency Germanwings Flight 9525 Task Force Report, recognition of the importance of mental health in aviation has gained a great deal more attention. This presentation will discuss significant warning signs of mental health risk a pilot may exhibit and the key factors such as emotional, cognitive, behavioral, and physical that contribute to a pilot’s mental health. Mental health advocacy actions including the raising of awareness, providing information, education, and training; developing support networks for information exchange; providing emotional and instrumental support and counselling and professional support, promote the formation of alliances of stakeholders for mental health advocacy will be addressed.

### *Psychopathology Among Pilots – Suicide, Depression and Substance Use Disorders*

Julian Gojer, *Royal Ottawa Hospital* (juliangojer@gmail.com)

Aircraft-assisted pilot suicide is a rare but serious example of psychiatric impairment in pilots. The 2015 Germanwings Flight 9525 disaster, in which 150 people were killed after the co-pilot may have intentionally crashed the plane in a suicide attempt, highlights the importance of better understanding the mental health of commercial airline pilots. However, there have been few systematic reviews investigating the topic of mental health in commercial aviation. This presentation aims to identify the types and prevalence of mental health disorders that commercial airline pilots experience with a focus on mood and suicide and homicide risk. Commercial airline pilots experience occupational stressors, such as disrupted circadian rhythms and fatigue which may increase risks of developing mood disorders. Most studies identified in this review were cross-sectional in nature with substantial limitations. There is a clear need for further higher quality longitudinal studies to better understand the mental health of commercial airline pilots. Findings and implications will be discussed in the presentation.

### *Substance Abuse Disorders in U.S. Pilots - The HIMS Program*

Pratap Narayan, *Coquitlam Forensic Psychiatric Hospital, Vancouver, Canada* (pratbs@gmail.com)

This presentation will highlight the history and evolution of the HIMS program, a novel initiative in the approach to assess and treat alcohol and substance use disorders in pilots in the United States. The assessment process, as well as required monitoring and rehabilitation, will be discussed in detail. FAA regulations and the licensing process for pilots in the United States, will be reviewed. The HIMS program has proven to be a cost-effective program for the assessment, treatment and reintegration of impaired flight personnel back into the workforce, as well as ensuring long-term abstinence. Many other countries have now successfully emulated this program as well; however, relatively little is known about the program among mental health professionals. This may be an

effective and novel approach to also offer to professionals in other high-risk professions such as law enforcement, ER personnel, EMS, firefighters, etc. Findings and implications will be discussed in the presentation.

### *The FAA Regulatory Policy Regarding the Use of Antidepressants*

Antony Fernandez, *Virginia Commonwealth University* (drtonyfernandez@hotmail.com)

Antidepressants are the most commonly prescribed medication class in the U.S., with over 10% of the population taking them. For 70 years, the FAA banned the use of antidepressants by active pilots. In 2010, this policy was changed, sparked by the need to change the culture and remove stigma associated with depression, and also to encourage active pilots needing treatment, or already using antidepressants in violation of rules, to come clean, making the skies safer in the process. Pilots are annually required to answer questions about their health, including arrests and convictions for alcohol, and can face penalties for perjury, including revocation of their licenses. Now, pilots taking medication for mild or moderate depression, can still fly, as long as they are restricted to the use of one of four FAA-approved antidepressants – Prozac, Zoloft, Celexa and Lexapro – and with regular monitoring. Findings and implications will be discussed in the presentation.

### *Novel Non-Pharmacological Treatment for Mood Disorders in Pilots*

Chinna Samy, *Pine Rivers Hospital, Brisbane, Australia* (chinnaamy@optusnet.com.au)

Major depression is a common disorder with a lifetime prevalence in the general population of about 13% in men and 21% in women. The Germanwings Flight 9525 crash brought the sensitive subject of airline pilot mental health to the forefront in aviation. A study undertaken found 233 (12.6%) airline pilots meeting depression threshold and 75 (4.1%) pilots reporting having suicidal thoughts. Although results have limited generalizability, there are a significant number of active pilots suffering from depressive symptoms. Despite continuing advances in the development of antidepressant drugs, the condition of about 30% of patients remains refractory to drug treatment. Over the past 10 years, repetitive transcranial magnetic stimulation (rTMS) of the mid-dorsolateral frontal cortex (MDLFC, also described as the dorsolateral prefrontal cortex [PFC]) has been established as an alternate noninvasive treatment. rTMS is now an approved treatment for MDD in many countries and is being considered a first-line treatment according to recent North American and European guidelines. Findings and implications will be discussed in the presentation.

## **97. Psychopaths or Just “No Brakes”? The Great Dilemma of Intent or Impulse in Illegal Actions in those Adults with Fetal Alcohol Syndrome (FASD)**

### *Specific vs. General Intent in Serious Crimes in Adults with FASD*

Monty Nelson, *University of Alberta* ([montyn@nelsonpsych.ca](mailto:montyn@nelsonpsych.ca))

Ada W.S. Leung, *University of Alberta* ([awleung@ualberta.ca](mailto:awleung@ualberta.ca))

Sharon Brintnell, *University of Alberta* ([esb1@ualberta.ca](mailto:esb1@ualberta.ca))

Mansfield Mela, *University of Saskatchewan* ([mansfieldmela@gmail.com](mailto:mansfieldmela@gmail.com))

Prenatal exposure to alcohol is the leading preventable cause of intellectual disability, with prevalence rates of FASD ranging around 4 percent of all births in Canada. This disorder drastically increases the risk of future legal problems, as approximately 60% of individuals with FASD will be involved with the justice system. This panel will discuss the frameworks and components involved in understanding aberrant behaviours and illegal actions of those adults with FASD. At the core of this discussion is whether adults with FASD may get into legal trouble due to issues such as acting out “in the moment” related to poor impulse control, or whether in some cases they may actually plan the actions that get them in trouble. This matter is often at the heart of many criminal acts in court cases in Canada and can influence the conviction and sentencing that an individual with FASD receives. Ultimately, evaluations to determine the severity of the level of FASD will assist in understanding the individual with FASD, and the determination of the most likely cause. These presentations will integrate the findings from Canadian clinicians in neuropsychology, psychiatry, occupational therapy, and neuroscience.

### *Criminal Behaviours in Adults with FASD: Neuropsychological Factors*

Monty Nelson, *University of Alberta* ([montyn@nelsonpsych.ca](mailto:montyn@nelsonpsych.ca))

Adults with FASD are overrepresented in the criminal justice system; factors influencing this may include a range of difficulties with cognitive functioning and vulnerability to exploitation by others. This cognitive dysfunction combined with high rates of adverse childhood events, homelessness, and limited social support increases the probability of high-risk illegal or criminal behaviors through failure to inhibit impulses and even episodes of amygdala “highjack” during intense stress. This presentation will review neurocognitive elements that are involved with behavioral dysfunction, including executive functioning issues such as overly simplistic decision-making, poor working memory, poor impulse control, limited verbal skills, and poor cognitive flexibility. It will be argued that while criminal actions may perhaps appear to reflect a planned specific intent to perform an illegal activity, it will be argued that often a general reaction to a situation is more likely often the cause of the illegal actions for those with FASD. While antisocial

or “psychopathic” behaviours may perhaps seem to be an underlying cause, these are often unlikely given the impairments in this population. Suggestions for support that could assist this population will also be discussed.

## *The Role of Occupational Therapy Evaluations in Chronic Adult Offenders with FASD*

Sharon Brintnell, *University of Alberta* ([esb1@ualberta.ca](mailto:esb1@ualberta.ca))

Challenging issues are well described for persons with fetal alcohol spectrum disorders (FASD) connected to the justice system. Adding to the complex intersection of judicial language and the health domain is a focus on terminology and term meanings rather than function and capacity. This debate is highlighted in determining if an act was impulsive or intended with forethought. The Court often turns to interdisciplinary FASD assessment and diagnostic data to assist with decision-making and sentencing. Occupational therapists identify behaviours and situations from historical records (influence of the social determinants of health), assessments, clinical notes and observations and triangulate them with FASD diagnostic criteria and occupational performance. This holistic and ecological perspective of the individual’s performance in areas of self-care, productivity and leisure, and their interaction with the environment demands a complex analysis and a form of consilience. Examples are identified from the history and assessment behaviours of response modes, particularly in circumstances of raised emotional intensity, or dysregulation in interpersonal interactions. Patterns are sought when planning and premeditation resulted in positive and negative outcomes. The emerging recommendations are tailored to clients’ strengths providing the justice system with person-sensitive supports and structures facilitating community re-entry and tenure.

## *Neurocognitive Characteristics in Adults with FASD- An Example from Working Memory Training*

Ada W.S. Leung, *University of Alberta* ([awleung@ualberta.ca](mailto:awleung@ualberta.ca))

Two commonly affected cognitive domains in those with FASD are working memory and inhibitory control. Working memory training has been shown to induce changes to the fronto-parietal network which supports the performance of working memory and other cognitive domains. However, the understanding of neurocognitive characteristics of FASD is limited to children; and no studies to date have reported the neuroplastic effects of cognitive training in adults with FASD. Here we present two adults with FASD who have completed working memory training and are tested for neuropsychological performance before and after the training. The clients demonstrated a neural plastic pattern that is comparable to their age-matched peers after training on working memory tasks for a few weeks. The client with a higher level of functioning at baseline appeared to benefit more from the training by inducing more extensive activation of the fronto-

parietal network than the participant with a low level of functioning. Our findings suggest that adults with FASD would benefit from cognitive training and that remedial training, such as working memory training, may help when provided alongside community support and life skills development to improve functional abilities in those with FASD. Implications will be discussed in the presentation.

### *Neurocognitive Characteristics in Adults with FASD- An Example from Working Memory Training*

Mansfield Mela, *University of Saskatchewan* ([mansfieldmela@gmail.com](mailto:mansfieldmela@gmail.com))

Monique Reboe Benjamin, *University of Saskatchewan* ([mpr795@mail.usask.ca](mailto:mpr795@mail.usask.ca))

Behaviors that contribute to crime statistics are sometimes best understood from the neurocognitive deficits of the involved person. Specific to the overrepresentation of individuals with FASD within the criminal justice system, the exact mechanism leading to criminal activities is not always known. However, neurocognitive deficits including lack of impulse control and inattention are common in FASD and known in propagating offending behaviors. A similar distinction also occurs in suicidal intentions and impulsive non-suicidal activity. Our research employs analysis of written courtroom judgements in Canada, and psychological reports on each selected case. To understand the role of impulsivity versus intention in offenses committed by those with FASD, a sample of adjudicated and reported cases in the legal database of those with FASD were analysed. The presence of impulse or intention was compiled from the nature of each offense, the findings at trial, and known scales to determine the weight of each correlation. Findings and implications will be discussed in the presentation. It will be argued that the findings may be helpful for the prevention of criminal activity, and even for possible interventions with individuals with FASD currently in the criminal justice system. Furthermore, identifying a lack of intention in certain offenses by those with FASD may also have relevance in adjudication and disposition of legal cases as well.

## **98. Repairing Trust Violations in Separated and Divorced Families: The Role of Apologies, Forgiveness and Therapeutic Reconciliation in Family Law**

*Therapeutic Jurisprudence in Family Law: Promoting Healing and Well-Being*

Michael Saini, *University of Toronto* ([michael.saini@utoronto.ca](mailto:michael.saini@utoronto.ca))



During this introductory session on the topic of apologies, forgiveness, and therapeutic reconciliation in the context of family law, this session will underscore the importance of educating legal professionals on the principles of therapeutic jurisprudence, ensuring that they are well-equipped to consider the emotional and psychological aspects of family law cases. The session will stress the importance of collaboration with mental health experts in cases where emotional and psychological issues are prominent. Examples from the literature will be highlighted, contributing to more effective and comprehensive solutions. This session will underline the research regarding the profound psychological and emotional impact on children and families when involved in family law. Therapeutic jurisprudence will be explored as a pathway to minimize harm, promote well-being, and prioritize family-centered, holistic, and compassionate solutions in the realm of family law. It will be proposed that therapeutic jurisprudence principles provide the pathway to consider apologies, forgiveness, and therapeutic reconciliation to foster healing and improve well-being.

### *Trust Violations in Coparenting Relationships Post-Separation*

Marsha Kline Pruett, *Smith College* ([mpruett@smith.edu](mailto:mpruett@smith.edu))

The breakdown of trust between coparents can occur due to various factors, such as infidelity, financial dishonesty, or lack of communication. Trust violations often lead to increased conflict, decreased cooperation, and compromised decision-making regarding the upbringing of children. Parents may engage in hostile behaviors, such as undermining each other's authority, manipulating children, or withholding information, which further erodes trust and negatively impacts children's adjustment. In this session, trust violations in coparenting relationships will be explored. The session will focus on the nature and consequences of trust violations in co-parenting relationships based on an extensive literature review on trust in coparenting relationships. This session will explore effective interventions to address trust violations in co-parenting relationships post-separation to promote healthy coparenting dynamics and minimize the negative impacts on children. Recognizing the significance of trust and implementing appropriate interventions can contribute to the well-being and healthy development of all individuals involved in the coparenting process.

### *The Use of Apologies with Separated Parents*

Leslie Drozd, *Forensic Psychologist, Newport Beach, USA* ([leslie@lesliedrozdpd.com](mailto:leslie@lesliedrozdpd.com))

This session will highlight the results of a review of empirical evidence regarding the use of apologies. The overall purpose of the session is to consider the various methods and taxonomies for integrating apologies within legal and therapeutic settings to assist strained parent-child relationships. There is growing attention in the academic literature about the potential power of apologies for fostering positive relationships. Apologies can restore damaged relationships, mitigate loss of face, and preserve social standing. The use of apologies has been linked to several

positive outcomes, including helping to repair relationships and fostering empathy and closeness within relationships. Although not specifically studied in the context of parent-child contact problems, there is growing attention of the positive impact of apologies for children. Scholars note the importance of apologetic discourse within families and that these early experiences for children can improve overall development and improve pro-social behaviors resulting from apologies. Several researchers have developed taxonomies of apologies, focusing on the content and strategies employed. Attention has also been directed at evaluating various methods for apologizing and at how different forms serve different functions. This session will offer a taxonomy of apologies specific to parent-child contact problems within the context of separation and divorce.

### *Forgiveness in Family Law Matters*

John Moran, *Forensic Psychologist, Scottsdale, USA* ([jm@jmphd.com](mailto:jm@jmphd.com))

This session will examine how clinicians can reduce the negative mindsets, anger, and resentments associated with parent-child contact problems by managing the family's resistance dynamics and utilizing forgiveness therapy interventions. Mild and moderately severe cases of parent-child contact problems appear to be amenable to treatment. Implementing a reunification plan requires significant cooperation among family members. To establish a supportive family ecology, clinicians must anticipate and effectively respond to family resistance dynamics. When the co-parents and broader family system are aligned, parent-child sessions can address the child's emotional injuries underpinning their resistance. Forgiveness therapy is designed to reduce the anger, resentment, and negative mindsets resulting from relationship emotional injuries. Several meta-analyses have found forgiveness therapy to be an efficacious treatment for various populations. Applying theory and interventions from forgiveness therapy to families struggling with parent-child contact problems, it will be argued in the presentation, holds promise for reducing unforgiveness impeding parent-child reconciliation.

### *Therapeutic Reconciliation Counselling: Putting It All Together*

Robin Deutsch, *William James College* ([drrobindeutsch@gmail.com](mailto:drrobindeutsch@gmail.com))

Therapeutic reconciliation counseling facilitates healing and repairing coparenting and parent-child relationships. This session will discuss the importance of a comprehensive and integrative approach to therapeutic reconciliation counseling, highlighting the key components and strategies involved in the process. Therapeutic reconciliation counseling involves a multidimensional framework encompassing emotional, cognitive, and behavioral aspects. It aims to create a safe and supportive environment where individuals can explore their feelings, thoughts, and experiences while fostering empathy, understanding, and forgiveness. This session will delve into the key components of therapeutic reconciliation counseling and explore how they can be effectively integrated to promote healing and reconciliation. The session will emphasize the importance of

creating a therapeutic alliance, establishing a foundation of trust and safety, and facilitating open and honest communication between individuals. It will address strategies for addressing and processing emotions, exploring personal narratives and perspectives, and challenging distorted beliefs and assumptions. Furthermore, the session will highlight the significance of developing empathy, active listening, and conflict-resolution skills to foster understanding and promote effective communication. Additionally, the session will discuss the role of forgiveness and its therapeutic benefits in the reconciliation process.

## **99. Resilience and Psychosocial Health in the Context of Climate Change and Disasters**

### *Supporting Equitable, Diverse, and Inclusive Psychosocial Health and Resilience of First Responders in Alberta, Canada*

Julie Lynne Drolet, *University of Calgary* (jdrolet@ucalgary.ca)  
Mahed Choudhury, *University of Calgary* (mahed.choudhury@ucalgary.ca)

Social support (informal or formal) is crucial for mental health of firefighters. Diversity among firefighters and their social supports arise from intersecting identities. There is an urgent need to explore how social supports build resilience with respect to equity, diversity and inclusion given systemic barriers and the hypermasculinized environment within fire services. This study is relevant to the Bill 219 (Workers' Compensation) and the Occupation Health and Safety Act (Alberta), given growing mental health concerns for firefighters due to the record-breaking wildfire season in Alberta. Partnering with Alberta Professional Fire Fighters & Paramedics, this research collaboratively identified research goals, objectives, and questions. This presentation will discuss the role of informal and formal social supports from the perspectives of firefighters and how intersecting identities affect firefighters' experiences and perceptions of social supports in building resilience. To address these objectives an online survey will be conducted using Qualtrics software, with open- and closed-end questions. A cross-sectional convenience sampling approach will be used to recruit 200 firefighters in Alberta. Findings and implications will be discussed in the presentation.

### *Resilience From Below: Interrogating 'Resilient Communities' to Floods from an Emic Perspective in Southern Alberta, Canada*

Mahed Choudhury, *University of Calgary* (mahed.choudhury@ucalgary.ca)

National and international resilience interventions often falter by relying on external experts who lack a deep understanding of local realities, ultimately leaving communities more vulnerable than resilient. It is therefore urgently needed to document 'resilient communities' from an emic (insiders') perspective – the way resilience is lived and experienced by community members.

Resilience “from below” is often invisible to outsiders and undervalued in the current literature. The study reported in this presentation involved a case study in the Southern Alberta, Canada, which was devastated by floods in 2013, causing loss and damage of billions of dollars. Since then, millions of dollars have been spent to strength community resilience. This research answers questions including: what do flood-affected communities think of their resilience after 10 years? What are the communities’ own perspectives on their resilience trajectories? What might still be needed to enhance community resilience? Answers to these questions will help align Alberta Emergency Management Plan and Act (legal elements) with diverse spectrum of needs, aspirations, and challenges experienced by community members, thereby fostering their resilience. Findings and implications will be discussed in the presentation.

### *Asset-Challenge Shifts of Rural and Remote Communities in the Global Context of Climate Change through the Natural-Built-Social-Environment Triangulation*

Haorui Wu, *Dalhousie University* (Haorui.wu@dal.ca)

Climate change and climate-induced disasters (CCCIDs) have been dramatically devastating the natural environment (e.g., natural resources and agriculture), built environment (e.g., infrastructure and housing), and social environment (e.g., health and social care) of rural and remote communities (R&RCs). Assets within the natural-built-social-environment triangulation, such as stunning landscapes, rich place-based knowledge, strong social connections, and high rates of community participation, support R&RC’s ecological, economic, and social development. However, the upward trend of CCCIDs has been reducing these advantages by increasing more challenges, including natural resource insecurity, agricultural productivity reduction, high construction and maintenance costs for infrastructural systems and housing, and depopulation. Multidisciplinary scholars have significantly examined the CCCID-specific vulnerabilities in R&RCs; however, there is a distinct knowledge synthesis deficit regarding the asset-challenge shifts in the natural-built-social-environment triangulation. The study discussed in this presentation employs the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) approach to synthesize CCCID-driven knowledge, practices, and policies that address the asset-challenge shifts within the innovative R&RC’s natural-built-social-environment triangulation. It identifies and synthesizes the state-of-the-art CCCID-specific cross-sectoral knowledge regarding the R&RC’s asset-challenge shifts within the triangulation. The knowledge will provide evidence-based strategies to support the legalized policies to support resilient and sustainable R&RC development worldwide.

### *The Intersection of Gender, Poverty and Climate: A Collective Efficacy Approach to Promote Global Resilience Among Women*

Robin Ersing, *University of South Florida* (rersing@usf.edu)

Women and girls in marginalized communities are highly vulnerable to climate change impacts due to a complex interplay of social, economic, political, environmental, and cultural factors. The UN and UNICEF document the inequity of gender through omission of women's voices in disaster resilience decision-making and governmental policy development thus widening differential impacts and legalized discrimination between women and men. As natural hazard events (e.g. floods, drought, wildfires) increase in intensity and severity, the resulting deleterious outcomes are consequential for the lives and livelihoods of women and their families. The Global Hazard Resilience through Opportunities for Women (GHROW) project uses a collective efficacy framework to incorporate modalities of community organizing, social advocacy and social action to understand and document female driven responses to climate adaptability and community resilience post-disaster. Global examples from Africa, Indonesia, and the United States are presented to extract international knowledge and strategies based on the experiences of women in their respective local communities. Lessons learned from these gendered experiences aim to mitigate the impacts of natural hazards. Outcomes are translated into actions that support community resilience to address existing policy inequity both pre and post disaster. Findings and implications will be discussed in the presentation.

## **100. Risk Assessment of Violent Behavior in Female Forensic Psychiatric Patients**

### *Analysis of Risk Assessment Tools and Their Suitability for Implementation in Forensic-Psychiatric Institutions for Women*

Alisha-Lynn Winter, *Ulm University* (alisha-lynn.winter@bkh-guenzburg.de)

Criminal predictive procedures are primarily designed and tested on male offenders. In order to understand the effectiveness and reliability of commonly used predictive procedures for women in the correctional system, an empirical analysis was conducted to gain insights into their criminal prognosis. A retrospective study was conducted using file-based data to assess the predictive quality of various prognostic tools in predicting recidivism among female patients who had already been discharged from prison. The prognostic instruments utilized in the study included PCL-R, LSI-R, HCR-20 v3, FAM, and VRAG-R. Information from 525 female patients discharged from the Clinic for Forensic Psychiatry and Psychotherapy in Taufkirchen between 2001 and 2017 was collected. The predictive quality was checked on the basis of reoffending in relation to general recidivism, violent recidivism by obtaining current information from the Federal Central Register. Overall, the predictive instruments demonstrated a moderate to good level of predictive performance, confirming their basic suitability for women in the correctional system. The LSI-R exhibited particularly strong validity in predicting general recidivism, while the HCR-20 v3 demonstrated the best predictive performance for violent recidivism. Findings and implications will be discussed in the presentation.

## *Predicting Criminal Recidivism in Female Inpatients with Schizophrenia Based on Treatment Characteristics*

Irina Franke, *Ulm University* (irina.franke@pdgr.ch)

Reducing the risk of recidivism is a central goal of forensic psychiatry. Little is known about how the course of inpatient treatment might affect recidivism, particularly in female inpatients with severe mental illness. For this purpose, we analyzed data on treatment characteristics, such as therapy methods, comorbid substance use disorder (SUD), and willingness to change during the inpatient stay of a sample of female offenders with schizophrenia spectrum disorders and observed their legal histories after release. In a retrospective cohort study, we analyzed 100 records of women with a schizophrenia spectrum disorder who were discharged from a secure psychiatric hospital between 1998 and 2018. During the mean follow-up period of 10.3 years, 20% of the women relapsed, half of them violently. The mean time to relapse was 3.8 years. While treatment characteristics associated with comorbid SUD predicted both general and violent recidivism, all other variables failed to reach statistical significance. Our results suggest that SUD is a key dynamic risk factor in female offenders with severe mental illness. It even seems to have a stronger impact on recidivism than medication adherence, which needs to be considered in treatment programs. Findings and implications will be discussed in the presentation.

## *Alcohol Use Disorder As a Risk Factor for Violent Offending in Female Forensic-Psychiatric Patients*

Sebastian Pichlmeier, *Ulm University* (sebastian.pichlmeier@bkh-guenzburg.de)

Studies on violence have primarily focused on men, neglecting the understanding of pathways to female offending. This study examined the association between alcohol use disorder (AUD) and other substance use disorders (SUDs) on violence in a sample of female patients (N = 334) of a forensic psychiatric hospital. The findings revealed that 72% of patients with AUD had committed a violent crime leading to their admission, compared to only 19% of those with other SUDs. More than 70% of participants with AUD had a family history of AUD. Rates of aggressive behavior during inpatient treatment did not significantly differ between individuals with AUD and those with other SUDs. However, the risk of reoffending with a violent crime after discharge was nine times higher in patients with AUD compared to those with other SUDs. These results indicate that AUD is a substantial risk factor for violent offending and reoffending in women. The presence of a familial background of AUD increases the likelihood of both AUD and offending, suggesting a potential interplay between (epi-)genetic and environmental factors. The similar rates of aggression during inpatient treatment among individuals with AUD and other SUDs suggest that abstinence serves as a protective factor against violence. Findings and implications will be discussed in the presentation.

# 101. Sexual Health and Rights in Custodial Settings in Germany and the U.S. – Conversations between Law And Medicine

## *Remedial Abortion and State's Obligations to Victims of Rape in Custodial Settings*

Brenda Smith, *American University* (bvsmith@wcl.american.edu)

My paper examines remedial obligations of state actors who fail to protect women in custody from forced pregnancy in light of the United States Supreme Court's recent decision, in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. \_\_\_\_ (2022); 142 S. Ct. 2228, 213 L. Ed. 2d 545, 2022 WL 2276808; 2022 U.S. LEXIS 3057. *Dobbs* has grave consequences for all women but in particular pregnant women in custody whose health and safety are state responsibilities. While women may be pregnant when they enter prison, others conceive while in custody – a direct consequence of state action or inaction. This longstanding history of abuse led to the enactment of Prison Rape Elimination Act of 2003 (PREA). My paper posits that the right to abortion should be available in addition to existing criminal and civil remedies. This right should exist notwithstanding any state law prohibiting abortion. This guarantee is particularly important given that the PREA requires states to provide the level of care available in their jurisdiction. That Act was based on the existence of fundamental right to abortion guaranteed in the Constitution, which no longer exists, this this paper examines other potential alternatives.

## *Punished with Pregnancy: Implications of Abortion Bans for Incarcerated People*

Carolyn Sufrin, *Johns Hopkins University* (csufrin@jhmi.edu)

In the United States, abortion politics have long been shaped by a convergence of legal, social, political, theological and economic forces that have made it contested ground for determining whose reproductive bodies matter. Since the US Supreme Court overturned decades of legal precedent that had affirmed a constitutional right to abortion with the *Dobbs v. Jackson Women's Health* decision in June, 2022, over a dozen states have since banned or severely restricted abortion, in some cases with no exceptions for rape. While many legal and public health scholars and activists have been vocal in pointing out the profound gender, racial, and economic inequities that these state-specific bans are having on people's lives—whether abortion or other pregnancy care, or contraception—one issue that has been overlooked is the impact that these regressive abortion bans have on people who are incarcerated. There are tens of thousands of pregnant women entering US prisons and jails each year. What's more, some may become pregnant in custody as a result of rape. For incarcerated pregnant women in states that ban abortion, they do not have the freedom to travel out of state for abortion. When they are denied abortions, their pregnancies become a direct part of their punishment from the state. They are then forced to gestate their

pregnancies in harsh conditions, with limited access to pregnancy care, are often shackled during childbirth, and usually immediately separated from their newborns. This presentation will present data from public health and anthropologic research on abortion policies, access, and experiences in US prisons and jail, situating carceral pregnancy and denied abortion in the broader context of the punitive state to better understand the impact of Dobbs on one of the most coerced populations in the US.

### *(LGB)TQI Individuals and their Needs in Custody- Challenges within the German Custody System*

Thomas Barth, *Forensic Psychiatrist, Schlosspark-Klinik, Berlin, Germany*  
(thomas.barth@klinik-sc.de)

With the acceptance of legal norms related to the rights of LGBTQI individuals within the German society, including a future legal framework for transgender, queer and inter\* individuals, which reflects the perception of those just as a normal variation of the human condition, the LGBTQI community will be acknowledged in their needs without the perpetuation of self-denial and the all-day experience of discrimination. Against the backdrop of this social change, the proposed abolition of the so-called transsexual law, enacted in 1980, and its replacement by a self-determination law (Selbstbestimmungsgesetz) by the current federal government of Germany, will allow a free determination of the sex entry and the first name. Nevertheless, the intention to create extensive rights to transgender, queer and inter\* individuals in the near future, requires to acknowledge the expectations and special needs of those individuals while imprisoned, and so a legal consideration in the German Prison Acts of all federal states within Germany. With the exception of Berlin in 2021, no other federal state has yet seen the need to amend the law in this area. This presentation will review emerging issues and legal norms for transgender, queer and inter\* individuals in custodial settings. It will illuminate the current challenges associated with the classification of this group of inmates in the Berlin prison system, related to medical and mental health treatment, in particular the provision of transitions aimed at changing gender expression or identity, housing, searches, provision of commissary items and last but not least, protection from abuse and (sexual) violence.

## **102. Sexuality, Law, and Mental Health**

### *Youth Representations of Sexual Consent Under the Influence of Cannabis in the Context of Legalization*

Mathieu Goyette, *Université du Québec à Montréal* (goyette.mathieu@uqam.ca)  
Maëlle Lefebvre, *Université du Québec à Montréal* (lefebvre.maelle@courrier.uqam.ca)  
Jorge Flores-Aranda, *Université du Québec à Montréal* (flores-aranda.jorge@uqam.ca)  
Adèle Morvannou, *Université de Sherbrooke* (adele.morvannou@USherbrooke.ca)  
Mylène Fernet, *Université du Québec à Montréal* (fernet.mylene@uqam.ca)  
Marianne Saint-Jacques, *Université de Sherbrooke* (marianne.saint-jacques@usherbrooke.ca)



Martine Hébert, *Université du Québec à Montréal* (hebert.m@uqam.ca)

Cannabis is, second only to alcohol, the most used substance during sexual activities. Young adults who use cannabis and engage in sexual activities have limited guidance regarding risks surrounding consent under the influence, particularly in Canada in the context of recent legalization. This study aims to better understand the social representations of young people regarding perceived risks, norms and protective strategies put in place related to sexual consent during sexual activities under the influence of cannabis. One-hour semi-structured interviews were conducted with 30 Canadian young adults (18-24 years old) who had engaged in sexual relations under the influence of cannabis in the past year. The interviews employed a spontaneous evocation method to capture the participants' social representations. A thematic analysis was conducted with a comparative perspective based on gender and sexual orientation. The results to be discussed in the presentation support that young people hold nuanced representations of sexual consent under the influence of cannabis, which are modulated by sex, gender, and sexual orientation. The findings highlight the need to develop sexual and interpersonal violence prevention strategies related to cannabis use that are sensitive to gender and sexual diversity, and that integrate motivations and pleasure. These findings are discussed in terms of gender transformative prevention and intervention approach.

### *Understanding Sexual Violence Experienced by People Engaging in ChemSex*

Yannick Gaudette, *Université du Québec à Montréal* (gaudette.yannick@courrier.uqam.ca)  
Jorge Flores-Aranda, *Université du Québec à Montréal* (flores-aranda.jorge@uqam.ca)

Chemsex refers to the use of specific psychoactive substances, which are crystal methamphetamine, GHB/GBL, ketamine and mephedrone, by men who have sex with men (MSM), trans and non-binary people. This practice aims to extend sexual relations and intensify sexual pleasure. Sexual consent in the context of chemsex can be a blurred line, given the use of psychoactive substances for that purpose. However, there is a lack of knowledge regarding the sexual violence experienced by individuals practicing chemsex. The objective of the presentation is to discuss the types of sexual violence experienced by this population. The presentation will provide insights on offering appropriate mental health support for those who have experienced sexual violence within the context of chemsex. The results are from the community-based research project PnP within diversity, led in the province of Quebec, Canada. 64 semi-structured interviews were conducted with people who engage in chemsex. Participants shared about different forms of sexual violence, which could be describe as sexual assault, sexual coercion, sexual exploitation, and non-consensual distribution of intimate images. There seems to have an influence of chemsex subculture on the forms of sexual violence that can be experienced within this context, especially the belief that crystal meth makes you want to cross your own sexual boundaries. Implications will be discussed in the presentation.

## *Exploring Sexual Motivations Underlying Substance Use: Gender Perspectives, Substance Categories and Substance Use Disorder Severity*

Maëlle Lefebvre, *Université du Québec à Montréal* (lefebvre.maelle@courrier.uqam.ca)

Mathieu Goyette, *Université du Québec à Montréal* (goyette.mathieu@uqam.ca)

Nadine Blanchette-Martin, *Researcher, CIUSSS de la Capitale-Nationale et du CISSS de Chaudière-Appalaches* (nadine.blanchette-martin@ssss.gouv.qc.ca)

Joël Tremblay, *Université du Québec à Trois-Rivières* (joel.tremblay@uqtr.ca)

Iris Bourgault Bouthillier, *Université du Québec à Montréal*  
(bourgault\_bouthillier.iris@uqam.ca)

Francine Ferland, *Researcher, CIUSSS de la Capitale-Nationale et du CISSS de Chaudière-Appalaches* (francine.ferland.ciusscn@ssss.gouv.qc.ca)

Sébastien Tchoubi, *Researcher, CIUSSS de la Capitale-Nationale et du CISSS de Chaudière-Appalaches* (tsebas2000@yahoo.fr)

Sexualized substance use (SSU) is associated with risky sexual behaviors as well as mental health and substance use disorders. Although they could explain engagement in SSU, our understanding of sexual motivations driving substance use remains limited. Sexual motivations deserve to be studied further in order to identify the needs of people who use substances and the impact of SSU on mental health, and thus allow the development of targeted prevention and addiction services. This study aims to address this knowledge gap by investigating links between sexual motivations to use substances and gender, drug categories, and severity of substance use disorder. Data was obtained from a comprehensive assessment interview involving 188 adults (18-74 years old) to explore sexual motivations in relation to the use of alcohol, cannabis, and other drugs and was analysed through gender-based analysis and addiction severity scores derived from the WHM-CIDI. Results show that men exhibit more sex-related drug use motivations than women, particularly for substances other than alcohol and cannabis. Moreover, the higher the severity score, the higher the scores for sexual motivations underlying drug use. The presentation argues that this study highlights the importance of considering sexual needs and motivations in addiction and mental health interventions, particularly within specialized services.

## *How Could the Decriminalization of Substance Possession Benefit People who Practice Chemsex?*

Jorge Flores-Aranda, *Université du Québec à Montréal* (flores-aranda.jorge@uqam.ca)

Yannick Gaudette, *Université du Québec à Montréal* (gaudette.yannick@courrier.uqam.ca)

Guillaume Tardif, *Université du Québec à Montréal* (tardif.guillaume@courrier.uqam.ca)

This presentation aims to report suggestions provided by people involved in chemsex and professionals working with them in terms of decriminalization of substance possession. The potential implementation of this policy and its implications for individuals engaged in chemsex will also be discussed, drawing on insights from previous decriminalization initiatives. Semi-structured interviews lasting approximately 90 minutes were conducted, involving 22 managers and counselors who work with people involved in chemsex, as well as 64 sexually and gender-

diverse people using methamphetamine or related substances. Subsequently, a thematic analysis was performed. The consequences of criminalizing substance possession were identified by both the sexually and gender-diverse people and the professionals working with them as one of the factors adversely affecting the health of substance users. Some participants suggested decriminalization of substance use as a harm reduction strategy that would reduce stigma and potentially increase access to services. Little is known about how decriminalization of substance possession could benefit people involved in chemsex, because they rarely use harm reduction-based and other services for substance users. The presentation suggests that support for activist organizations would facilitate the sharing of good harm reduction practices based on users' own experiences.

### *Inpatients' Sexuality in a Forensic Mental Health Hospital*

Frédérique Christine Fortin, *Université du Québec à Montréal*

(fortin.frederique\_christine@courrier.uqam.ca)

Jo-Annie Spearson Goulet, *Université du Québec à Montréal* (spearson-goulet.jo-annie@uqam.ca)

Mathieu Goyette, *Université du Québec à Montréal* (goyette.mathieu@uqam.ca)

Ashley J. Lemieux, *Université de Montréal, Institut national de psychiatrie légale Philippe-Pinel* (ashley.lemieux.pinel@ssss.gouv.qc.ca)

Sexuality among inpatients in forensic mental health hospitals is often surrounded by taboos, leading to numerous barriers that restrict their ability to freely express their sexual needs. Despite its importance as a fundamental human right, sexuality is inadequately integrated into inpatient treatments and services. To improve recovery, it is important to have a global understanding of this subject and comprehend the benefits that sexuality can offer to inpatients. Accordingly, this qualitative research explores inpatients' sexuality in a forensic mental health setting. More specifically, the aims are to describe how inpatients in a forensic mental health facility perceive and express their sexuality as well as to explore their perceived positive impacts of sexual satisfaction, sexual well-being, and intimacy on their recovery. Nine inpatient men, hospitalized for at least three months, were recruited to participate in an interview. A thematic analysis was conducted using the NVivo software. The findings indicate that inpatients express their sexuality in various ways, mostly alone, because of the many environmental and institutional barriers. Inpatients also mentioned many ways in which sexuality could benefit their recovery. The presentation will argue that therefore it is important to incorporate sexuality as a component in their treatment plans because of the positive outcomes.

## **103. Shared Decision Making and Informed Consent in Challenging Patient Populations**

*Ethical Considerations of Children Who Refuse Medical Care*

Elisabeth Hughes, *Vanderbilt University Medical Center* (lizmariehughes@gmail.com)

Obtaining informed consent for surgery, anesthesia, and other medical care is a common and ethical practice prior to elective medical procedures. In the pediatric population, the parents or guardians of the patient are often providing the consent for the minor child as part of the shared decision-making process. There comes an age whereby a child is still legally considered a minor; however, they are able to assent to, or in some circumstances dissent and explicitly refuse, important care including surgery. When this occurs, it is important for medical providers to know what is legal, what is ethical, and how to proceed in a way that will result in appropriate care for the minor. Often this includes utilizing other hospital resources such as social services and the ethics committee. This session will discuss the legal implications when children refuse surgery, the legal and ethical rights of minors in the United States, and options for healthcare providers when this difficult situation occurs.

### *Challenges to the Consent Process for Prescribing Opioids in Chronic Pain*

Christopher Sobey, *Vanderbilt University Medical Center* (christopher.m.sobey@vumc.org)

The treatment of chronic pain has undergone a re-examination over the last decade with growing evidence demonstrating enhanced risks with treatment of controlled substances such as opioids. Acute risks such as sedation, cognitive dysfunction, and respiratory depression have been supplemented by risks of prolonged use such as abuse, misuse, addiction, and diversion. This has brought into question the continued use of this class of medications as a component in chronic pain management from both efficacy and ethical perspectives. With the concerns of opioids contributing to a growing public health crisis, government and law enforcement entities have placed more restrictions and safeguards on prescribing with the goal of reducing negative consequences of medical and non-medical use. The environment regarding compliance with applicable guidelines of use has become highly scrutinized from a liability perspective, placing physicians and other medical providers in challenging scenarios in managing pain or altering previous treatment plans. The session will discuss the background, updates, pearls, and pitfalls of establishing informed consent and treatment planning in the setting of opioid prescribing to patients with chronic pain.

### *Barriers to Informed Consent and Shared Decision Making in Low-Resource Environments*

Jenna Sobey, *Vanderbilt University Medical Center* (jenna.m.helmer@vumc.org)

In developed countries, informed consent and documentation of the consent process is a required prerequisite for all non-emergent operative and non-operative procedures for the goal of shared

decision making and patient autonomy. The same applies for any medical research conducted in this area. These informed consent documents are securely stored in physical or electronic medical records. In low- and middle-income countries, there are several barriers to achieving the typical standard of consent, including document storage constraints, language barriers, and conveying a clear understanding of the details and risks of the procedure and/or research intervention. For visiting medical care teams on humanitarian missions, written consent is required to be obtained but often difficult for these reasons. Even obtaining consent through an interpreter loses nuance, where those with good intentions risk circumscribing the discussion out of respect for local cultures. In this session, we will discuss the specific challenges encountered for obtaining and maintaining record of consent for clinical care, as well as ethical considerations for obtaining consent for medical research studies, in low- and middle-income countries.

### *Challenges Associated with Cognitive Dysfunction in Ill Geriatric Patients*

Christopher Hughes, *Vanderbilt University Medical Center* (christopher.hughes@vumc.org)

Invasive medical treatments and surgery are common in older adults and typically performed to improve functional status or prolong life. A high percentage of older patients, however, will have cognitive impairments despite no previous documentation or diagnosis of dementia, but screening for cognitive impairment (one of the primary risk factors for post-illness cognitive decline) is not routinely performed and may confound the consenting process. Complex medical decision-making capacity is increasingly needed in the aging population to understand the potential risks and benefits of treatments, surgery, and hospitalization. This capacity, however, is paradoxically impaired by illness as well as by interventions aimed to improve health. Older adults often prioritize preservation of cognition over survival, yet acute illness, surgery, and hospitalization are associated with significant short- and long-term cognitive decline, which is not normally discussed in the consenting process. Meeting this challenge involves understanding and reducing the risks of post-illness cognitive decline, including this in shared decision making and consent process, and undertaking measures to mitigate its impact. This session will discuss the risks and implications of cognitive decline in older patients.

## **104. Socially Engaged Artistic and Legal Collaborations in Human Rights and Children's Rights Advocacy**

*Socially Engaged Artistic and Legal Collaborations in Children's Rights Advocacy*

Bernard Perlmutter, *University of Miami* (bperlmutter@law.miami.edu)

Tamar Ezer, *University of Miami* (tezer@law.miami.edu)  
Denisse Córdova Montes, *University of Miami* (dcordova@law.miami.edu)

The session will describe how multi-disciplinary collaboration between socially-engaged lawyers and artists, working in collaboration with clients and communities, can expand advocacy on social justice and human right issues. While legal advocacy has traditionally focused on language and verbal persuasion, the use of images and creative expression can play an important complementary role to ignite legal reform. This session will introduce and illustrate the opportunities, challenges, and considerations for engaging in broader advocacy that taps into not just our logic and verbal skills, but also our creativity and the multiple ways we visualize and experience reality. Art serves as a disarming platform that brings voices together, and the session highlights the therapeutic role of art in helping individuals find different means to communicate their experiences constructively. This portion of the panel describes a law school clinic's collaboration with an artist and children placed in restrictive psychiatric hospitals to reform legal standards for the children's placement in those facilities. It will illustrate the ways that these collaborations can strengthen the well-being of vulnerable clients and communities served by the legal clinic.

### *Art, Design, and Community Expression in Legal Advocacy*

Tamar Ezer, *University of Miami* (tezer@law.miami.edu)  
Bernard Perlmutter, *University of Miami* (bperlmutter@law.miami.edu)  
Denisse Córdova Montes, *University of Miami* (dcordova@law.miami.edu)

This session explores the transformative power of art and web-based design in legal advocacy to promote the human rights of vulnerable populations. While law has traditionally focused on language and verbal persuasion, images and creative expression provide opportunities to connect with viewers at an emotional level and tap into the multiple ways we experience reality. This session examines how multi-disciplinary collaborations between lawyers, artists, and designers, working in collaboration with communities, can expand the audience for advocacy and create a foundation for legal reform. Virtual, interactive simulations highlighting how fines and fees in the United States (U.S.) justice system perpetuate poverty enable participants to experience this issue. Additionally, U.S. advocates for a human right to housing are working closely with artists, including those with lived experience with homelessness, to illustrate the seven dimensions of the international right to housing in powerful and concrete ways connected to community experiences. Art can thus bring together diverse perspectives and enable the therapeutic and constructive communication of experiences, supporting legal advocacy

## **105. Status of Women's Rights in Healthcare in Poland**

## *Inequitable or Lack of Access to Basic Healthcare Services Violates Women's Basic Human Right to Health*

Karolina Częścik-Łysyszyn, *University of Warsaw* ([czescik.lyszyn@gmail.com](mailto:czescik.lyszyn@gmail.com))

Women's safety and wellbeing during child delivery should be guaranteed and not be negatively affected by the quality of healthcare services. Cesarean section and vaginal birth are two methods of delivering the baby, yet cesareans should be wisely chosen and not overused. Underuse increases both maternal and perinatal mortality and morbidity, yet overuse can do harm. And even though it is agreed and clinically proven unnecessary cesarean section healthcare professionals around the world struggle to both settle on and maintain the optimal percentage of cesarean sections. It was observed in some regions of Poland that access to pain relief during natural birth is strongly limited and the percentage of cesarean sections is increased compared to the rest of the country. It was previously discussed internationally on possible factors increasing the rate of caesarean sections associated with factors such as women, healthcare professionals, healthcare organization, women families. As much as further studies are needed, this presentation will cover topics as healthcare organization, reimbursements, healthcare professionals and present available data in regard to women population in Poland and healthcare organization. Findings and implications will be discussed in the presentation.

## *Medical Oath in the Face of an Apparent Conflict of Interests Between the Life and Health of Pregnant Women and the Fetus*

Zuzanna Stradowska, *University of Warsaw* ([zuzanna.eu.stradowska@gmail.com](mailto:zuzanna.eu.stradowska@gmail.com))

The Hippocratic oath is an ethical code adopted as a guide to conduct by the medical professions throughout ages. In Poland doctors also vow the oath, which includes the point "The health and well-being of my patient will be my first consideration". This means that healthcare professionals are expected to provide best possible healthcare service to women to avoid deaths due to incorrect assessment of the risk and safety for their health and life when weighing the alleged conflict of interest with the ongoing pregnancy and developing fetus. In recent years many women died due to neglect of their human rights which were dimmed by the interest of fetus, social and political situation and changes to abortion law. Is the above reason enough to put women's life, health and wellbeing in danger? Does the interest of the fetus even exist? Does the fetus exist as a patient too and, if so are the rights of the fetus as a patient stronger or more important than the rights of a woman/mother? How do legal restrictions influence priorities in women safety and healthcare services available? Findings and implications will be discussed in the presentation.

## *Cross Exclusions of Women in Poland*

Marta Lewandoska, *University of Warsaw* ([marta@kulturaldialogu.pl](mailto:marta@kulturaldialogu.pl))

Women are being discriminated against in Poland in many aspects, both in private and public spheres. When it comes to the health care there is an on-going and intense debate on abortion and, so far, there is very restrictive law – women’s health and life are often put in danger when it comes to continuation of a high-risk pregnancy. In this context it is even more difficult to notice discriminatory rules and practices that some minorities face. Trans-women, non-heterosexual women, women with disabilities apart from typical discrimination are exposed to specific and overwhelming humiliation, stigmatisation and exclusion while approaching the health-care system and realising their reproductive rights. There are significant psychological and social consequences of this phenomenon yet still there are very few initiatives in Poland that recognize and support lowering cross-discrimination of this kind. This presentation will evaluate the phenomena of women’s cross-discrimination in Poland in aspects of accessing basic healthcare procedures and executing reproductive rights.

## **106. Substance Abuse: Investigating Generational Contexts**

*Ecstasy or Agony? Chronic MDMA Use, Psychosis, and Murder*

Raina Aggarwal, *New York University* ([raina.aggarwal@nyulangone.org](mailto:raina.aggarwal@nyulangone.org))

Viviana Alvarez-Toro, *St. Elizabeth's Hospital* ([vmalvareztoro@gmail.com](mailto:vmalvareztoro@gmail.com))

Madelon Baranoski, *Yale University* ([madelon.baranoski@yale.edu](mailto:madelon.baranoski@yale.edu))

Jacob Cohn, *Atlantic Health System*, ([jacob.cohn@atlantichhealth.org](mailto:jacob.cohn@atlantichhealth.org))

Despite MDMA being thought of as a “party drug” resulting in states of “ecstasy,” it is both a stimulant and hallucinogen with potential to cause psychosis. Chronic MDMA use can be associated with paranoia, and it can be difficult to ascertain to what extent MDMA is resulting in symptoms given confounding factors and the limited research on the effects of chronic use. This has important implications for clinical and forensic evaluations. This presentation will briefly discuss the pharmacology of and literature on MDMA, as well as the limited literature on chronic MDMA and violence. We will then present two murder cases involving defendants with chronic MDMA use. Through the lens of these cases, we will examine the potential for confounding factors and vulnerabilities predisposing to MDMA-induced psychosis. We will also explore the forensic implications, especially considering how other, more researched substances are considered in criminal responsibility cases and how the law considers intoxication versus substance-induced disorders. Finally, we will discuss the potential benefits of a database of cases involving substance use. This database could allow clinicians to become more familiar with how various substances can affect mental states and serve as a learning tool for different stakeholders in the legal system.



## 107. Systemic Racism and Inequality

### *The Ethical and Legal Conundrum of Under-Resourcing Child Welfare Systems Leading to Systemic Failure*

Julie Mann-Johnson, *University of Calgary* (mannj@ucalgary.ca)  
Chris Tortorelli, *Mount Royal University* (ctortorelli@mtroyal.ca)  
Peter Choate, *Mount Royal University* (pchoate@mtroyal.ca)

Eileen Munro authored the Munro Review of Children Protection in the United Kingdom in 2011 where she recommended a shift from over bureaucratized systems of child protection towards one that valued professional expertise and the professional's focus on the safety and welfare of children and youth (Munro, 2011). Yet twelve years later, child welfare systems in much of the global north continue to be connected to neo-liberal contexts fraught with austerity measures, a devaluing of professional social work expertise, and the ongoing overrepresentation of Indigenous and racialized populations. With a focus on the Canadian, and more specifically the Alberta provincial context, this presentation will highlight the contemporary context where child welfare practice has been devalued with moves towards lowering professional qualifications, under-resourcing the sector, and increased bureaucratization. All while evidence in Alberta points towards systemic failures including an increase of the deaths of children and young people in care, an increase in the amount of children and youth in provincial care, and an increase in the overrepresentation of Indigenous children and youth care. This presentation considers how legislators and policy makers are perpetuating systemic failures, while simultaneously devaluing and under-resourcing child welfare systems of care. The role academics can play to highlight these failures will also be discussed.

### *Structural Determinants of LGBTQ Mental Health*

Sarah Lipson, *Boston University* (sklipson@bu.edu)

This presentation focuses on ways in which regulation and educational policies shape mental health among LGBTQ adolescents and young adults. The ongoing empirical research presented here investigates how exposure to structural stigma through school policies is associated with suicidality and mental health service utilization among LGBTQ students. The presentation will draw on large-scale survey data from college and university students across the United States collected through the annual *Healthy Minds Study*. Structural determinants to be examined include: university name change policies, health insurance coverage for trans-inclusive care, and anti-discrimination policies inclusive of both sexual orientation and gender identity/expression. Mental health outcomes include symptoms of depression, anxiety, and suicidal ideation as well as risk factors such as interpersonal discrimination and feelings of belonging/loneliness. The project is designed to inform law and policy changes to meet the mental health needs of a growing population of LGBTQ students.

## *Spirit of Place: The Intersection of Indigenous Spaces, Cultural Resurgence, Mental Health, and Law*

Jenny Morgan, *University of Victoria* (jenny32@uvic.ca)

This session will illuminate the transformative potential of Indigenous spaces in the context of law/governance, mental health and visual culture. Through the lens of Indigenous art, land based and cultural places, including the "Master Carver, Artist in Residency Program" at Camosun College and the Governance Document at the University of Victoria (located in Victoria, BC Canada), we will explore how space can serve as catalysts for holistic approaches to legal/governance frameworks, mental health practices, and our environment. These programs and services, rooted in cultural revitalization, artistic expression, and community engagement, embodies the multidisciplinary and cross-national essence of the IALMH. By examining Camosun College's initiative and UVIC's Governance Document, participants will gain insights into how the convergence of Indigenous knowledge, identity, art, law, and mental health fosters enriched well-being, cultural resurgence, and meaningful legal/governance practices. This session invites scholars, professionals, and practitioners to collectively unravel the intricate relationship between law, mental health, and the 'Spirit of place'/ Indigenous spaces, contributing to the broader discourse at the International Congress on Law and Mental Health.

## *The Failure of Criminal Law to Protect those with Neurodivergency*

Peter Choate, *Mount Royal University* (pchoate@mtroyal.ca)  
Juli Mann-Johnson, *University of Calgary* (mannj@ucalgary.ca)  
Christina Tortorelli, *Mount Royal University* (ctortorelli@mtroyal.ca)

Individuals with neuro-divergency intersect with legal systems they often fail to understand from arrest through to sentencing. They are often coerced or heavily influenced by others to participate in criminal behaviours. They may lack a full understanding of the error of committing the crime but are most interested in being liked and accepted by their coercive connections. Incarceration does not deter further crimes but often serves only to build a network who will continue to take advantage of them. Officials they interact with typically fail to understand the neurodivergent condition, processing the individual they would any other accused. There is additionally a failure to understand the multiple co-existing disorders which further impair informed responses by the individual. In this presentation, consideration will be given to processes that can make involvement more informed for both the individual and the professionals. Key considerations will be presented to manage these cases differently with a goal to alternating the revolving door pathway. We are interested in the pragmatic ways to alter how the judicial systems can address the needed balances of the needs of the neurodivergent person and society.

## *The Legacy and Language of Race*

Traci Owens, *Attorney at Law, California, USA* (contacttraciowens@gmail.com)

This session outlines the Racial Justice Act in California USA. The session will explore the empirical evidence necessary for a successful claim for relief. The session will also train attorneys, cultural experts, and social workers on the language necessary to demonstrate the disparate treatment of non-white defendants and how to honor the narratives of the clients who are entitled to relief.

## **108. Systemic Solutions to Addressing Criminal Legal System Involvement for People with Serious Mental Illness (I)**

### *Cross-system Strategic Planning: An Exploratory Analysis of Sequential Intercept Mapping*

Gerhardt T. Freeman, *University of South Florida* (gerhardt@usf.edu)

Jails have become the largest de facto psychiatric treatment providers in the United States (U.S.), which is affected by local-level system fragmentation and poor coordination between service providers. This is especially relevant for marginalized populations who have higher rates of arrest and are often excluded from community-planning activities. The Sequential Intercept Mapping Workshop (SIM-W) is a local-level strategic planning workshop used to address gaps in services, improve local-level partnerships, and co-develop a county-level strategic plan with marginalized groups, county leaders, and cross-system service providers to guide the implementation and delivery of evidence-based jail diversion practices. The SIM-W has been conducted in  $\approx 300$  counties across the U.S., with little knowledge of the process components or outcomes. At minimum, this hinders the SIM-Ws potential effectiveness and efficiency. This presentation will discuss findings from a multi-state, sequential mixed-methods exploratory analysis of the SIM-W and barriers/facilitators to strategic plan development/implementation. Findings are expected to advance local-level criminal justice deflection and diversion strategies, cross-system collaboration efforts, and inform the development of evidenced-based cross-system strategic planning in the behavioral health services ecosystem.

### *Evidence-Based Collaboration: Supporting Mental Health and Criminal Legal Systems Partnerships*

Stacey L. Barrenger, *Northeast Ohio Medical University* (sbarrenger@neomed.edu)  
Natalie Bonfine, *Northeast Ohio Medical University* (nbonfine@neomed.edu)

Multi-sector, cross-systems collaborations address complex problems by coordinating stakeholders across multiple systems of care. In the United States, such collaborations between mental health and criminal legal systems are proliferating as communities attempt to reduce the

overrepresentation of people with mental illnesses in jails. Yet these initiatives are difficult to develop and sustain due to a variety of factors, including capacity, funding, and a lack of knowledge and skills required for successful cross-systems collaborations. Without abundant resources and ongoing technical support, many of these initiatives flounder, making it difficult to develop effective programming and practices to reduce contact with the criminal legal system among individuals with mental illnesses. To fill this gap, a model for mental health-criminal legal cross-systems collaborations was developed utilizing the Exploration, Planning, Implementation, and Sustainment (EPIS) framework from implementation science. This framework is well-suited to guide both implementation and research of cross-systems collaborations, as it accounts for the interconnections between outer and inner contexts that impact cross-systems collaborations, but lacks the specificity needed for these unique initiatives. This presentation will describe our model and the process of collaborative development with communities engaged in cross-systems collaborations.

### *Assessing County-Level Behavioral Health and Justice Systems with the Sequential Intercept Model Practices, Leadership, and Expertise (SIMPLE) Scorecard*

Leonard Swanson, *Wayne State University School of Social Work*  
(leonard.swanson@wayne.edu)

The Sequential Intercept Model has helped conceptualize interventions for people with serious mental illness in the criminal/legal system. Researchers operationalized the Sequential Intercept Model into a 35-item scorecard of behavioral health and legal practices, referred to as the SIMPLE (Sequential Intercept Model Practices Leadership, and Expertise) Scorecard. Using interviews, survey, and observational methods, the scorecard assesses an exploratory sample of 19 counties over 27 independent data collections. A series of ordinary least squares regression models assessed the predictor scores on four jail outcomes: prevalence of serious mental illness, length of stay, connections to treatment, and recidivism. Increases in pre-booking scores showed significant decreases in jail prevalence of serious mental illness at the  $p < 0.05$  level, and post-booking scores and overall scores showed significant positive associations with connections to treatment at the  $p < 0.05$  level, though these were non-significant after correcting for multiple comparisons. Preliminary findings suggest a combination of practices across the Sequential Intercept Model could have synergistic impacts on key jail diversion outcomes. The presentation suggests that the scorecard format allows county-level governments to take a simple approach to complex interdisciplinary system change.

### *“Forging a New Path” in the Development of Interventions for People with Serious Mental Illnesses with Criminal Legal System Involvement*

Amy Blank Wilson, *University of North Carolina* (amyblank@email.unc.edu)

Research has found that, when adapted to meet the needs of people with mental illnesses, correctional interventions can positively impact key treatment targets and outcomes associated with criminal legal system involvement. To maximize the potential reach and impact of these interventions there is a pressing need to move the locus of intervention to community mental health settings. This presentation outlines Forging New Paths, a new intervention designed specifically to address risk factors for criminal-legal involvement among people with serious mental illnesses (SMI) in community mental health settings. The presentation will include an overview of the intervention and the deployment focused intervention research methods used to develop, test, and refine the intervention. The results will highlight how stakeholder feedback helped to identify structural and contextual factors that required consideration at each stage of intervention development. It will also illustrate how deployment focused intervention research helped to optimize the scalability and sustainability of Forging New Paths within community mental health settings and how they provide a powerful tool for lessening the research to practice gap that has long plagued mental health services research. Implications will be discussed in the presentation.

## **109. Systemic Solutions to Addressing Criminal Legal System Involvement for People with Serious Mental Illness (II)**

*Engaging People Living and Working in Prison to Create Culture and Climate Change*

Kelli Canada, *University of Missouri* (canadake@missouri.edu)

Beth Huebner, *University of Missouri* (huebnberbe@missouri.edu)

Ashley Givens, *University of Missouri* (givensas@missouri.edu)

Janet Garcia-Hallett, *University of Missouri* (garciahallettja@missouri.edu)

Prisons are highly stressful environments for people living and working in them. Exposure to these environments have lasting effects on health and mental health. Improving prison climate and culture is one strategy to reduce the negative impacts of prison. However, research on the culture and climate of carceral spaces historically includes members of the community as research subjects only. Awareness and action surrounding inclusivity in the research process, particularly when working with marginalized, under-represented, and historically oppressed communities, can reduce the risk of harm from research and can improve translation and implementation of research findings. This presentation explores one approach to creating change in a U.S. medium-security male institution using community-engaged, inclusive research strategies. This project launched in January 2020 with the aim to use a data-driven approach to policy and programmatic innovations within prisons through collaboration with the state Department of Corrections administrators, staff, and residents. In this presentation, we discuss the formation of innovation advisory boards with staff and residents, approaches to data collection, strategies used to engage community members with researchers and each other, and project endings.

## *“Forging a New Path” in the Development of Interventions for People with Serious Mental Illnesses with Criminal Legal System Involvement*

Amy Blank Wilson, *University of North Carolina* (amyblank@email.unc.edu)

Research has found that, when adapted to meet the needs of people with mental illnesses, correctional interventions can positively impact key treatment targets and outcomes associated with criminal legal system involvement. To maximize the potential reach and impact of these interventions there is a pressing need to move the locus of intervention to community mental health settings. This presentation outlines Forging New Paths, a new intervention designed specifically to address risk factors for criminal-legal involvement among people with serious mental illnesses (SMI) in community mental health settings. The presentation will include an overview of the intervention and the deployment focused intervention research methods used to develop, test, and refine the intervention. The results will highlight how stakeholder feedback helped to identify structural and contextual factors that required consideration at each stage of intervention development. It will also illustrate how deployment focused intervention research helped to optimize the scalability and sustainability of Forging New Paths within community mental health settings and how they provide a powerful tool for lessening the research to practice gap that has long plagued mental health services research. Implications will be discussed in the presentation.

## *Addressing the Individual, Interpersonal/Social, and Contextual Aspects of Reentry: A Multi-Dimensional Approach*

Stacey L. Barrenger, *Northeast Ohio Medical University* (sbarrenger@neomed.edu)

In the United States over the past 30 years, many interventions have aimed to divert or keep people with mental illnesses out of the criminal-legal system, yet they continue to be overrepresented within prisons and jails. These efforts have been unsuccessful as they are mostly one-dimensional, focusing on individual risk reduction or linkage to treatment. A multi-dimensional approach to reentry that addresses individual, interpersonal/social, and contextual (environmental and structural) dimensions are better positioned to support recovery and desistance processes leading to improved community tenure. The presentation outlines a model for a multi-dimensional approach to reentry services for individuals with mental illnesses leaving prisons or jails. Developing emotional, instrumental, informational, and appraisal supports within each dimension is critical towards increasing individual agency, identity development or reclamation, and a hopeful orientation towards the future. Along with the model presentation, steps for collaborative development of specific interventions utilizing these principles will be discussed.

## *Risk Environments of Permanent Supportive Housing for Formerly Incarcerated People with Serious Mental Illnesses*

Liat Kriegel, *Washington State University* (liat.kriegel@wsu.edu)

Formerly incarcerated people with serious mental illnesses (SMI) experience the criminal legal system unequally and have elevated rates of recidivism, homelessness, and substance use disorders. Permanent supportive housing (PSH) is often used during reentry despite limited resources for addressing community integration. PSH sites are often located in environments with both increased criminogenic risk and public spaces associated with positive outcomes. The risk environment framework provides a structure for understanding the geography of PSH through its focus on the physical, social, economic, and policy influences on both the micro and macro environments of community reentry. The study uses a nontraditional QUAL + QUAN (spatial) concurrent mixed-methods design to examine how individual, interpersonal, and environmental factors situated in the risk environments of PSH interact with public and private spaces to inform reentry wellbeing. Methods include qualitative, quantitative, and participatory mapping methods interviews (n=80) and go-along interviews (n=20) with formerly incarcerated clients with SMI. Participatory mapping and GIS data (i.e., resource and treatment availability and accessibility) will be evaluated in relation to one another to develop a community resilience index. Findings will ultimately be used to co-design an multilevel reentry intervention. Preliminary findings and implications will be discussed in the presentation.

## **110. Teaching Healthy Law Students: An Exploration of Identity, Self-Transcendence, and Inner Artistry**

*Teaching Healthy Law Students: An Exploration of Identity*

Heidi Kristin Brown, *New York Law School* (heidi.brown@nyls.edu)

In a post-pandemic world, law students are grappling with changing legal landscapes (including ethical/practical implications of the proliferation of generative-AI platforms). Overall, this panel will offer strategies for cultivating well-being, flourishing, and healthy performance in law students. The law professors on this panel will draw from their diverse backgrounds as actors, artists, and writers (as well as tennis players, runners, and boxers) to offer innovative teaching approaches for helping law students thrive. This first presentation (by a writer/boxer/law professor) will share a pedagogical approach toward helping law students develop a healthy “writer identity,” enhance well-being, and reduce stress, anxiety, and fear. Applying principles articulated by scholars of “social identity theory” and “writer identity theory” to the law school setting, this presenter will explore: (1) autobiographical writer identity: reflecting on the uniqueness of personal life experiences and appreciating that individual voices are needed as contributors to the legal discourse community; (2) discursal identity: getting to know and appreciate the conventions of the unfamiliar landscape of the legal discourse community, and beginning to experiment with such conventions; and (3) self-as-author identity: practicing writing about legal concepts, infusing individual ideas into the analytical framework, and supporting assertions with evidence, confidence, and authority.

## *Teaching Healthy Law Students: Exploring Self-Transcendence*

Christopher Corts, *University of Richmond* (ccorts@richmond.edu)

This second presentation (by an actor/tennis player/law professor) will delve into the concept of self-transcendence as a tool for helping law students find meaning and purpose in lawyering—two concepts that have positive well-being effects. Transcendence—stepping into a world beyond ourselves—is an important pillar in meaning-making. Transcendence is also one of six virtues (along with wisdom, courage, humanity, justice, and temperance) identified by scholars focused on character strengths. American law students must satisfy a “character and fitness” evaluation for admission to the bar of every jurisdiction, but often wrestle with the question of what it truly means to have character, and whether character can be cultivated. This presentation will focus on helping law students understand and experiment with the concept of self-transcendence, to find higher meaning and purpose in one’s lawyering life and nourish their character in both their personal and professional lives. Self-transcendence it will be argued can serve as an impactful medium for fostering well-being, flourishing, and healthy performance in law students.

## *Teaching Healthy Law Students: Exploring Inner Artistry*

Kim Hawkins, *New York Law School* (kim.hawkins@nyls.edu)

This third presentation (by a painter/runner/law professor) will delve into the concept of inner artistry and creativity as impactful tools for helping law students amplify their authentic advocacy voices, while at the same time reducing internal conflict and dissonance. Law students often perceive law as a system constructed of dualities: right and wrong, yes and no, winners and losers. But often the answers to complex legal questions are not apparent in the plain text of statutes, case law, regulations, or contracts. Instead, lawyering and problem-solving—by necessity—become creative acts. Further, art and creativity are powerful well-being tools. This presenter often uses painting as a metaphor in teaching law. This presentation will focus on techniques for helping law students tap into their “inner artist,” using creativity, artistry, language, and expression to find their “authentic lawyer voice” and engage in legal discourse in healthy ways. It is argued that by giving students “permission” to “play” with art and creativity in the legal education setting, they can gain confidence in their advocacy personas.

## *Comparing Results of the 2014 and 2021 Survey of Law Student Well Being: Our Students Need Help*

Jerome Michael Organ, *University of St. Thomas* (jmorgan@stthomas.edu)

David Jaffe, *American University Washington College of Law* (djaffe@wcl.american.edu)

The 2014 Survey of Law Student Well Being captured for the first-time on a multi-school basis data regarding law student experiences with alcohol, drugs, prescription drugs, and mental health, along with law student perspectives on help-seeking, based on over 3000 respondents from 15 law



schools. The 2021 Survey of Law Student Well Being provides a comparative dataset drawn from over 5000 respondents from 39 law schools with respect to alcohol, drugs, prescription drugs, mental health and help-seeking. In addition, the 2021 Survey of Law Student Well Being provides insights on law students' experiences with trauma and the extent to which trauma remains a challenge to thriving on a daily basis for some respondents. This presentation will summarize the comparative data, describe the new trauma data (along with some other new data) and identify some lessons for those in legal education trying to help our students maintain their physical and mental health as they journey from students to lawyers.

## **111. The AI Universe: New and Expected Impacts on Law and Mental Health (I)**

### *VR-Assisted Staff Training for Forensic Psychiatric Staff*

Andrea Lockertsen-Pedersen, *Lund University* (andrea.lockertsen-pedersen@med.lu.se)

Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Martina Gajski Vidovic, *Linnaeus University* (martina.gajski-vidovic@kronoberg.se)

Forensic psychiatric care sets special demands on professional staff-patient interactions since staff meet people convicted of serious crimes and who exhibit complex psychiatric problems. Research shows the importance of the caring relationship between staff and patient in influencing a perceived participation in the care. Staff-patient interactions constitutes an area within forensic psychiatry with a great need for method development. Developing an evidence-based training for healthcare staff is therefore necessary to facilitate professional staff-patient interactions and promote the caring relationship and the care process. Virtual Reality (VR) may enhance learning regarding a central component in staff training: role-playing. This study integrates perspectives of person-centered care and innovative technology by developing an interactive, VR-assisted staff training using focus groups. User representatives (n=4) and staff representatives (n=3) were gathered to 1) identify areas where staffs' competence in staff-patient interactions needed to be improved, and 2) provide feedback on a preliminary staff training protocol. This presentation will provide an overview of the method development and share initial experiences from VR-assisted staff training in staff-patient interactions.

### *Artificial Intelligence: Assessing New Violent Extremism Risks*

Silvia Leo, *University of the International Studies of Rome* (research@crimelog.it)

Further the public release in late 2022 of OpenAI, an AI model allowing to generate infinite amounts of textual and visual content based on neural networks and machine learning, the disruptive potential of the generative AI technologies is being explored at various levels. Over the past decade, extremist groups have experimented with the production of new forms of propaganda, moving from simple videos and magazines to video games, social media content, and music, up to

the most recent forms of digital media allowing audiences to interact directly with the content, and alter existing games to foster player identification and encourage violent behaviour. Generative AI models may allow extremists to produce a greater amount of propaganda, much more sophisticated, but with less effort. Recent evidence shows extremists are already able to include violent narratives into video game storylines, edited by adopting the look-alike of popular games, and circumvent moderation by altering datasets in AI content. The use of AI combined with facial manipulation technologies (deepfake) and human voice cloning can facilitate purposeful misinformation of events and contribute to “hybridized” forms of extremism, generated by the convergence and cross-pollination of REMVE and salafi-jihadist media.

### *Navigating Ethical Horizons: Exploring the Transition from Social Media to Generative AI in Mental Health Research through the Lens of Australian Human Research Ethics Committees*

Nitya Vipin Phillipson, *Researcher, Murdoch Children's Research Institute, Kensington, Australia* (nitya.phillipson@mcri.edu.au)

Karolyn White, *Macquarie University* (karolyn.white@mq.edu.au)

Social media (SM) was undoubtedly a disruptive technology, and one of the last to emerge. It irrevocably changed the way we communicate, relate to one another and how we do mental health research. Generative AI technology (GAI) is the latest disruptive technology that is being rapidly developed, and its use in mental health research is growing. Mental Health (MH) research quickly embraced social media to assist with codesign of MH projects and recruitment of hard-to-reach populations including young people and Indigenous communities. Similarly, we are increasingly seeing the use of GAIs, such as chat bots, in the development of MH research outcomes in similarly hard to reach populations. This paper is written from the perspective of the Australian Human Research Ethics Committees (HRECs) that review MH research and consider the ethico-legal issues in using emerging disruptive technologies. We argue that SM and GAI present similar ethico-legal issues for HRECs including privacy, user expectations, intellectual property, copyright, and bias. We call for the research community and HRECs to learn from how we now manage social media research ethics and legal issues and to be agile in the development of new frameworks that address the ethical implications of GAIs in MH research.

## **112. The AI Universe: New and Expected Impacts on Law and Mental Health (II)**

### *Application of Machine Learning in the Study of Sex Offenses committed by Persons with Schizophrenia Spectrum Disorders*

David Huber, *Psychiatrische Universitätsklinik Zürich* (david.huber@pukzh.ch)

Sex offenses committed by persons with schizophrenia spectrum disorders (SSD) are a rare phenomenon. Yet, forensic psychiatric populations commonly contain a subset of persons with SSD who have a history of sexual offending. To date, there is a lack of empirically informed risk assessment, risk management and treatment recommendations tailored to this subpopulation of patients. To advance this under-researched field of study, this presentation will discuss key similarities and differences between persons with SSD who have committed sex offenses and persons with SSD who have committed violent non-sex offenses based on a machine learning analysis that compared over four hundred potential predictor variables. The acquired insights are contextualized in the broader literature on sexual offending, highlighting the ways in which persons with SSD who commit sex offenses may be considered similar to (and different from) persons in the general population who commit sex offenses. In this vein, a more nuanced understanding of persons with SSD who have a history of sexual offending is provided that could be relevant to advance the development of differentiated risk assessment, risk management and treatment approaches in forensic psychiatry.

### *AI on the Ward: Exploring the Law and Ethics of Video-Algorithmic Monitoring and Surveillance in Psychiatric Inpatient Units*

Piers Gooding, *La Trobe Law School* (p.gooding@latrobe.edu.au)

This presentation will examine new forms of biometric monitoring and surveillance in acute psychiatric units in the form of remote, digitally-enabled ‘nursing observation’ whereby patients’ bedrooms are fitted with a camera and sensors that monitor a person’s body, including through use of ‘computer vision’, signal processing and artificial intelligence techniques. This technical arrangement is used to subject an individual to remote and continuous monitoring of her or his pulse and breathing rate from several metres away. Efforts are underway to use the technology to detect and interpret behaviours relating to risk of harm to self or others. Variously described as ‘vision-based patient monitoring and management,’ ‘digitally assisted nursing observations,’ and ‘artificial intelligence-enabled audio-visual surveillance and monitoring’, this presentation will discuss this novel form of biometric monitoring and surveillance, and the legal and ethical issues it raises.

### *AI's Role in Interpersonal Violence*

Totti Karpela, *Director, Association of European Threat Assessment Professionals, Hong Kong, China* (totti.karpela@peaceofmind.hk)

The rate of AI development and deployment hit a critical inflection point some months ago, and continues to increase exponentially. It seems that AI is suddenly everything, everywhere, all at once – no one and nothing seems to be unaffected, including the harmscapes associated with interpersonal violence. Why this – and why now? Within the current context, an urgent mandate arises for all academics, volunteers and professionals around the world who aspire to study, prevent, and respond to interpersonal violence. Very simply, we risk enabling, contributing to or even creating opportunities for harm if we merely continue to rely on existing understandings of

harm, harm vectors, and harm agents, as well as of prevention and response strategies, tactics and resources. We have a responsibility to society, and particularly to the potential targets of interpersonal violence: we must intentionally, deliberately and immediately initiate transdisciplinary explorations across the globe regarding the impacts on AI on harmscapes of interpersonal violence, in order to generate new understandings and “best thinkings” appropriate to the current realities.

### *Artificial Intelligence: Assessing New Violent Extremism Risks*

Silvia Leo, *University of the International Studies of Rome* (research@crimelog.it)

Further the public release in late 2022 of OpenAI, an AI model allowing to generate infinite amounts of textual and visual content based on neural networks and machine learning, the disruptive potential of the generative AI technologies is being explored at various levels. Over the past decade, extremist groups have experimented with the production of new forms of propaganda, moving from simple videos and magazines to video games, social media content, and music, up to the most recent forms of digital media allowing audiences to interact directly with the content, and alter existing games to foster player identification and encourage violent behaviour. Generative AI models may allow extremists to produce a greater amount of propaganda, much more sophisticated, but with less effort. Recent evidence shows extremists are already able to include violent narratives into video game storylines, edited by adopting the look-alike of popular games, and circumvent moderation by altering datasets in AI content. The use of AI combined with facial manipulation technologies (deepfake) and human voice cloning can facilitate purposeful misinformation of events and contribute to “hybridized” forms of extremism, generated by the convergence and cross-pollination of REMVE and salafi-jihadist media.

## **113. The Centrality of Gender: Crises and Culture**

### *#MeToo and the Implementation of Sexual Harassment Legislation in Pakistan*

Filomena M. Critelli, *University at Buffalo* (fmc8@buffalo.edu)

Sexual harassment is a significant human rights violation around the globe. Within Pakistan, it is widespread and operates as a powerful mechanism that maintains women's subordinate social status, limits full participation in the public sphere, and has a negative impact on women's labor force participation. Responding to the urgency of addressing this problem, activists successfully campaigned for and achieved passage of legislation, which for the first time defined sexual harassment in Pakistan through a legislative instrument. Subsequently, the #MeToo movement gained global momentum and reached Pakistan in late 2018, further exposing the prevalence of sexual harassment. This presentation will examine the impact of the #MeToo movement and 2010 sexual harassment legislation in Pakistan. It is based on the experiences and perspectives of a cross-section of 25 activists and key stakeholders involved in the development and implementation

of sexual harassment legislation and activism to delimit sexual harassment. The findings focus on their strategies and the successes and challenges encountered as they contest cultural tolerance of sexual harassment and gender discrimination and press for accountability. The presentation will highlight the specific contextual issues and institutional barriers that exist in Pakistan. It will also discuss the vital role that the women's movement and civil society organizations play in catalyzing social change and the struggle for gender equity in Pakistan.

### *FORWOMEN: Are Caregivers and Female Patients in the Forensic Psychiatric Care Under the Same Umbrella?*

Jessica Revelj, *Linnaeus University* (jessica.revelj@kronoberg.se)  
Märta Wallinius, *Lunds University* (marta.wallinius@med.lu.se)  
Ulrica Hörberg, *Linnaeus University* (ulrica.horberg@kronoberg.se)  
Mikael Rask, *Linnaeus University* (mikael.rask@kronoberg.se)

Female patients in forensic psychiatric care have special needs, challenges and vulnerabilities. Caregivers must understand the women's suffering, health, how to increase wellbeing but also the context of the care and how these factors converge. Two qualitative studies made with in-depth interviews (N≈30), will in the presentation investigate what extent these perspectives converge. Does female patients and caregivers describe the women's life situation similarly – do they stand under the same umbrella? The women have positive and negative experiences from the forensic psychiatric care. Aspects with the potential to improve the women's wellbeing and help them reintegrate into society are also aspects which may affect them in negative ways. The women witness about sexual harassments, and the caregivers talk about the women's vulnerability when the latter choose to sell sex or pictures with sexual content. The women longed to be seen as individuals, not separated from society or treated differently from male patients. Simultaneously, the caregivers adjusted their behavior in the meeting with female patients. By highlighting these aspects together, it may be helpful in order to understand the women's life situation and help caregivers and female patients to share the same umbrella, or at least catch similar raindrops.

### *From Freud to the MeToo Movement: Disclosing Sexual Violence, Social Movements and Backlash*

Ramona Alaggia, *University of Toronto* (ramona.alaggia@utoronto.ca)

For over one hundred years survivors have been disclosing sexual violence in therapeutic spaces. In the late 1800s Freud had the optimal opportunity to validate and advocate for survivors disclosing child sexual abuse (CSA), and in effect create a bold new movement. Instead, he silenced his patients by developing his seduction theory. This theory was embedded in the practice of generations of psychoanalysts driven by the assumption that children's accounts of sexual abuse were fantasies and normative in psycho-sexual development. Freud's retraction from believing his patient's CSA disclosures was a monumental betrayal by a trusted, highly regarded mental health leader, and was presumably influenced by a sexually repressive Victorian climate, and the long shadow of patriarchy evidenced when his peers venomously rejected his accounts of his patient's disclosures -an early form of backlash. In social movement theory 'backlash' is known as

resistance to social change. Feminist movements and intersectional feminists have been pivotal in leading activist efforts for women's rights, and in raising public awareness about the frequency of incest and rape perpetrated against women and children. Today, the MeToo movement has ignited public sexual violence disclosures through social media. However, backlash is being seen in publication bans of survivors' stories, increasing pressure for non-disclosure agreements, and higher rates of acquittals for alleged perpetrators. Findings from my study on the MeToo movement and current backlashes in societal, political and legal arenas will be discussed and with recommendations for collective actions that need to be taken in responding to sexual violence.

### *Discounting the Credibility of Domestic Violence Survivors*

Deborah Epstein, *Georgetown University* (epstein@law.georgetown.edu)

Lisa Goodman, *Boston College* (goodmalc@bc.edu)

Johnny Depp's recent defamation suit against Amber Heard, based on her written characterization of their relationship in the Washington Post, spawned unprecedented victim-blaming misogyny in the press and on social media, as well as the spread of unfounded defamation suits against victims of domestic violence. These suits capitalize on the gauntlet of doubt and disbelief women face when they seek legal protection from abuse in their homes. To fully grasp the nature of this harm and the resulting impact on the anti-domestic violence movement, we need to fully examine when, how, and why we so routinely discount women's credibility. Credibility discounts arise when society in general, and system gatekeepers in particular—police, clerks, crime victims fund administrators, and judges--mistakenly perceive women's stories of domestic violence as implausible, and discount women themselves as personally untrustworthy. Credibility discounting inflicts an acute psychic injury on women survivors of abuse. Concrete, systematic reforms are needed to eradicate these unjust, gender-based credibility discounts, and to enable women subjected to a wide range of harms to trust the responsiveness of the systems theoretically designed to protect them.

### *Ethical Consideration to Improve Practices in HIV Research Involving Transgender and Gender Diverse Populations*

Keosha Tarheshia Bond, *City University of New York* (kbond@med.cuny.edu)

Despite advancements in HIV research and services for transgender and gender diverse (TGD) adults, it is imperative to investigate the ethical considerations that are linked to implementation research, clinical trials, and community engagement. Here, we examine the challenges encountered in HIV research and proposes a feasible paradigm for conducting ethical and community-engaged research from the perspective of 45 TGD adults. Sexual health studies can be fear-based, and trauma can be recurrent with stigmatizing language. Due to employment obstacles research stipends may unjustly affect some and participants contributions boosts the research economy without providing community jobs. Underrepresented transgender and non-binary scholars may be tokenized, and true research partnerships are unclear. Many demonstration programs provide vital services that cease with research funding, and community-based dissemination is typically criticized as inadequate and late. Our review suggests several ethical HIV research recommendations: (1) equitable budgeting with community-based partners; (2) TGD investigator

representation; (3) transgender inclusion in grant guidelines; and (4) research integration into clinical or service settings. (5) Prioritize intersectional perspective and structural competency; (6) Consider compensation that values community contributions without undue influence; (7) Open, community-focused communication beyond the study period to foster bidirectional relationships; and (8) Plan for program or service sustainability.

## **114. The Changing Role of the Police in Mental Health Law**

### *Mental Health Alternatives to Policing*

Avlana Eisenberg, *Boston College Law School* (avlanaeisenberg@gmail.com)

There is a growing consensus—including among police—that the scope of policing is too vast, with many scholars and advocates questioning why police, with limited training in mental health, serve as first responders in cases involving mental illness. Pilot programs are testing the proposition that many mental health-related calls to police could better be addressed by a team that includes social work professionals in addition to officers; by a team of social service providers without officers but with the option of calling police as backup; or, in some cases, with no police involvement at all. The presentation examines such models as the mobile crisis unit in Marion County, Oregon, which pairs a police officer with a mental health expert to respond to calls involving mental illness, and the CAHOOTS program, which sends out teams of non-officers, with the understanding that police can be called as backup if necessary. Drawing on original interviews with stakeholders and by studying data collected by these programs, the presentation aims to provide a more nuanced understanding of different models for police partnerships and for reducing the police footprint. It then situates this ground-level discussion within broader conversations about the trajectory of legal and policy reform.

### *Involuntary Deprivation of Liberty, Public Safety, Care and Treatment for the Mentally Ill*

Gary Chan, *Singapore Management University* (garychan@smu.edu.sg)

How should a society strike a balance between the objective of protecting members of the public from dangers that may be posed by persons believed to be mentally ill and the potential deprivation of their liberty? How should police officers discharge their duties in apprehending such persons with a view to conveying them to a medical practitioner at a psychiatric institution for assessment and treatment where necessary? The presentation will adopt as a springboard for discussion a recent Singapore court decision in which the arrested party brought claims in false imprisonment and assault and battery against the police officers. The legal issues to be discussed include the underlying purposes of the Singapore Mental Health (*Care and Treatment*) Act 2010, the right of the arrested person to be informed of the grounds of his apprehension, the proper bases of the police officer's belief that the arrested person posed a danger to others or himself, and the

circumstances in which the police officers may be entitled to immunity from liability to civil or criminal proceedings. The presentation will also highlight the roles of medical practitioners who are responsible for examining such persons apprehended by the police and empowered to make orders for further detention.

### *What Is "Equivalence" of Healthcare in Police Custody? An Evaluation of Police Custody Healthcare in the United Kingdom.*

Iain McKinnon, *Newcastle University* (iain.mckinnon@newcastle.ac.uk)  
Dr Gethin Rees, *Newcastle University* (gethin.rees@newcastle.ac.uk)

Worldwide, there are no clear standards governing healthcare provision for police custody detainees. Healthcare providers should work within their professional standards, but few standards exist for police officers. This is troubling due to the high rate of police custody detainees with mental health and substance misuse concerns. Contrastingly, there is the aspirational standard of “equivalence” in prisons where detainees should receive healthcare equivalent to those at liberty. Our ESRC funded research investigates police custody health pathways in England, UK. We present results from three work-packages: 1. Ethnography observing workday behaviour of healthcare practitioners and detention officers, and their interactions with detainees, adding essential context to understanding how provision of care, recording/accessing data, and risk assessment occur in practice; 2. Semi-structured interviews to ascertain the opinions, experiences, and justifications for practices of those responsible for healthcare in custody; 3. A sample of custody risk assessments to measure the scale of morbidity, and thematic analysis of risk assessment and custody log data to identify how the recording and communication of health and risk related information impacts on care. This session is intended to promote debate how standards for vulnerable people in police custody should be set in an ethical and legal framework.

### *Police Responses to Mental Distress: Findings from a Qualitative Study in New Zealand*

Katey Thom, *Auckland University of Technology* (katey.thom@aut.ac.nz)  
Sarah Gordon, *Otago University* (sarah.e.gordon@otago.ac.nz)

The police in Aotearoa (New Zealand) have identified mental health as one of the main causes of their workload. They respond to an average of 94 mental health events every day, but 77% of these events do not pose an immediate risk to people or property. Often, citizens who experience mental distress have not sought help from mental health services before encountering the police. Unfortunately, there is not enough research on how citizens in mental distress experience their interactions with the police, making it challenging for the police to translate their policies into practice. This presentation is based on a qualitative study that aimed to explore the stories of citizens who have interacted with the police during moments of distress, as well as the experiences of frontline officers who regularly respond to mental health events. The study used a community-based approach that involved researchers with lived experience of mental distress working together with citizens to produce narratives of their experience with police engagement. Additionally, case studies were conducted with frontline officers to observe their responses to mental health events



and interview them about their experiences. The study revealed themes of trauma, bias, racism, discrimination, criminalisation, and moral distress. The implications of the study suggest the need for trauma-informed and restorative approaches to be integrated into policing training, policy and practice.

## *Evaluating the Implementation of Crisis Response Units in the United States*

Kami Chavis, *William & Mary University* (knchavis@wm.edu)

Last month, San Antonio police officers shot and killed Melissa Perez while responding to a mental health crisis 911 call after she ran inside her house.<sup>1</sup> Her death is one of the most recent examples of inappropriate escalation of force by police officers responding to behavioral and mental health crises.<sup>2</sup> Calls for police reform and accountability have increased exponentially after the murder of George Floyd in 2020, with a particular emphasis on the need to address the way officers respond to people experiencing mental health crises. Most 911 calls are not made to report the commission of a crime or violent acts<sup>3</sup>, but about half of the deaths caused by police last year resulted from officers responding to calls involving non-violent offenses or quality of life reports.<sup>4</sup> The killings disproportionately impact Black people, who are “more likely to be killed by police, more likely to be unarmed, and less likely to be threatening someone when killed.”<sup>5</sup> Emergency calls for mental health crises make up about 21–38% of all 911 dispatches, and about twenty percent of the non-violent offense-related police killings involved victims experiencing a mental health crisis.<sup>6</sup> Recent studies have found that people experiencing mental health crises are over ten percent more likely to be killed or injured in police encounters than the general public.<sup>7</sup> This discrepancy may be attributed to two issues in traditional policing. First, officers—even those who receive mental health training—may fail to recognize that a mental health crisis is in progress, especially if dispatch information is incomplete or inaccurate. This may cause them to improperly escalate the situation and apply force when a victim is not able to respond to, or comply with, verbal instructions.<sup>8</sup> Second, the stigmatization of people with severe mental health conditions can increase the likelihood that officers improperly apply use of force due to implicit bias. The belief that people living with severe mental illnesses are prone to violent, erratic behavior is still pervasive, as evidenced by the tragic death of Saheed Vassell in 2018.<sup>9</sup> Vassell had bipolar disorder; community members and police alike were aware of his condition.<sup>10</sup> He was shot to death after officers observed him holding a bent piece of metal, which they believed to be a gun.

## **115. The Complexity of Trauma Associated with COVID-19**

Sergei V Tsystarev, *Hofstra University* – Discussant

*Secondary Complex Trauma and Court Involved Family Dysfunction: COVID-19 and Beyond*

Paul Meller, *Hofstra University* ([Paul.Meller@Hofstra.edu](mailto:Paul.Meller@Hofstra.edu))

The global impact of the COVID-19 pandemic has been profound, affecting millions of individuals internationally. The sheer scale of the pandemic's reach has resulted in a staggering number of people being affected, directly and indirectly, with more than 6 million people. From the challenges posed to public health systems to the economic disruptions and the myriad personal and social impacts, the COVID-19 pandemic is an unprecedented global crisis that has touched the lives of countless individuals and communities worldwide. One of the least discussed impacts of the pandemic is the psychological trauma sustained by individuals, families, and communities. This paper will discuss the primary, secondary, and complex trauma experienced by children and families because of the COVID-19 pandemic—the negative impact on children and families whose family functioning will be highlighted. Discussion will focus on the dynamics that led to the increased rate of intimate partner violence, child maltreatment leading to families entering the child protective system, and the difficulties of working towards reunification and healing among those families who were already involved with a child protective system. The family dysfunctions that led to involvement with the child protective system and or Family Court will be discussed in terms of a unique and ongoing set of trauma conditions. While some people were directly and immediately impacted by the COVID-19 virus (primary trauma), many people experienced secondary trauma as a function of vicariously viewing the traumatic events experienced by other people or by responding to changes in day-to-day functioning and society standards that affected many people. Secondary trauma will also be discussed in terms of its impact on nonprofessional caretakers, such as parents of young children, parents, children of parents affected by COVID-19, and parent-child reunification. Complex trauma is the result of an ongoing and repetitive process rather than a solitary, stressful life event. By its very nature, the duration of the COVID-19 pandemic and changes in social structures have given rise to a significant increase in complex trauma. This is particularly true for these most vulnerable families. This paper will conclude with a discussion of therapeutic approaches to deal with the aftermath of the COVID-19 pandemic considering its vast secondary complex trauma.

### *Secondary Complex Trauma as a Function of COVID-19: A Comprehensive Review*

Justine Mahler, *Hofstra University* ([jmahler1@pride.hofstra.edu](mailto:jmahler1@pride.hofstra.edu))

Jessica Ortsman **MISSING AFFILIATION**

The global outbreak of the COVID-19 pandemic led to many long-term implications on the world, and its population threat to an individual's physical health proposed. In addition, it also induced the wide range of psychological and emotional challenges. The research discussed in this presentation provides a comprehensive review of secondary complex trauma as a function of the COVID-19 pandemic. Secondary complex trauma, refers to the indirect exposure to traumatic events to close relationships with individuals have experienced primary traumatic events. The COVID-19 pandemic introduced the new dimension to the field of trauma psychology, emphasizing that the pandemic is not a singular event, rather, it is process. The aim of this review is to explore the potential psychological ramification of being indirectly, exposed to traumatic events associated with COVID-19 such as loss of loved one, isolation, economic hardship, and

health related anxieties, considering existing literature this research will examine the mechanisms through which secondary complex trauma can manifest the populations that might be most vulnerable and potential mitigating factors. Results will be discussed in terms of the impact of secondary complex trauma in legal proceedings.

### *Intimate Partner Violence as a Function of Secondary Complex Trauma*

Cali Davis, *Hofstra University*, ([Cdavis54@pride.hofstra.edu](mailto:Cdavis54@pride.hofstra.edu))  
Anna Moy (MISSING AFFILIATION)

Incidents of domestic violence have increased significantly over the past three years, leaving rates of domestic violence, 8.1% higher in the United States. In cases in which children are not the target of domestic violence, they experience secondary complex trauma by witnessing physical and emotional conflict and abuse within the family unit. Secondary complex trauma involves the indirect encounter with traumatic occurrences through intimate connections with individuals who have undergone primary traumatic experiences. Intimate partner violence takes many different forms, including emotional physical, sexual and psychological abuse; especially for children, the complexities of love, violence, and trust make the experience of secondary complex trauma more catastrophic. The symptoms of secondary complex trauma may lead to greater maladaptive behaviors in the everyday life of the child. This may also lead to a complex understanding of healthy family dynamics. This presentation reviews the effects of secondary complex trauma on children, who are not the subject of domestic violence or abuse, and determines the symptomatology associated with secondary complex trauma and children who witness domestic violence.

### *Effects of Secondary Complex Trauma on Therapist: A Comprehensive Review*

Katarina Vattes, *Hofstra University* ([KVattes1@pride.hofstra.edu](mailto:KVattes1@pride.hofstra.edu))  
Ayanna Spurlock-Shackelton (MISSING AFFILIATION)

The role of a therapist is to create a safe and collaborative environment for client to share and process the most traumatic experiences. The mental health field is well-versed in the impact on clients when they share their trauma with their therapist, or on any other trusted individual. Therapist are trained and prepared to provide aid to clients in reliving, and re-experiencing their trauma. However, therapists are also impacted by their clients traumatic events, and may experience secondary complex trauma, secondary complex trauma pertains to the indirect encounter with traumatic occurrences through intimate connections with individuals who have on undergone Primary traumatic events. The therapist-client relationship could be categorized as an intimate relationship, and therefore a subject to symptoms of secondary complex trauma. Therapists repeated exposure to traumatic histories, and the frequencies and severity of trauma

may expose therapist to secondary complex trauma as significantly higher rates than other professions. This presentation reviews secondary complex trauma impacting therapists as well as working through with trauma histories in the mental health field. This review will highlight the psychological and emotional pressure that therapists experience because of their client's trauma histories (e.g., suicidal ideation domestic abuse sexual abuse, COVID-19, and processing traumatic events). In addition, the presentation will explore how therapists can mitigate symptoms of secondary complex trauma through self-care.

### *Missing Title*

Sergei V Tsystarev, *Hofstra University* ([psytzs@hofstra.edu](mailto:psytzs@hofstra.edu))

Missing Abstract

## **116. The Continued Relevance of the Insanity Defence: Nuances and Changes**

### *The Stubborn Stability of Insanity Law*

Rashmi Goel, *University of Denver* ([rgoel@law.du.edu](mailto:rgoel@law.du.edu))

Globally, the M’Naghten rule remains prevalent in the insanity defense, almost 200 years later. Common law countries seem hamstrung by this archaic standard which pronounces when someone should not be held legally responsible for their actions. This stubborn originalism about insanity in the criminal law does a disservice to the mentally ill, and to criminal law itself. Our definition of insanity is not tied exclusively to fundamental principles of justice. Rather, it relied on our medical colleagues and their understanding of normal. For example, M’Naghten is heavily limited by its emphasis on a biological basis and delusions (suffering from a disease of the mind and does not know the nature and quality of his act). Our medical definition of mental illness is much greater now, but our current legal analyses do not reflect that, because lawyers have backed away from this partnership, insisting that we know what it means for someone to be sane enough to be judged. Instead, we constrain our medical colleagues’ testimony, whittle away at their expertise, and turn away from their research, new findings, and even their decades of experience. It is time for reform.

### *Crime and Victimization Outcomes Following Civil Rights Limits to the Use of Compulsory Treatment*

Steven Paul Segal, *University of California Berkeley* ([spsegal@berkeley.edu](mailto:spsegal@berkeley.edu))

Lachlan Rimes, *Victoria Department of Health and Human Services, Melbourne, Australia*  
(lachlan.rimes@gmail.com)  
Leena Badran, *University of California Berkeley* (lbadran@berkeley.edu)

Community treatment orders (CTOs) have been associated with reduced crime/victimization-risk. Australia's ratification of the U.N. Convention on the Rights of Persons with Disabilities (CRPD) enabled patient-rights-advocacy to limit CTO-assignment to persons lacking decision-making-capacity. This effort was accompanied by a 15% reduction in CTO-utilization. Has this change affected crime/victimization-involvements of patients with schizophrenia-diagnoses? In Victoria Australia, the study considers crime/victimization-involvement among three patient-groups recruited with the same sampling-algorithm in the decade before (2000-2009, N=14,711) and after (2010-2019, N=10,702) CRPD-ratification. Each group is its own-control. Each group's positive-outcome across decades would be "no increase" in crime/victimization-involvement or in the ratio of the group's incident-rates to the State's. Following CRPD-ratification, first-hospitalized-patients with at least one CTO-assignment doubled their involvement in major crime-perpetrations (from 13% to 27%), non-CTO-hospitalized-patients almost doubled (from 10% to 18%), and 11% of outpatients were involved when none were before. Overall, a third (34%) were victimized-by-major-crime up from 28%, with 25% of outpatients experiencing victimization when none had before. Increases were most evident in major-crimes, led by assaults/abductions. Capacity-constraints on compulsory-treatment are associated with increases in crime/victimization-involvement, a transfer of responsibility for patients with schizophrenia-diagnoses from the mental-health-system to the criminal-justice-system, validation of dangerousness stereotypes, and growing negative family impact.

## **117. The DIMENSIONS Project**

### *The DIMENSIONS Project*

Linda Grønning, *Bergen University* ([Linda.Groning@uib.no](mailto:Linda.Groning@uib.no))

DIMENSIONS is a five-year project at the Faculty of Law, University of Bergen, funded by the research council of Norway. This project has as an overarching aim to develop knowledge and understanding of the relevance of mental disorders for criminal (un)accountability and punishment. The focus for the project is the legal doctrine about 'criminal insanity' and how this doctrine is in law associated to severe mental disorders and especially to the state of being psychotic. By integrating different knowledge perspectives from philosophy, legal research, and mental health research, DIMENSIONS seeks to clarify and revisit the association between criminal unaccountability and mental disorders. The project utilizes the unique Norwegian model for regulating criminal unaccountability as a new point of entrance to this association, which challenges the current Anglo-American paradigm. My presentation will outline this project more in detail.

### *Philosophical Positions*

Stephen Mathis, *Bergen University* ([stephen.mathis@uib.no](mailto:stephen.mathis@uib.no))

This presentation covers my philosophical work on the doctrine of unaccountability in criminal law. This doctrine identifies a way in which defendants lack responsibility or blameworthiness even if they satisfy the elements of an offense. A doctrine of unaccountability due to mental disorder can find philosophical justification in most theories of punishment. In deterrence-based theories, for example, defendants who commit offenses due to mental disorder should not be punished because those defendants—and defendants like them—cannot be deterred by such punishment. In retributivist theories, unaccountable defendants acting under mental disorder either do not properly choose their actions or they do not exhibit bad moral character in acting—or they lack the capacity to reason through their actions properly. In this way, the unaccountability doctrine in criminal law makes clear at least part of the boundary lines defining criminal responsibility. Most legal philosophers explore the unaccountability doctrine in order to use it to help make a case for a particular (unified) theories of criminal responsibility. But in this presentation I argue that few, if any, of the resulting theories capture well the normative core of what we think is wrong with punishing such offenders.

### *Criminal Unaccountability in Norwegian Courts*

Øyvind Holst, *Bergen University* ([O.Holst@uib.no](mailto:O.Holst@uib.no))

The Norwegian legal model is historically closely connected to medical concepts of psychosis. Until 2020 the Norwegian penal code was based on a ‘medical model’ for criminal unaccountability. This model identified unaccountability (cf. insanity) exclusively with mental disorder and essentially with psychosis. The Norwegian approach thus has set up a legal practice with argumentation closely linked to the psychiatric field. At the same time, the model allows for a strong influence from the forensic psychiatric experts. The outcome might be a case law that is based on medical argumentation and may be less influenced by philosophical and general criminal law premises. On the other hand, the Norwegian model opens the possibility to examine whether, and to what extent, such premises or arguments can be found in the application of the rules about unaccountability in legal practice. This presentation outlines my pioneering work with analysing case law, considering which arguments the courts base their decisions on, and the origin of the arguments. More specifically, I will present findings from my analysis of case law with regard to key arguments that are used by Norwegian judges to explain and justify criminal insanity and its relation to psychosis.

### *The Example of Delusions*

Linda Gröning, *Bergen University* ([Linda.Groning@uib.no](mailto:Linda.Groning@uib.no))

Susanna Radovic, *University of Gothenburg* ([susanna.radovic@gu.se](mailto:susanna.radovic@gu.se))

This presentation uses the Norwegian approach as a new point of entrance to discuss the legal relevance of delusions for criminal unaccountability. We will argue that while the Norwegian model evades some problems that the Anglo-American criminal justice systems face, it uncovers further challenges in how law rely upon psychiatric constructs. Within the Anglo-American paradigm, delusions matter to the question of criminal (un)accountability as proof of impairments in the defendants cognitive and/or control capacities relevant to the commission of the crime. Therefore, the content of delusions, i.e., what one wrongfully believes and how this explains the crime, is often considered of primary relevance. We will show that this potentially leads to complications where equally impaired individuals might be treated disparately by the legal system based on the specifics of their delusions. It is argued that the Norwegian model, by emphasizing the broader influence of mental disorders on an individual's cognitive capacity at the time of the crime, sidesteps the need to scrutinize the content of delusions. Consequently, this approach circumvents the potential issue of unequal treatment stemming from variations in the specifics of delusional beliefs.

### *Decision-Making Process as a Scientific Framework*

Daniil Butenko, *Bergen University* ([Daniil.Butenko@uib.no](mailto:Daniil.Butenko@uib.no))

Legal doctrines concerning criminal accountability rely not only on normative concepts and arguments but also on concepts and arguments that posit claims about how the reality is, for example what capabilities human have and how and under which circumstances those capabilities can be undermined or even negated. As such, these arguments are eligible for empirical investigation to assess their validity. The key question is what empirically produced knowledge is relevant to the topic, given its recognizably broad scope. The decision-making process is a framework that can be utilized to present such knowledge relevant to legal doctrines about criminal (un)accountability. This framework – a product of collaboration between the fields of neuroscience, cognitive psychology, neuroeconomics and increasingly – computational psychiatry, can be utilized as it builds knowledge that holistically explains how a human constructs a choice to act and how this process can malfunction, integrating into explanations processes of perception, interpretation, options' valuation, selection and learning. This presentation, based on findings from existing primary empirical research, will outline the structure of the decision-making process and its pathology, arguing for the pertinence of specific sub-processes within the decision-making process, as well as modes of it, to a theory of criminal unaccountability.

## **118. The Elderly and Research Ethics: Orphaned Populations at Risk**



## *Facilitators and Barriers to Clinical Trial Recruitment and Retention of Older People in Australia*

Susan Catherine Markham, *University of Sydney* (smar8309@uni.sydney.edu.au)

Kate O'Loughlin, *University of Sydney* (kate.oloughlin@sydney.edu.au)

Justin McNab, *University of Sydney* (justin.mcnab@sydney.edu.au)

Lindy Clemson, *University of Sydney* (lindy.clemson@sydney.edu.au)

While research involving older people is expanding, much of it multidisciplinary, there are clear ethical and methodological issues associated with including or excluding older people in research. Older people (aged 65 years +) are leading consumers of healthcare worldwide and the main consumers of prescription medications overall, however this is not reflected in clinical research in Australia and elsewhere. This presentation reports on the findings from a qualitative study drawing on a social-constructionist approach to explore discourses and institutional practices of key stakeholders: 1) in-depth individual interviews with clinical researchers in Australia to gain insight into what they identify as the facilitators and barriers to recruitment and retention of older people; 2) individual interviews with older trial participants; 3) focus group(s) with people aged 65 years and over on their knowledge of, and interest in participating in a clinical trial. The findings will be discussed within the context of population ageing and the consequences of inclusion/exclusion of older people at the clinical and societal level, along with consideration of the need for Australia to introduce a legislative framework similar to other countries (e.g. Europe) and to address this under-representation as a form of age discrimination.

## *Is Social Participation the Same for All Older People? The Case of Older Offenders in a Sobriety Process*

Valérie Aubut, *University of Ottawa* (vaubut@uottawa.ca)

Natacha Brunelle, *Université du Québec à Trois-Rivières* (natacha.brunelle@uqtr.ca)

Pier-Luc Turcotte, *Université d'Ottawa* (pturcott@uottawa.ca)

Bastien Quirion, *Université d'Ottawa* (bastien.quirion@uottawa.ca)

In Quebec (Canada), policies related to the health and well-being of older adults aim to improve their social participation. Social participation is defined as the interest and involvement of a person in activities involving social interactions with others and the community. However, social participation can differ among marginalized older adults, such as offenders with problematic substance use. Unfortunately, many types of activities or occupations remain unrecognized by correctional authorities. This presentation aims to critique social participation as it is commonly conceptualized and reflect on its applicability to the reality of older offenders in a sobriety process. For this purpose, we conducted a scoping review followed by face-to-face and group interviews with older offenders, to be completed in the fall of 2023. The scoping review aims to document the levels, the benefits and the challenges related to social participation among older offenders. Face-to-face interviews will provide an understanding of social participation. Focus group will conceptualize, develop, and validate a model of social participation for older offenders. The implications of this new model for improving the social and community reintegration process of older offenders will be discussed in the presentation.



## 119. The Evolution of Structures in Forensic Management

### *Community-Based Substance Use Treatment Programs for Reentering Justice-Involved Adults in the US : A Scoping Review*

Michael Fendrich, *Medical College of Wisconsin* (michael.fendrich@uconn.edu)

Brian Daniel Graves, *University of Georgia* (bgraves3@uga.edu)

The service needs of those reentering the community from the criminal justice system are increasingly salient for treatment researchers and policy makers. Many of those reentering the community have a history of substance dependence and face acute substance abuse treatment service needs in the community. We performed a scoping review to examine the state of the literature on substance abuse treatment programs for formerly incarcerated individuals reentering the community in the United States that were published during a five-year period from 2017-2021. We identified three overarching themes from the review, encompassing 13 subthemes. Studies focused on the characteristics of the participants, the unique characteristics or variations of the treatment provided, and the broad benefits of the intervention. We noted the plethora of studies focused on engaging peers in certain aspects of the intervention and a host of studies discussing intervention benefits beyond the direct impact on curtailing substance misuse. The persistence of the drug misuse crisis in the US and its particularly adverse impact on those in the criminal justice system underscore the need for continued research summarizing effective treatment programs and strategies.

### *Forensic Psychiatric Patients' Experiences of Partaking in Administrative Court Regarding Continuation of Their Care*

Andreas Söderberg, *Linnaeus University* (andreas.soderberg@lnu.se)

Märta Wallinius, *Lund University* (marta.wallinius@med.lu.se)

Christian Munthe, *University of Gothenburg* (christian.munthe@gu.se)

Mikael Rask, *Linnaeus University* (mikael.rask@lnu.se)

Ulrica Hörberg, *Linnaeus University* (ulrica.horberg@lnu.se)

In Sweden, consent to continued compulsory forensic psychiatric care can be given for a maximum of six months at a time. The chief psychiatrist must apply to the administrative court for continued care for each new six-month period. In this phenomenological study, 20 patients were interviewed about their experience of court proceedings regarding continuation of their care. Three themes are presented in the result; A significant, correct but meaningless formality; An imbalance of power within the hearings; Existential and practical disorientation. The results are linked to the question; to what extent the forensic psychiatric care should focus on curing and treating the patients' health problems and to what extent it should be guided by protective obligations. Partaking in an oral

hearing in administrative court is often experienced as difficult by the patients. Both the process and the purpose of the oral hearings seems difficult to understand and is perceived as unjust. The focus on risk and dangerousness can make this experience demanding from a more existential dimension. We argue that the forensic psychiatric care can do considerably more to make the care more understandable for patients.

### *An Overview of the Continua Bioethical Issues Intrinsic to the Successful Management and Reintegration of Forensic-Correctional Populations*

James Tyler Carpenter, *Harvard University* (jtcarpenter30@hotmail.com)

The bioethical care and management of forensic-correctional adjudicated mentally ill offenders extends across multiple co-existing continua from trial and incarceration, through incapacitation and treatment, to reintegration and return to their communities. Although cultural-legal contexts, and the construction of bio-ethical imperatives, differ from country to country and reflect and depend on numerous factors, the general principles have much in common. The purpose of this multi-author panel is to examine these bioethical challenges and issues as they are managed in forensic-legal and medical-social contexts for commonalities, differences, and complementarity.

### *A Realist Process Evaluation of Liaison and Diversion Services for Children and Young People*

Charlotte Lennox, *The University of Manchester* (charlotte.lennox@manchester.ac.uk)

Liaison and Diversion services support people at the point of arrest. In the UK, Liaison and Diversion support adults and children in a similar way. Previous research has suggested that Liaison and Diversion is effective, but the research has not always included children. We would like to understand more about how Liaison and Diversion works for children. The study has two parts. In part one we undertook a Rapid Realist Review to help us describe how Liaison and Diversion for children is believed to work to refer them to appropriate services and away from the criminal justice system. In part two we undertook a mixed-methods realist process evaluation of eight Liaison and Diversion service in England. This will help us understand (1) what parts of Liaison and Diversion are delivered (quantitative), (2) whether these parts are working and for which children do they work for (quantitative and qualitative), and (3) for which children they are working under which circumstances (qualitative). This will help us refine how we think Liaison and Diversion works and make recommendations on how to improve Liaison and Diversion services. Study findings and implications will be discussed in the presentation.

### *Mixed Methods Findings on a Novel Pretrial Diversion Program for People with Serious Mental Illnesses*

Matt Epperson, *University of Chicago* (mepperson@uchicago.edu)  
Brianna Suslovic, *University of Chicago* (bsuslovic@uchicago.edu)  
Samantha Guz, *University of Chicago* (sguz@uchicago.edu)

The Cook County (Illinois) Jail remains one of the largest institutional mental health providers in the United States. Through a justice and mental health collaborative planning process, the “Fitness Diversion Program” was developed and piloted in three Cook County courtrooms for people with serious mental illnesses (SMI) charged with misdemeanors who would have previously been ordered to undergo a fitness evaluation and restoration, resulting in lengthy stays in state hospitals and/or jail. In this session, we present mixed methods findings on the program’s structure and preliminary outcomes. Qualitative analyses with 12 program actors (judge, prosecutor, treatment providers) and participants highlight the malleability of the diversion program, as judges quickly expanded the scope of diversion referrals to community-based treatment. We also present descriptive statistics on over 300 participants of the program, as well as preliminary service engagement and recidivism findings on a sample of participants. Overall, the Fitness Diversion Program shows promise to divert individuals with SMI from lengthy jail incarceration and/or hospitalization, as well as the opportunity for their criminal charge to be dismissed. We also discuss ongoing efforts to expand the program to courtrooms across Cook County.

## **120. The Future of the Concept of Disability in Biomedicine and Health Law I**

### *Disability and Discrimination in Healthcare Services*

Adi Goldiner, *Hebrew University of Jerusalem* (adigoldiner@gmail.com)

The delivery of healthcare services gives rise to paradigmatic cases of disability discrimination, but also to discrimination that is more elusive due to the assumed link between disability and ill health. This elusiveness could lead to catastrophic results, as was evident during the Covid-19 pandemic when medical rationing protocols that deprioritized persons with disabilities became subject to heated controversy. It also brings out a key question of what function the concept of disability—as opposed to illness—should serve, if at all, in the ethics of providing medical care. This paper seeks to shed new light on the distinction between disability and illness in healthcare settings in order to better understand the wrongfulness of disability discrimination in this domain. Drawing on the work of Sally Haslanger and Elizabeth Barnes, its starting point is that conceptualizing disability should emanate from the legitimate purpose of categorizing some people as disabled or not. It then focuses on the unique characteristics of delivering medical treatment to spell out the function of such categorization in this particular context. Finally, it demonstrates how this nuanced delineation of the concept of disability in relation to illness can improve our understanding of elusive disability discrimination in healthcare services.

### *Prenatal Testing, the Concept of Disability, and Bonding*

Heloise Robinson, *University of Oxford* (heloise.robinson@exeter.ox.ac.uk)

The use of methods to select against disability before birth, and the provision of information during prenatal testing, can influence the way that parents or prospective parents form their own idea of the ‘concept’ of disability. While there are different definitions or models of disability, the parents might develop their own understanding during the prenatal testing process. The way that parents understand disability might also evolve in the future, as more tests become available, and where there can be legal requirements to disclose information about risks. One reason why the parents’ conception of disability is significant is that it can have an impact on the bonding process, with associated effects on their mental health: the information received from others, including from health professionals, can influence whether or not the parents will bond, or how quickly they will bond, with the fetus or child. However, while many factors can influence the parents’ conception of disability during pregnancy, it seems like birth can also alter it in an unexpected manner, and that the bonding process is not one that can be entirely controlled.

### *An Imperative Theory of Disability*

Joel Michael Reynolds, *Georgetown University* (joel.reynolds@georgetown.edu)

There are two hard problems of disability: heterogeneity of (a) cases and (b) applications. Most theorists of disability, following Barnes, take themselves to solve both problems via social construction. In this paper, I argue that while constructivists can solve (a), they cannot solve (b). I then defend an imperative theory of disability, demonstrate how it solves both hard problems, and discuss its implications for debates over social kinds. I conclude by arguing that an imperative theory of disability best explains and clarifies uses of disability in biomedicine, health law, and politics more generally.

## **121. The Future of the Concept of Disability in Biomedicine and Health Law (II)**

### *How Can We Connect Health and Disability in the Pursuit of Justice?*

Rabia Shahin Belt, *Stanford Law School* (belt@law.stanford.edu)

Though emphasis on stigma and ex post stereotyping has bound disabled people together across the boundaries of different impairments, this paper will explore how a comparable lack of focus upon ex ante production of some disability illustrates some difficulties with contemporary disability politics. Reducing social injustice would also reduce the population of disabled people. The key is how to thread together respect for disability, and disabled people, along with the recognition that inequity is a driver of disability. Health advocates have increasingly discussed social determinants of health and not just biological processes of the body. Civil rights and justice campaigns use the language of health to illustrate the need for intervention. How can we connect these often parallel efforts so that disability is more intersectional and health advocacy is less ableist?

## *Insights of Disability Bioethics for Public Health Emergencies*

Laura Kimberly Guidry-Grimes Cleveland, *Clinic Center for Bioethics* (GuidryL@ccf.org)

"Disabled people are disproportionately disadvantaged when there is a pandemic, natural disaster, or other health crisis, and disability bioethics provides an approach to ethical reasoning that appropriately centers the perspectives, needs, and interests of disability communities. I discuss potential barriers to understanding or implementing the insights of disability bioethics. These barriers may be due to other theoretical commitments, normative assumptions, or priorities in bioethics. In the United States, for example, rugged individualism, a private healthcare system, and structural ableism and ageism contribute to the sidelining of disability bioethics. The inadequate tools offered by traditional bioethics were accentuated during the COVID-19 pandemic. Disabled people were vulnerable due to preexisting medical conditions and health inequities in addition to unsafe environments, reliance on caregivers, and deprioritization in allocation plans for scarce critical care resources. Disability bioethics proved useful for rethinking requirements of equity and justice in emergency preparedness. I describe the contributions of disability bioethics beyond the pandemic to chronic public health emergencies from global warming. I analyze how disability justice and environmental justice come together to create ethical priorities for large- and small-scale decision-making. Through these considerations, I suggest the potential future of disability bioethics for emergency preparedness."

## *Designing Assistive Technology that Expresses Disability Pride: A Public Health Intervention*

Joseph A. Stramondo, *San Diego State University* (jstramondo@sdsu.edu)

In "The Distinction Between Curative and Assistive Technology," I argue that assistive technology (AT) distinctively identifies its user as disabled. This happens because the technology's cultural meaning is entangled with the cultural meaning of disability itself. From wheelchairs to hearing aids, users are identifiable as disabled because these devices are present in the ubiquitous stories told about disability. However, I have yet to fully address how the cultural meanings that define AT can also discourage people from adopting AT because of the stigma attached to these meanings. AT identifies its users as disabled with the cultural meaning it carries, but it is exactly this stigmatizing cultural meaning many wish to avoid. This resistance to being identifiable via stigmatizing technology may be especially prevalent for those multiply marginalized by racism, ageism, sexism, and so on. One response would be for technologists to design AT that challenges the stigmatizing cultural narratives defining disability. If technology expresses and reinforces human values, then AT can and should express and reinforce the value of disability pride. Such an attempt to shift the cultural meaning of disability by shifting the cultural meaning of AT could even be thought of as a public health intervention that aims to increase the uptake of technology that improves disabled people's quality of life.

## *Medicine and Evolving Concepts of Neurodiversity on Social Media*

Ally Peabody Smith, *University of California, Los Angeles* (allyhpsmith@gmail.com)

Social media has a huge influence on the way we think about neurodiversity. TikTok, for example, has over 15 billion views for #ADHD, 22.7 billion for #autism, and over 11 billion for #neurodivergent. However, it remains unclear whether this increase of awareness has an overall positive or negative effect, particularly in the way that it affects access to medical support for learning and thinking differences. In 2022, Understood.org ran a study investigating the influence of social media on concepts of neurodiversity. The study found that while awareness of neurodiversity has improved with social media discussion, stigmas, misconceptions, and misinformation are still prevalent. Further, a person's learning about neurodiversity on social media and in turn beginning to perceive themselves as potentially neurodivergent would only spark 33% of those surveyed to seek support from a medical professional. Given the current necessity of a diagnosis to receive access to supports and accommodations, this could prove limiting. On the other side of the coin, the historic medicalization of learning and thinking differences, as well as the ambiguities and assumptions about neurodivergence baked into diagnoses themselves, complicates this issue. I close with practical suggestions on how to move forward.

## **122. The Growing Role of Dementia in the Justice System (I)**

### *The Growing Roll of Dementia in the Justice System*

Elizabeth Kelley, *Attorney-at-Law, New York, United States of America*  
(zealousadvocacy@aol.com)

The gradual graying of individuals accused of crimes, as well as of those already incarcerated, may turn into a silver tsunami for the United States' criminal justice system. The general population is living longer, and the cognitive challenges that may accompany this can cause criminal conduct. And because of the U.S.' draconian prison sentences its prison population is growing older. This panel will feature forensic psychologists and psychiatrists who address challenges people with dementia face at different points of the criminal process. Dr. Joette James will discuss the legal definition of competency and the fiction that is court-ordered restoration for people with dementia. Dr. Vivek Datta will survey the different types of neuroimaging techniques, the brain imaging data that those techniques generate, and the medico-legal questions that neuroimaging can and cannot answer. Dr. Harold Wurtzel will describe the various kinds and symptoms of Frontal Temporal Dementia (FTD) which is the most common type of dementia represented in the criminal justice system. Dr. Eric Drogin will provide practical advice for working with clients with dementia who cannot participate in their defense in the manner of most defendants. Dr. Jhilam Biswas will discuss competency and capacity in other legal contexts. Criminal Defense Lawyer Elizabeth Kelley will moderate.

### *Working with Clients with Dementia*

Eric Drogin, *Harvard Medical School* (edrogin@bwh.harvard.edu)

Clients with dementia can be expected to come to counsel, rather than the other way around. They usually arrive with little fanfare, but before long may stand out as exceedingly difficult to assist, albeit for reasons that may not readily be apparent. This presentation addresses the needs and obligations of counsel when the occasion suddenly arises to defend someone with this condition. Counsel is likely to wonder how it is that clients who exhibit dementia could have been considered competent to stand trial in the first place. Certainly, such concerns should be considered as a basis for raising—and continuing to raise—the notion of competency whenever indicated, but then this has occurred and no favorable ruling has ensued, counsel will need to soldier on regardless. Attendees will learn how to accommodate symptoms typically associated with dementia, and how to obtain help in this regard from a variety of sources.

### *Assessing Competency to Stand Trial in Older Adults with Dementia: Considering the Complexity*

Joette James, *Clinical Psychologist, Alina Assessment Services, Washington, United States of America* (joettedj@aol.com)

Historically, little attention has been paid to cognitive impairment as a functional impediment to competence to stand trial in older adults. This is particularly concerning, since statistics show that the number of older adults at all levels of the criminal justice system has been steadily increasing in recent years. According to data collected by the Bureau of Justice, there was a 400% increase in the number of individuals aged 55 years or older sentenced to more than one year in state prison between 1993 and 2013. Many older individuals caught up in the criminal justice system are likely to present with some form of cognitive impairment. This session will focus on the implementation of a multi-pronged approach to the evaluation of competence to stand trial in older adults, involving a variety of medical and psychological disciplines, and the consideration of both reversible (i.e., systemic infections, diabetes, depression, etc.) and irreversible (i.e., dementia) causes of incompetence. The session will also include a review of the emerging research related to competency restoration in this population.

## **123. The Growing Role of Dementia in the Justice System (II)**

### *The Growing Roll of Dementia in the Justice System*

Vivek Datta, *Clinical and Forensic Neuropsychiatrist, San Francisco, United States of America* (vdatta@mail.harvard.edu)

The concept of criminal responsibility was primarily devised with criminal defendants with psychosis in mind. While psychosis often occurs in the setting of dementia, defendants with dementia are different from those with primary psychiatric disorders such as schizophrenia and bipolar disorder. By definition, dementia is associated with impairment in at least one domain of

cognition severe enough to lead to functional impairment. As such, many defendants with dementia who might otherwise be found not criminally responsible, would be adjudicated incompetent to stand trial. Legal tests of insanity have not kept up with our neuroscientific understanding of dementia as it relates to criminal responsibility. Dementia can impair one's ability to form a culpable mental state and impair a defendant's ability to conform their behavior to the requirements of the law, both of which are relevant to criminal responsibility. However, it is only when the cognitive deficits in dementia are not severe enough to impair competency to stand trial, that criminal responsibility would be relevant. This presentation will discuss the relationship of neuropsychiatric symptoms of dementia to cognitive and volitional tests of insanity. The presentation will also discuss how contemporary neuroscientific understanding of behavioral variant frontotemporal dementia can inform our understanding of criminal responsibility.

### *Dementia and Competency to Stand Trial*

Rashmi Goel, *University of Denver* (rgoel@law.du.edu)

Competency to stand trial is a fundamental requirement for fairness in our justice system. The US Dusky standard is a two-prong test including the ability to consult with one's lawyer and the ability to understand the nature of the charges and the proceedings. Traditionally competency evaluations have been requested for individuals with learning disabilities and those suffering mental illness. The competency evaluation and restoration processes have evolved with this in mind. However, as the population ages, and more and more people develop dementia, and the police continue to arrest aging individuals, many people with some form of dementia require competency evaluations. To date, many people with a dementia diagnosis have nonetheless been found competent to stand trial. Reasons for this include a limited view of competence, and unique challenges associated with dementia in particular. This circumstance also urges us to look at the question of competence generally and whether the interpretation of competence should be more fulsome. Findings and implications will be discussed in the presentation.

## **124. The Guises of Parenthood: Diversification in Rapidly Changing Contexts**

*Assessment of Prospective Foster Parents: Are Current Protocols Scientifically Sound?*

Karine Poitras, *University of Québec at Trois-Rivières* (karine.poitras@uqtr.ca)

Karine Dubois-Comtois, *University of Québec at Trois-Rivières* (karine.dubois-Comtois@uqtr.ca)

Sarah Porlier, *University of Québec at Trois-Rivières* (sarah.porlier@uqtr.ca)

Julianne Lacroix, *University of Québec at Trois-Rivières* (julianne.lacroix2@uqtr.ca)

Isabella Monroy, *University of Québec at Trois-Rivières* (isabella.monroy@uqtr.ca)

Aurélie Blondin, *University of Québec at Trois-Rivières* (aurelie.blondin@umontreal.ca)



Children placed in foster care suffer from developmental delays, as well as mental and physical health problems, and depend on foster caregivers who understand and support their specific needs. To identify the caregivers that will meet these needs, an in-depth assessment of prospective foster parents is required. Despite assessment that are carried out by child protective services (CPS), placement instability is observed, and the evaluation process is criticized by youth protection courts. Surprisingly, in Canada, as elsewhere in the world, protocols for evaluating prospective foster parents are based on very weak empirical evidence. As part of an 18-months partnership with a CPS in Québec (Canada), we have examined assessment practices they currently use, as well as their limits. During this presentation, we will present our partnership, a review of the literature on the individual, family, and contextual factors to integrate into the evaluation of prospective foster parents, as well as recommendations regarding assessment methods. In conclusion, we will discuss the challenges of evaluating foster care applicants, particularly in terms of the decision-making process.

### *Coparenting Relationship After Separation: Distinct Profiles for Mothers and Fathers*

Amylie Paquin, *University of Geneva* (amylic.paquin@gmail.com)

Data comes from the Longitudinal Study of Separated Parents and Stepfamilies in Quebec, a large population-based study focusing specifically with issues of parental separation among a representative sample of mothers and fathers. 1551 parents (mothers = 761; fathers = 790), separated for about 2 years, completed 3 online questionnaires (24-months apart) about their experience of separation and their use of psychosocial and legal services. One of the greatest challenges to overcome for parents after separation is the coparenting relationship. However, very few studies explore how mothers and fathers differ in their experience of the coparenting relationship. We conducted two distinct latent profile analyses to identify mothers' and fathers' postseparation coparenting profiles. The best fit for the mothers' subsample was a solution of four distinct profiles, while for the fathers' subsample we found a three-class solution. We will discuss the similarities and differences between the mothers' and fathers' profiles and characterize them in terms of covariates of interest, such as socio-demographic characteristics, level of conflict, custody arrangements parents' perception of the other parent, and parents' psychological adjustment. The presentation will provide insight into the heterogeneity of mothers' and fathers' post-separation coparenting experiences.

### *Informal Coercion in the Private Sphere of Mental Health Service Users - The Perspective of Relatives*

Christin Hempeler, *University of Bochum* (christin.hempeler@rub.de)

Sarah Potthoff, *University of Bochum* (sarah.potthoff@rub.de)

Matthé Scholten, *University of Bochum* (matthé.scholten@rub.de)

Georg Juckel, *University of Bochum* (g.juckel@lwl.org)

Jakov Gather, *University of Bochum* (jakov.gather@rub.de)

Informal coercion encompasses a range of communicative strategies used to influence the decision-making of mental health service users to achieve compliance with recommended treatment or social rules. These strategies encompass, e.g., persuasion, interpersonal leverage, offers or threats. They are called informal coercion because their use is not regulated by law which distinguishes them from formally regulated measures such as involuntary commitment, involuntary treatment, seclusion or restraint. While formal coercion only takes place within mental healthcare services, informal coercion also frequently takes place in service users' private sphere exerted by friends and family members. To examine why, in which situations, and how informal coercion is used in the private sphere, we conducted 11 semi-structured interviews with relatives of service users and analyzed them using Grounded Theory Methodology. The results highlight that relatives' use of informal coercion needs to be considered in a broader context of the family network, societal norms and expectations, the institutional organization of mental healthcare services as well as the legal framework regulating formal coercion.

### *Longitudinal Associations Between Parental Warmth and Callous-Unemotional Traits Among Children With and Without Conduct Problems*

Vincent Bégin, *Université de Sherbrooke* (vincent.begin@usherbrooke.ca)

Maryse Chalifoux, *Université de Sherbrooke* (maryse.chalifoux@usherbrooke.ca)

Mathis Hamilton, *Université de Sherbrooke* (mathis.hamilton@usherbrooke.ca)

Michèle Déry, *Université de Sherbrooke* (michele.dery@usherbrooke.ca)

Callous-unemotional (CU, e.g., low empathy) traits are associated with severe behavioral problems and future offending. Recent studies have suggested that high parental warmth is associated with lower levels of CU traits during childhood. However, only a few of them investigated this association longitudinally, and whether this association varies depending on levels of behavioral problems remains unclear. Using longitudinal data covering a five-year period (six measurement time points), we tested short and longer-term associations between parental warmth (reported by parents) and CU traits (reported by both parents and teachers) in 744 children (46.77% girls) among which 370 were receiving school-based services for conduct problems, and tested if children's conduct problems moderated these associations. Controlling for child sex, age, and baseline levels of CU traits, regression models showed that parental warmth at time 1 and later CU traits were negatively associated at all subsequent time points. Children's conduct problems did not moderate any of these associations. This study provides further evidence that parental warmth can play a protective role against the development of CU traits among children with and without conduct problems. The presentation argues that early parental intervention aiming at increasing sensitivity and warmth towards these children could be particularly beneficial.

## **125. The Impact on Children of Community Violence & School Shootings**

## *Rising Rates of Community Violence and School Shootings and the Impact on African American Students*

Delane Casiano, *Global Health Psychiatry* ([delanecasiano@gmail.com](mailto:delanecasiano@gmail.com))

Rates of community violence, or intentional acts of interpersonal violence committed in public by individuals who are not related to the victim, are rising in many areas within the United States. Community violence not only threatens the mental and physical health of individuals and families but also destroys public trust and security. African American youth currently face risk of exposure to multiple types of violence and other stressors that are unique to their generation. For example, neighborhood violence, crime, and poverty are rising in the setting of other local, national, and international stressors such as a rise in the visibility of racial violence, racial injustice, and civil unrest, a global pandemic, and foreign wars and terrorism. School and other mass shootings are particular examples of community violence that have devastating consequences including death of innocent victims and a loss of a sense of safety among students, faculty, and surrounding communities. This presentation examines the influence of social determinants of health on community and school violence and resulting impact on African Americans. These factors will be placed in the context of the historical legacy of racism and systematic discrimination towards African Americans that continues to this day. Implications will be discussed in the presentation.

## *School Shootings and the Impact on African American Students*

Napoleon Higgins, *Bay Pointe Behavioral Health Service* ([psychonap@hotmail.com](mailto:psychonap@hotmail.com))

Violence and other stressors can negatively impact the mental health of African American youth resulting in presentations of depression, anxiety, post traumatic stress disorder, and substance use among other mental disorders. Suicide, anger and aggression, and high risk behaviors are also commonly seen among African American youth who are exposed to violence. Physical health is also affected with consequences such as increases in cortisol, hypertension, obesity, and poor nutrition. Family relationships, parental bonding, and caregiver support are also impacted. Poor academic performance, disciplinary problems, and involvement with law enforcement and the juvenile justice system are school experiences that are negatively affected by community and school violence. This presentation reviews risk factors among youth more likely to engage in violence in the community/school and strategies to mitigate those risks. Strategies to protect and preserve the mental health of African American youth exposed to community violence will also be highlighted. Trauma informed programs and services focused on improving the mental and physical health of African American youth will be an important topic of discussion.

## *Exploring and Addressing Violence within the African American Community: A Multifaceted Approach*

Randy B. Nelson, *21<sup>st</sup> Century Research & Evaluations, Inc.* ([rnelson@21-Century.cc](mailto:rnelson@21-Century.cc))  
Roderick Love, *Florida Economic Consortium, Inc.* ([Comsg@comsg.net](mailto:Comsg@comsg.net))

This presentation will examine the impacts of community violence in urban African American communities within the U.S. Research on the myriad of factors, including poverty, crime rate, unemployment rate, racial disparities, education deficiencies, family structure, etc., will be presented. Tailored prevention and intervention strategies to improve academic performance, behavior, school attendance, career readiness and reduce juvenile delinquency involvement, will be reviewed. The principles of the Communities that Cares Delinquency Prevention model will be used to support the presentation and strategies offered. Findings and implications will be discussed in the presentation.

### *The School to Prison Pipeline*

Roger Taylor, *Dallas County Juvenile Department* ([Roger.Taylor@dallascounty.org](mailto:Roger.Taylor@dallascounty.org))

Youth of color most often enter the criminal justice system with a host of past adverse-childhood experiences that have gone unaddressed and undiagnosed. Initial assessments and screenings do a fair job in exposing some of those traumatic experiences that often involve emotional, physical and sexual abuse and domestic and community violence. Youth of color statistically have far more traumatic exposure, history of arrest and incarceration than any other race. Black youth are also disproportionately likely to experience trauma of an arrest and penetration of the criminal justice system. They are less likely to be diverted to an informal court process. Rather, they are prosecuted and placed in short and long term youth facilities. In order to uphold the social contract and prevent youth from experiencing secondary posttraumatic complications from the criminal justice system, coordinated cross-system collaboration of diversion programs is needed to ensure safety and protection, address traumatic stress symptoms, and minimize re-traumatization. Youth-serving systems that should be brought into this collaborative progress as early as possible include juvenile justice, child welfare, mental health, schools, and advocates. This presentation will focus on how informal and formal diversion fit into the construct of addressing youth trauma.

## **126. The Internet at the Cutting Edge**

### *Implications for Online Child Sexual Exploitation and Abuse in Extended Reality Technologies*

Sandra Flynn, *University of Manchester* ([sandra.m.flynn@manchester.ac.uk](mailto:sandra.m.flynn@manchester.ac.uk))  
Stephen Pettifer, *University of Manchester* ([steve.pettifer@manchester.ac.uk](mailto:steve.pettifer@manchester.ac.uk))  
Emma Barrett, *University of Manchester* ([emma.barrett@manchester.ac.uk](mailto:emma.barrett@manchester.ac.uk))  
James Marsh, *University of Manchester* ([james.marsh@manchester.ac.uk](mailto:james.marsh@manchester.ac.uk))

Kathryn Hill, *University of Manchester* (katiehill129@gmail.com)  
Polly Turner, *University of Manchester* (polly.turner@manchester.ac.uk)

Extended reality (XR) technologies include Augmented Reality (AR) where a user can view digital content overlaid on the physical world; Mixed Reality (MR), a believable synthetically generated 3D environment blending the physical world around the user; and Virtual Reality (VR) which is an immersive experience, usually simulating a 3D world with sensory input from the physical world. XR technologies are increasingly affordable and accessible to a wide variety of users, including children. The aim of the study was to understand how XR could lead to harm to children (child sexual exploitation and abuse), directly and indirectly. A data synthesis of existing research evidence on online CSEA in the context of XR was conducted. Potential risks to children were identified in three areas: (1) content being exposed to sexually explicit or violent material; (2) contact being approached and engaged by adults; (3) conduct engaging in risk-taking behaviours such as seeking illegal content or sharing intimate personal images. Research on emerging technologies and OCSEA is in its infancy. The study has examined existing concerns and has forecasted potential future harms, but many gaps in the existing evidence base remain. It is critical that these are addressed so that harm can be reduced. Findings and implications will be discussed in the presentation.

### *Inequities and Inequalities in Telehealth Services*

Karolina Częścik-Łysyszyn, *University of Warsaw* (czescik.lysyszyn@gmail.com)

Telehealth increases availability of healthcare services and enables access to healthcare regardless of individuals residence. Yet digital access can and very often does highlight inequities and inequalities in accessibility to such services and can be a trigger to exclusion in healthcare. Recent trend in digitization of healthcare for both healthcare professionals and patients is very likely to expand. As long as it is not obligatory and the only way to obtain healthcare and patients can be provided health services, the risk of exclusion is minimized. Accessibility is defined not only by access to the internet and/or devices, but also by individuals abilities of using them and family or local society assistance. Digital access to healthcare is not any different in terms of providing all needed information and ensuring patient's autonomy. Remote access should also be a matter of consideration in obtaining informed consent from the patient accurately. The presentation will highlight these areas of telehealth services where improvement in accessibility is needed to reduce inequities and inequalities.

### *How Certain Features of Autism Spectrum Disorder May Provide the Context of Vulnerability to Involvement with Online Extremist Groups, Being Radicalised and Engaging in Terroristic Behaviours*

Clare Sarah Allely, *University of Salford* (c.s.allely@salford.ac.uk)

Rather than being the perpetrators of offending, individuals with autism spectrum disorder (ASD) are more likely to be the victim of crime. However, there is nevertheless a small subset of

individuals with ASD who do offend. Specific generative and associational risk factors may be present which may elevate the risk of offending in this subset of individuals with ASD. The role that autistic special interests, fantasy, obsessionality, the need for routine/predictability, social and communication difficulties, cognitive styles, local coherence, systemizing, and sensory processing may play in terrorism pathways and modus operandi has been previously highlighted. Additionally, for an individual who is socially isolated and alienated, the search for a “need to matter” or social connection and support may also be potential risk factors. There may be an increased vulnerability in some individuals with an ASD to being drawn into commitment to the terroristic organisation/groups/etc which becomes increasingly more involved due to their tendency to hyper-focus in on their fascinations/interests at the expense of other aspects of their life such as social and romantic relationships. In this presentation I will provide some understanding of how certain features of ASD may provide the context of vulnerability to engaging in a terroristic behaviours.

### *A Bibliometric Analysis of Research in the Field of Forensic Psychiatry*

Marrk Mohan Kaggwa, *McMaster University* ([mark.kaggwa@medportal.ca](mailto:mark.kaggwa@medportal.ca))

Forensic psychiatry uses scientific and clinical expertise in legal contexts. It has changed in different jurisdictions. Many publications show the scientific and practice trends in this field. However, no bibliometric analysis of these publications exists. This study used Web of Science to find forensic psychiatry-related articles from inception to December 2023. We analyzed them with citespace and VOSviewer software. We found 5,690 articles from 115 countries, 4144 institutions and universities, and 1660 authors. They were in 1022 journals (mostly in the field) and used 4707 keywords. The main topics were risk assessments, violence, recidivism, psychopathy, and schizophrenia. Sixteen funding agencies supported ten or more articles. Most studies were from high-income countries, and few were from low-income countries, especially in Africa. Risk assessment tools, like the HCR-20, were common in the publications. The presentation will reveal that Forensic psychiatry research has increased over time. Many jurisdictions have adopted the field, but it will be argued more effort is needed to promote it in low- and middle-income countries (LMICs). The publications suggest that forensic psychiatry mainly deals with offenders with schizophrenia or psychopathy.

### *(Missing Title)*

Jody Lynee Madeira, *Indiana University* ([jmadeira@indiana.edu](mailto:jmadeira@indiana.edu))

It has become increasingly evident that social media technologies and apps have radically changed the face of sperm donation, allowing recipients to easily find willing men. One particularly problematic phenomenon is the underground serial sperm donor who travels globally, providing free donations in exchange for travel costs. Also known as “sperm bros” or “sperm kings,” these serial donors donate to both sperm banks and private individuals with whom they connect via Facebook or other social media platforms. One example is Jonathan Meijer, a serial sperm donor from the Netherlands who was sued by a nonprofit in April 2023 for excessive donations that had

conceived over 500 children; in an unprecedented holding, a Netherlands court ordered Meijer to cease donating, to identify each recipient and bank to whom he had donated, and to pay a 100,000 euro fine for any future donations. Serial sperm donors pose a number of serious legal issues. A handful of men maintain large Facebook groups where they connect with potential recipients, sell other would-be donors products to enhance virility, and accept fees to “match” donors with female recipients. Such donors often donate “naturally” through sexual intercourse, coercing women to engage in nonconsensual, non-procreative acts. Since there are no international registries, serial donors can exceed legal donation limits with impunity. Some have deceived recipients about their genetic histories or their numbers of donor-conceived children. Several maintain Facebook groups of female recipients who conceive using their samples and remove anyone who criticizes their practices from the group. Serial sperm donors also “dox” others who criticize their practices by setting up false social media profiles, publishing personal information, and engaging in other harassing behaviors. This presentation will consider whether and how the law should regulate serial sperm donors, and what is at stake if these regulatory projects are not successful.

## **127. The Interplay Between Mental Health and Punition: Costs and Projections (I)**

### *Space and Well-Being in High Security Environments*

Thomas Ross, *University of Ulm, Germany* (thomas.ross@uni-ulm.de)

María Isabel Fontao, *University of Konstanz, Germany* (maria.fontao@uni-konstanz.de)

Research on the spatial dimensions of deprivation of liberty and psychiatric hospitalisation has a long and complex tradition. In Europe, there has been a well-documented trend for several decades towards increased placement of offending psychiatric patients in forensic psychiatric institutions. There is also evidence of a similar trend outside Europe, for example in Canada and the United States. Similarly, prison overcrowding has long been defined in the literature as a security or health problem. In the 30 years from 1975 to 2005, the number of people in US prisons increased sevenfold. It is difficult to provide security, treatment and rehabilitation when space is scarce or inadequate. In this presentation, we review key findings from recent research on prison and forensic psychiatric space, with particular attention to the links between overcrowding in prisons and secure forensic psychiatric hospitals and violence, the foundations of prison and hospital architecture, and how the design of prison and hospital space can influence well-being. We evaluate and discuss these findings in the context of the current debate on how well-being in secure spaces can support the achievement of rehabilitation goals, even in overcrowded institutions.

### *Treatment and Risk Management in Forensic Mental Health: Blurred Lines and Competing Responsibilities*

Kristine Lake, *York University* (lakek@tbh.net)

Canada has two distinct but overlapping mental health systems, civil and criminal. As the civil system struggles to provide adequate services, more people with serious mental health issues find themselves in the criminal, or forensic mental health, system. Unfortunately, once in the forensic system, it is tough to get out. Unnecessarily long inpatient stays and significant restrictions of liberty continue to be an issue in forensic mental health, despite some critical court rulings and increasing clarity in the law. Legal thresholds and clinical responsibilities are often at odds, particularly as they relate to the significant threat and least restrictive measures requirements, which can further confuse matters and impact decisions. Forensic psychiatrists essentially function as both jailers and clinicians as they manage the conditions of patients' dispositions and provide evidence to the Review Boards, while also providing effective and ethical treatment. This presentation will consider the competing values, ethics, and standards of practice that contribute to this tension, as well as the implications for patients and the system. It is argued that ultimately, a reconsideration of existing policies, processes, and practices will be a necessary step toward a just, safe, and effective forensic mental health system.

### *Turning The Mentally Ill into Criminals?*

Jan Bulla, *Reichenau Psychiatric Centre, Reichenau, Germany* (j.bulla@zfp-reichenau.de)

Forensic mental hospitals in Germany are experiencing increasing utilization and admission rates. This phenomenon is known as "Forensizierung" in daily clinical practice, which describes the increasing transfer of mentally ill patients from general psychiatric and community treatment services to forensic psychiatric facilities. However, is there scientific evidence to support the existence of this pathway? This presentation reviews models and related evidence on mentally ill populations at elevated risk for criminal prosecution and deprivation of their liberty. Accompanying deinstitutionalisation processes in several countries, no conclusive evidence was found that release from long-term facilities was correlated with more criminality and other adverse events. Penrose's Law specifies this assumption insofar as a decrease in mental health beds may be inversely correlated with prison places in a given country. Finally, the concept of criminalization raises concerns about mentally ill offenders being incarcerated for relatively minor offenses. In fact, there is limited evidence for criminalization but not for negative effects of trans- or deinstitutionalization in Germany. Implications will be discussed in the presentation.

### *Alchemizing Violent and Toxic Prisons into Safe and Health Campuses: A Violence Prevention Blueprint*

Nancy Wolff, *Rutgers University* (nwolff@ejb.rutgers.edu)  
Joseph O'Connor, *Rutgers University* (joconnor@ejb.rutgers.edu)  
Summer Sprofera, *Rutgers University* (ssprofera@ejb.rutgers.edu)

Any discussion about violence prevention in correctional settings begins using words like criminal, offender, prisoner, prisons, jails, and guards. The moral weight carried by these "correctional" words hosts and invigorates conditions for culturally-perpetuated violence: violence that is fueled by relational distance based on assessments of unworthiness and judgment that is punitive and



vindictive. Our blueprint for violence prevention eschews words that invoke biases supporting conditions of harm. Instead, we use less stigmatizing language to discuss violence prevention in places where people convicted of breaking the law reside; words that invoke beliefs and attitudes about worth, intention, and investment that are foundational to the creation of safe and healthy campuses. Our violence prevention blueprint relies heavily on the strategies, orientations, approaches, and empirical evidence associated with the vast literature on violence prevention on university campuses, where violence is also a serious and pervasive problem and students are practicing and building cognitive, emotional, relational, and social skills through experimentation that often include risk-taking behaviors (e.g., drinking, gambling, drug use). This presentation discusses how from this literature, we build a blueprint for alchemizing existing unhealthy and toxic prisons into safe and healthy campuses that promote learning and growing that benefit our students and the community.

### *Meta-Analysis Investigating the Impacts of Disciplinary Segregation of Inmates on Institutional Misconduct and Recidivism*

Alexandre Dumais, *Université de Montréal* (alexandre.dumais@umontreal.ca)

Solitary confinement, including but not limited to administrative or disciplinary segregation (DS), is practiced in a variety of correctional settings, and continues to be a debated manner to address violence. In particular, DS, involving temporary placement of an inmate in a segregated housing unit as punishment following a rule violation, has demonstrated mitigating results. We sought to conduct a meta-analysis to investigate the association between DS and both institutional misconduct and recidivism. PubMed, PsycINFO, Web of Science, and Google Scholar databases were searched up to April 2023. Studies on adult inmates in correctional settings were included if they met an operational definition of DC, measured misconduct/recidivism, and included a comparison group from the general inmate population. Random-effect models were used. Of the identified records, 7 met our inclusion criteria (N=458,254 inmates). Preliminary results show a small association between DS and criminal recidivism in the short-term (OR=1.46;  $p<0.001$ ), which remained significant up to 2 to 3 years following release from correctional settings (OR=1.54;  $p<0.001$ ). However, there were no significant associations for institutional misconduct. Therefore, current data shows that placement into DS may lead to future recidivism, which might reflect the correctional system's inability to offer effective rehabilitative programs for community reintegration. Findings and implications will be discussed in the presentation.

## **128. The Interplay Between Mental Health and Punition: Costs and Projections (II)**

### *A Systematic Review of Determinants and Outcomes of Social Climate in Secure Settings*

Andrea Canel, *University Psychiatric Clinics Basel* (a.ilic@unibas.ch)

The social climate in secure settings has emerged as an essential element to successful rehabilitation. The lack of a clear definition of the concept and validated measures impeded good quality research and comparability of results. The review of Tonkin (2015) closed the gap by analysing the psychometric properties of the existing measures and paved the way for empirical studies. To provide a synthesis of the evidence examining associations between determinants and social climate and between social climate and outcomes in secure settings, a systematic review will be conducted. Secure settings include prisons and forensic psychiatric hospitals, which have common factors, yet also distinctions. The question of generalizability of findings on social climate in between settings has been unaddressed. To close this gap, a sub-group analysis based on the setting will be included in the systemic review. The systematic review will be conducted in line with the guidelines of the Cochrane Library and reported according to the Preferred Reporting Items for Systematic reviews and Meta-Analyses. Progress findings and implications from this study concluding in 2024 will be discussed in the presentation.

### *Criminal Recidivism of Patients in Swedish Forensic Psychiatry: A Register-Based Comparison Study*

Alessio Degl Innocenti, *University of Gothenburg* (alessio.deglinnocenti@vgregion.se)  
Eirini Alexiou, *University of Gothenburg* (eirini.alexiou@vgregion.se)  
Thomas Nilsson, *University of Gothenburg* (thomas.nilsson@neuro.gu.se)  
Peter Andiné, *University of Gothenburg* (peter.andine@vgregion.se)

The aim of this study was to compare criminal data concerning mentally disordered offenders in compulsory forensic psychiatric care during the year 2010 versus 2018. The mean, frequency, percentage, and standard deviation were calculated per variable and stratified by study year and gender. Between-group comparisons were made using t-tests and Chi-square tests. Binary logistic regression was performed to determine whether variables expected to be associated with recidivism showed any relation to criminal recidivism for each study cohort. Most patients were male and approximately one-quarter and one-half of the men, respectively, had a previous sentence for non-violent and violent crimes. The 2018 cohort showed significantly lower rates of sentences to forensic psychiatry with special court supervision although the numbers were low in both cohorts and for both men and women. Previous violent conviction was associated with criminal recidivism during treatment in 2010, while this was joined by index crime under the influence of alcohol/illicit drugs for the 2018 cohort. Overall, these results showed more similarities between the 2010 and 2018 cohorts than dissimilarities, while on the other hand some quite substantial differences were described between males versus females.

### *Who Succeeds in Higher Education Post Prison Release: Structural and Functional Characteristics*

Stephanie Hartwell, *Wayne State University* (steffi.hartwell@wayne.edu)  
ToyCIA Collins, *Wayne State University* (ei7906@wayne.edu)  
Oliva Furlow, *Wayne State University* (furlowolivia@wayne.edu)  
Trent Sheldon, *Wayne State University* (tsheldon@wayne.edu)

Sheryl Kubiak, *Wayne State University* (spk@wayne.edu)  
Terrell Topps, *Wayne State University* (ttopps1@wayne.edu)

This paper describes a program that addresses the challenges formerly incarcerated individuals confront post prison release related to their well-being, education, and life chances as well as who succeeds in the community and who does not. The Educational Transitional Coordinator (ETC) program is a 2-year pilot project funded by the Michigan Justice Foundation and an extension of formative work on reentry of justice impacted persons in Massachusetts with mental illness (see Hartwell and Orr, 1999). The project includes formative and outcome evaluation components for replicability and scalability. The ETC team collaborates with seven Michigan Department of Correction (MDOC) facilities, MDOC Reentry Program staff, correctional educational programs, community colleges, and community providers who comprise the steering committee. The goal of the program is increasing the well-being and economic mobility of formerly incarcerated individuals who confront both structural and functional difficulties navigating community reentry. This paper describes the program, the population served, the evaluation to date including functional and structural barriers (successes and failures), and policy implications.

### *Human Rights, Mental Health, and Cognitive Deficits in Canadian Federal Corrections: A Prison Ombuds' Perspective*

Ivan Zinger, *Correctional Investigator, Office of the Correctional Investigator of Canada*  
(ivan.zinger@oci-bec.gc.ca)

This presentation will provide a brief overview of the role and legislative mandate of the Office of the Correctional Investigator, and highlight challenges faced by Canada's Federal prison Ombuds to ensure human rights compliance of incarcerated persons with mental health issues and/or cognitive deficits. Prisoners with serious mental illness are entitled to programs and services that conform to professionally accepted mental health care standards. Yet, the number of incarcerated persons suffering from significant mental illness and/or cognitive deficits being admitted into Canada's penitentiaries is increasing. Access to services continues to be inadequate to address their needs and to the task of preparing them for safe release into the community. Prisoners with mental illness and/or cognitive deficits are more often unable to complete core programs; preyed upon or exploited by others; placed in harsher or segregation-like conditions of confinement; classified at higher security levels; and released later in their sentences. It will be argued that the criminalization of persons with mental health issues and/or cognitive deficits, as well as their custody in inappropriate and ill-equipped prison settings, is not only bad public health and criminal justice policy, but a significant human rights violation.

### *Can Behavioral-Genetic Research on Forensic-Psychiatric Inpatients Ethically and Legally Be Justified?*

Jan Bulla, *Reicheneau Centre of Psychiatry, Germany* (j.bulla@zfp-reichenau.de)  
Josef F. Lindner, *University of Augsburg* (josef.lindner@jura.uni-augsburg.de)  
Daniela Mier, *University of Konstanz* (daniela.mier@uni-konstanz.de)

Thomas G. Schulze, *Johns Hopkins University* (Thomas.Schulze@med.uni-muenchen.de)  
Fanny Senner, *University of Augsburg* (kerstin.schloegl-flierl@uni-a.de)

Background: Research on people deprived of liberty raises serious questions, especially concerning behavioural genetic studies. Question: Can including criminally detained patients with mental disorders in genetical studies be ethically and legally justified? Method: Evaluation of existing literature and interdisciplinary reflection. Results: After a review of research ethics and legal norms, we consider the benefits and risks of behavioural genetic research, taking into account the unique situation of test persons deprived of their liberty. The fundamental right to freedom of research also justifies foundational research in forensic psychiatry and psychotherapy. The possible future benefits of improving treatment plans must be weighed against the risks resulting from potential data leaks and inappropriate public reception of research results. Then, we analyse possible threats to voluntary and informed consent to study participation in more detail by the ethical concept of vulnerabilities. Alongside problems with grasping complex issues, above all dependencies and power dynamics in the correctional system play a pivotal role. We make recommendations on ethical and legal inclusion of this study population is possible. Conclusions: Including criminally detained study participants can ethically and legally be justified when autonomous consent is supported via specific organisational and legal procedures and measures, for example via a clear professional and organisational separation of correction and research.

## **129. The Intersection of the Opioid Epidemic and the Criminal-Legal System in Kentucky**

*Screening for Opioid Use Disorder (OUD) Among a Random Sample of Incarcerated Women in Kentucky Jails*

Michele Staton, *University of Kentucky* (staton@uky.edu)  
Martha Tillson, *University of Kentucky* (martha.tillson@uky.edu)  
Carrie Oser, *University of Kentucky* (carrie.oser@uky.edu)  
Matt Webster *University of Kentucky* (matt.webster@uky.edu)  
Carl Leukefeld, *University of Kentucky* (cleukef@uky.edu)  
Meghan Walker, *University of Kentucky* (meghan.walker@uky.edu)  
Megan Dickson, *University of Kentucky* (megan.dickson@uky.edu)  
Jaxin Annett, *University of Kentucky* (jaxinannett@uky.edu)  
Mary Levi, *University of Kentucky* (mary.levi@uky.edu)

Jails provide critical venues for screening for opioid use disorder (OUD) and subsequent treatment linkage for women, yet OUD screening research among incarcerated women is limited. This presentation will (1) profile a sample of incarcerated women using evidence-based OUD screening tools; and 2) examine OUD and high-risk practices by latent-class analysis (LCA) of opioid use patterns. Through the NIDA-funded JCOIN cooperative, women (N=458) were randomly selected from five jails, screened for OUD using the NM-ASSIST and DSM-5 OUD Checklist, consented, and interviewed. LCA of opioid use patterns (i.e., prescription opiates, heroin, fentanyl, and

diverted OUD medications) before jail were examined. High prescription opioid use (Group 1) and high heroin/fentanyl use (Group 2) emerged as distinct groups. Group 2 scored significantly higher on the OUD checklist (10.5 vs. 10.0,  $p < .001$ ) and NM-ASSIST street opioid scale (33.7 vs. 10.7,  $p < .001$ ), and were more likely to report injection drug use (72.5% vs. 24.2%,  $p < .001$ ) and overdose (29.8% vs. 1.3%,  $p < .001$ ). Findings suggest that evidence-based screening tools (e.g., NM-ASSIST and DSM-5 Checklist) are indicators of high-risk opioid use prior to incarceration, with unique risks associated with heroin/fentanyl use. Implications for research, practice, and policy will be discussed in the presentation.

### *Feasibility of Medication Dispensing for Those Incarcerated During Participation in a Rural Appalachian Hepatitis C Treatment Trial*

Jennifer Havens, *University of Kentucky* (jennifer.havens@uky.edu)  
Michele Staton, *University of Kentucky* (mstaton@uky.edu)  
Michelle Lofwall, *University of Kentucky* (michelle.lofwall@uky.edu)  
Takako Schaninger, *University of Kentucky* (takako.schaninger@uky.edu)  
April Young, *University of Kentucky* (april.young@uky.edu)  
Sharon Walsh, *University of Kentucky* (sharon.walsh@uky.edu)

Elimination of the hepatitis C virus (HCV) is a reality given direct-acting antivirals that can cure individuals chronically infected with HCV. We aimed to examine the feasibility of dispensing of study medication in a rural county jail as well as preliminary outcomes among those jailed during treatment. While incarcerated individuals could not be recruited directly into the study, if they were incarcerated after enrollment, the treatment team received permission to bring the study drug to the jail for dispensing by infirmary staff. A total of 18 (5%) of the 354 enrolled who initiated meds were incarcerated at some point during the medication phase of the trial. A little more than half of all doses (50.7%) were provided in jail amongst those incarcerated. Two participants indicated that they did not regularly receive their medication. Outcomes were similar for medication completion, but jailed individuals were less likely to be cured. While preliminary outcomes among those receiving some treatment in jail were subpar, results were confounded by injection drug use. We were able to demonstrate the feasibility of jail-based medication administration. Jail-based treatment should be a high priority as the U.S. navigates a national HCV elimination plan. Findings and implications will be discussed in the presentation.

### *The Healing Communities Study: Affecting Change in Criminal Legal and Other Community Settings to Reduce Opioid Overdose*

Sharon L. Walsh, *University of Kentucky* (sharon.walsh@uky.edu)  
Carrie B. Oser, *University of Kentucky* (carrie.oser@uky.edu)  
Patricia R. Freeman, *University of Kentucky* (trish.freeman@uky.edu)  
Michelle R. Lofwall, *University of Kentucky* (michelle.lofwall@uky.edu)  
Laura Fanucchi, *University of Kentucky* (laura.fanucchi@uky.edu)  
Hannah K. Knudsen, *University of Kentucky* (hannah.knudsen@uky.edu)

The HEALing Communities Study (HCS) is a community-engaged, cluster randomized trial implementing evidence-based practices (EBPs) to reduce opioid overdose deaths. Efforts in 8 counties in Kentucky HCS are described. Potential partners included criminal legal system (CLS) agencies, treatment programs, and other settings reaching high-risk individuals. For overdose education and naloxone distribution, 177 agencies agreed to meet with the study team; 34 of 34 CLS (100%) and 113 of 143 (non-CLS; 79%) agencies implemented the strategy. For the EBPs of expanding linkage to medications for opioid use disorder (MOUD), access to or improving MOUD retention, 82 agencies were offered support and 22 of 23 CLS agencies (96%) and 53 of 59 non-CLS agencies (90%) implemented at least one MOUD strategy. Placement of a peer recovery coach (PRC) or a licensed nurse/social worker navigator was offered to facilitate these EBPs. Of 81 placements, CLS agencies accepted 21 staff placements and 76% were PRCs, while non-CLS accepted 60 placements and 55% were PRCs. Overall, willingness to partner and implement EBPs was high for CLS agencies, and CLS agencies were more likely to choose PRCs than navigators in comparison to non-CLS agencies. EBP implementation approaches and challenges in CLS settings will be discussed in the presentation.

### *Overdose Education and Naloxone Distribution in Community Supervision Settings during COVID-19: Lessons Learned from the HEALing Communities Study*

Carrie B. Oser, *University of Kentucky* (carrie.oser@uky.edu)  
Margaret McGladrey, *University of Kentucky* (margaret.mcgladrey@uky.edu)  
Marisa Booty, *University of Kentucky* (marisa.booty@uky.edu)  
Michael Goetz, *University of Kentucky* (michael.goetz@uky.edu)  
Erica Hargis, *Kentucky Department of Corrections* (Erica.Hargis@ky.gov)  
Patricia R. Freeman, *University of Kentucky* (trish.freeman@uky.edu)  
Sarah Johnson, *Kentucky Department of Corrections* (SarahG.Johnson@ky.gov)  
Douglas Oyler, *University of Kentucky* (douglas.oyler@uky.edu)  
Michele Staton, *University of Kentucky* (mstaton@uky.edu)  
Sharon L. Walsh, *University of Kentucky* (sharon.walsh@uky.edu)

This study describes the overdose education and naloxone distribution (OEND) implementation approaches used within probation and parole (P&P) offices in eight Kentucky counties for the HEALing Communities Study (HCS) during the COVID-19 pandemic. Because of COVID-19-related decreases of in-person reporting, the HCS created a website for overdose training and shipping free naloxone to home addresses of P&P clients. In collaboration with the Kentucky Department of Corrections (DOC), five strategies were deployed to direct people to the website: 1) print materials (e.g., flyers distributed by P&P officers), 2) letters sent to P&P clients, 3) television installation in P&P offices to play promotional videos, 4) posting information on the DOC website, and 5) text messages via the DOC supervision application. Over 24 months, 970 people out of the approximately 7500 people on supervision in these counties accessed the OEND website to complete training and had naloxone shipped to their homes. After the end of the intervention, management of the OEND website transitioned to the Kentucky Pharmacists

Association, with the naloxone supply provided through state funding. Three of the strategies for publicizing the website were sustained after the HCS ended. Implications for OEND best practices within P&P settings will be addressed in the presentation.

### *Increasing Initiation of Medications for Opioid Use Disorder Through Recovery Coaches in Criminal-Legal and Community Organizations*

Hannah K. Knudsen, *University of Kentucky* (hannah.knudsen@uky.edu)

Amanda Fallin-Bennett, *University of Kentucky* (amanda.fallin@uky.edu)

Laura Fanucchi, *University of Kentucky* (laura.fanucchi@uky.edu)

Michelle L., Lofwall, *University of Kentucky* (michelle.lofwall@uky.edu)

Carrie B. Oser, *University of Kentucky* (carrie.oser@uky.edu)

Sharon L. Walsh, *University of Kentucky* (sharon.walsh@uky.edu)

Medications for opioid use disorder (MOUD) are effective, but fewer US individuals with OUD receive MOUD. Efforts to link individuals to MOUD are urgently needed. As part of the HEALing Communities Study, the University of Kentucky and Voices of Hope-Lexington (VOH), a recovery community organization, trained recovery coaches in a Linkage Program. Coaches were deployed in eight counties to work with participants to set person-centered goals, provide MOUD education, address potential barriers, and assist with scheduling MOUD appointments. This presentation describes 729 Linkage participants enrolled in 3 jails, 6 non-carceral legal settings (i.e., probation/parole, drug court, pretrial services), and 19 community organizations. Overall, 51.0% (n=372) of participants were interested in initiating MOUD, and 20.6% (n=150) reported initiating MOUD. There were no significant differences in interest in MOUD between individuals enrolled in jails, non-carceral legal settings, and community organizations. However, individuals enrolled in jails were significantly less likely to report initiating MOUD than those enrolled at community organizations; those enrolled in non-carceral legal settings and community organizations did not differ. Although it was feasible to implement this MOUD Linkage Program in a range of settings, additional efforts are needed to increase MOUD initiation, particularly for individuals in jail settings. Implications will be discussed in the presentation.

## **130. The Multi-Layered World of Punishment: Cases, Definitions, and Policy**

*What's a Child Psychiatrist Like You Doing in a Place Like This (Death Row)?*

Eileen Patricia Ryan, *Ohio State University* (eileen.ryan@osumc.edu)

In April, 2021 Ohio H.B. 136 went into effect after years of advocacy efforts from bipartisan groups of legislators and community organizations. The legislation created a new statutory

provision in the Ohio Revised Code, preventing defendants who meet the diagnostic criteria for schizophrenia, schizoaffective disorder, bipolar disorder, or delusional disorder at the time of an alleged aggravated murder from receiving the death penalty. Ohio became the first state with a capital punishment scheme to categorically bar the death penalty if defendants meet the statutory requirement for intellectual disability or serious mental illness. In Ohio, an individual 18 years of age or older is eligible for the death penalty if indicted for aggravated murder and one of ten aggravating circumstances applies. Capital defenders are now appealing the death sentences of individuals awaiting execution in Ohio. Many of these evaluations are taking place 10 or more years after conviction and sentencing, presenting special challenges for evaluators and attorneys. This presentation will discuss how a developmental perspective can help evaluations of death row inmates and assist in assessing whether individuals meet the serious mental illness exception to the death penalty.

### *ADHD and the Criminal Law*

Ian Richard Freckelton, *University of Melbourne* (i.freckelton@vicbar.com.au)

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that is experienced in diverse ways by persons accused of criminal offences. In extreme scenarios it can raise issues for interview and even prompt questions about criminal responsibility. However, it is principally relevant in terms of assessment of criminal culpability during the sentencing phase of criminal proceedings. It is distinguishable from conditions such as Autism Spectrum Disorder by reason of being able to be treated with significant effect by pharmacotherapy. This presentation utilises a series of case examples from the United Kingdom, Canada, Australia and New Zealand to explore the ways in which courts are drawing upon mental health expert evidence to evaluate the relevance of ADHD for imposition of sentences. The paper highlights the bases upon which courts are evaluating ADHD and its common co-morbidities in the context of orthodox sentencing considerations of protection of the community, punishment, deterrence and rehabilitation. It argues that specific forensic expertise is required by assessors if they are to provide real assistance to courts in relation to offenders who have ADHD and that considerations particular to ADHD and the circumstances of offending can play a constructive role in sentencing.

### *Behavioral and Psychological Adjustment in Early Adulthood Among Women and Men with a History of Childhood Conduct Problems*

Vincent Bégin, *Université de Sherbrooke* (vincent.begin@usherbrooke.ca)

Michèle Déry, *Université de Sherbrooke* (michele.dery@usherbrooke.ca)

Mélanie Lapalme *Université de Sherbrooke* (melanie.lapalme@usherbrooke.ca)

Yann Le Corff *Université de Sherbrooke* (yann.lecoff@usherbrooke.ca)

Childhood-onset conduct problems (CP) place children at risk of experiencing an enduring pattern of behavioral and psychological difficulties throughout their life, and previous studies suggested that this risk could be even more important for girls. However, only a few studies investigated these gender differences up until early adulthood and examined a wide range of maladjustment



indicators. We compared men and women with and without CP in childhood (at age 8) on their levels of externalized behaviors (aggressive and rule-breaking), internalized problems (depression and anxiety) and psychopathic personality traits in early adulthood (at age 21). Data from 501 young adults (50.9% female) taking part in a longitudinal study on childhood-onset CP were analyzed. Analyses of variance showed that both men and women with a history of CP had higher levels of aggressive and rule-breaking behaviors than their counterparts. Additionally, women with a history of CP showed higher levels of internalized problems and psychopathic traits than women without CP in childhood, but this difference was not observed among men. These results show that childhood-onset CP place girls at a particularly high risk of experiencing lasting and diverse psychological outcomes and suggest that intensive preventive efforts should be targeted at this population.

### *WhyDunnit?: Causal Explanations in Sentencing Offenders with Mental Health Problems*

Jamie Walvisch, *University of Western Australia* (jamie.walvisch@uwa.edu.au)

While ‘causation’ is a commonly used term, there is significant variation in the way that different disciplines understand its meaning. This is problematic, as explanations for offending that are proffered to the courts by mental health experts must function within a legal epistemological framework if they are to carry weight. This paper considers how Australian, English and Welsh sentencing courts currently assess the causal relationship between mental disorders and offending, focussing in particular on the determination of the offender’s culpability. It considers the ‘psycho-legal challenge that arises whenever the courts place reliance on evidence from mental health experts in the sentencing context: the task of bridging the two worlds of ‘sentencing law’ and ‘mental health science’. It addresses two aspects of the challenge that are especially relevant to criminal sentencing: the role played by moral evaluative considerations in determining the causal relationship between mental health problems and offending behaviour; and the relevance of ‘indirect’ causal factors. It draws on Nigel Walker’s notion of ‘possibility’ explanations to present a framework for experts to provide robust explanations for offending that provide defensible opinions on the nature and strength of the causal relationship.

## **131. The Multiple Players in Law and Mental Health: From Lawyers to Treatment Specialists**

*The Attitudes and Opinions of Addiction Counsellors Regarding a Harm Reduction Perspective on the Treatment of Substance Use Disorders: Comparative Study Between South Africa and Sweden*

Marianne Larsson Lindahl, *Lund University* (marianne.larsson\_lindahl@med.lu.se)  
Stephan Geyer, *University of Pretoria* (stephan.geyer@up.ac.za)

Harm reduction (HR) is an evidence-based approach that supports individuals with substance use disorder (SUD) by, for example, providing clean needles and syringes, safe injection rooms, and opioid substitution therapy, interventions regulated by law. In spite of legislation and evidence-based practice the support for HR varies between countries and different social groups, and the negative opinions on HR often include that the interventions enable drug use instead of addressing the underlying issues and that HR shifts the focus away from abstinence. Addiction counsellors who serve people with SUD are crucial in providing treatment and creating a non-judgmental and encouraging environment. It's of the utmost importance to understand the professionals' attitude towards HR since a negative and judgmental attitude may make people less likely to seek health care in conflict with legal requirements as well as ethical and evidence-based knowledge. An online survey based on Goddard's scale Harm Reduction Acceptability Scale attitudes was sent to addiction counsellors, nurses, social workers, doctors and psychologists in South Africa and Sweden working in both private and public care. The aim is to contextualize the attitudes towards HR, to measure the relationships between attitudes towards HR and socio-demographic variables and, finally, identify differences and similarities between South Africa and Sweden.

### *The Curious Persistence of Mental Health Inquiries in the Licensing of Lawyers in U.S. Jurisdictions: A Case Study on Why Change is Slow and Hard*

Jon Bauer, *University of Connecticut* (jon.bauer@uconn.edu)

In 1990, when the Americans with Disabilities Act was enacted, it was routine for bar admission authorities to require applicants to disclose treatment for mental health disorders or substance abuse. Despite initial optimism the ADA would end such practices, the demise of mental health inquiries in lawyer licensing has been slow, gradual, and incomplete. This paper will recount and reflect on the 25-year history of efforts to eliminate mental health inquiries in one jurisdiction—Connecticut. It will describe how litigation, pressure from advocacy groups and professional organizations, and interventions by the U.S. Justice Department fueled a gradual narrowing and eventual elimination of the questions. At the same time, it will explore factors that have made change halting and slow and have allowed some states to hold fast to broad and intrusive inquiries. These factors include the self-regulating status of the legal profession, the paramount concern that bar authorities place on safeguarding the profession's public image, applicants' often-justified fears that challenging the legality of questions will delay their admission or result in retaliation, and judicial doctrines that often prevent federal courts from restraining the actions of state bar admissions authorities, even when their practices violate the ADA.

### *Mental Health and Character and Fitness: Improving Landscape in the United States*

Jerome Michael Organ, *University of St. Thomas* (jmorgan@stthomas.edu)  
David Jaffe, *American University Washington College of Law* (djaffe@wcl.american.edu)

A survey of law students in 2014 showed that nearly half of those responding to the survey believed their chances of being admitted to the bar were better if they kept their mental health problem hidden. Since 2014, in response to increased attention to the extent to which intrusive questions associated with mental health in the character and fitness portion of the bar exam might be contributing to law student reluctance to seek help, a significant number of jurisdictions in the United States have changed or eliminated their character and fitness questions associated with mental health that their Boards of Law Examiners ask of applicants for admission to the bar. Data in a follow-up survey of law students in 2021 showed modest improvement with respect to help-seeking attitudes. Disaggregated analysis of these data showed a correlation between the intrusiveness of bar character and fitness questions in a given jurisdiction and the reluctance of law students in that jurisdiction to seek help. This presentation will describe aspects of the effort to get jurisdictions to change their questions and will summarize the progress made over the last decade and what that might mean for law students and prospective law students.

### *Personality Moderators of the Cross-Sectional Relationship Between Job Demands and Both Burnout and Work Engagement in Judges: The Boosting Effects of Conscientiousness and Introversion*

Tineke Hagen, *Tilburg University* (m.j.hagen@tilburguniversity.edu)

Stefan Bogaerts, *Tilburg University* (s.bogaerts@tilburguniversity.edu)

Elien De Caluwé, *Tilburg University* (elien.decaluwe@tilburguniversity.edu)

The central question of this study is whether buffering, boosting and exacerbating effects of the Big Five personality factors extraversion, openness to experience, agreeableness, conscientiousness and neuroticism can be demonstrated in the relationship between two job demands (i.e., work pressure and working overtime) and both burnout and work engagement in 257 Dutch judges. Three hypotheses were tested in a cross-sectional design study. Moderation analyses showed that, as expected, conscientiousness significantly boosted the relationship between working overtime and work engagement. Hence, high scorers on conscientiousness showed more work engagement when working overtime. Also, extraversion moderated the relation between working overtime and work engagement, but only at a low level of extraversion. Thus, contrary to expectations, introverts showed more work engagement when they work overtime. Also, significant main effects were found. In our study, conscientiousness, extraversion and agreeableness can be considered as personal resources for judges, in line with the Conservation of Resources (COR) theory. Especially conscientiousness can facilitate judges to cope with challenging working circumstances and introversion ensures that judges stay engaged despite working overtime.

## **132. The Nexus Between Youth Justice and Children Protection**

## *The Nexus Between Youth Justice and Child Protection*

Rosemary Sheehan, *Monash University* (rosemary.sheehan@monash.edu)

Susan Baidawi, *Monash University* (susan.baidawi@monash.edu)

The over-representation of young people from child protection backgrounds in youth justice systems is a significant and long-standing concern. Many young people involved with child protection services, particularly those removed from parental care, experience poor life outcomes. Young people leaving the care of statutory child protection systems experience higher rates of health and mental health issues, homelessness and early parenthood, alongside poorer education and employment experiences compared to their peers. While there are established associations between child maltreatment and youth offending, the pathway of child protection-involved youth to criminal justice outcomes has received little attention. This paper presents selected findings of a detailed case file audit of 300 cross-over children appearing before the Victorian Children's Court in 2016-17. Findings explore children's exposure to maltreatment and other adversity, as well as their child protection involvement, co-occurring challenges, offending and sentencing outcomes. Results indicate that cross-over children are over-represented among younger, more violent, and more persistently offending youth. Their volume of offences puts them concerningly on a trajectory to becoming 'life-course persistent' offenders. It was clear a differential justice system response to Child Protection-involved children is needed to more effectively respond to this over-represented high risk and vulnerable group of children and young people.

## *Children's and Families' Perspectives and Understanding of Children's Court Criminal Processes and Consequences: A Scoping Review of Qualitative Grey Literature*

Bernadette Saunders, *Victoria University* (drbjsaunders@gmail.com)

Gaye Lansdell, *Monash University* (gaye.lansdell@monash.edu)

John Frederick, *Monash University* (john.frederick@monash.edu)

This paper presents findings from a systematic scoping review of qualitative grey literature regarding children's and families' perspectives and understanding of Children's Court criminal processes in which they have participated in Australia, New Zealand, the United Kingdom, the United States and Canada. Many children and their family members had difficulty understanding court proceedings. Formal and legal language was particularly alienating, and too many children did not fully appreciate the significant implications for their future of decisions handed down during Children's Court proceedings. Professional support, for example from lawyers and welfare workers, was too often inconsistent and unreliable. One area where children experienced positive processes was in alternative courts, especially Indigenous courts. Children compared traditional and alternative courts, and described their impact. This paper contends that both children's and parents' insights are crucial to assist courts to address concerns regarding understanding and participation, and to abide by the requirements of international law, especially the UN Convention on the Rights of the Child, and subsequent UN Committee Comments. Notably, there appears to be a deficit in research that captures parents' and family members' voices on their Children's Court

experiences yet, for several reasons outlined in this paper, their perspectives and recommendations are important.

## *The Role of Hope in Facilitating Change With Families Involved in Child Protection and Youth Justice Systems.*

Maureen Long, *La Trobe University* ([m.long@latrobe.edu.au](mailto:m.long@latrobe.edu.au))

Margarita Frederico, *La Trobe University* ([m.frederico@latrobe.edu.au](mailto:m.frederico@latrobe.edu.au))

Children and young people who come into the Child Protection system are at risk of following a trajectory into the youth justice system. Family Preservation programs were first introduced into the Victorian child welfare system in the early 1990s offering an evidence-based, intensive child and family support service to families involved in the child protection system with a specific focus on ‘placement prevention’. Success of this intervention has the potential to alter the trajectory to youth justice in that families are strengthened and can support the young person’s development. Though Victorian family preservation programs have undergone many iterations over the past three decades tailoring responses to meet the increasingly complex factors experienced by families notified to the child protection system, the underpinning core notion of hope is still an embedded value. This presentation will discuss the role of ‘hope’ in family preservation services both in how workers demonstrate their hopefulness and how this is understood by families working with family preservation services, whose lives were often characterised as having little scope for change, especially when families encounter their children’s entry into the youth justice system.

## *Preparing Social Work Graduates For Effective Statutory Practice.*

Professor Margarita Frederico, *La Trobe University* ([m.frederico@latrobe.edu.au](mailto:m.frederico@latrobe.edu.au))

Maureen Long, *La Trobe University* ([m.long@latrobe.edu.au](mailto:m.long@latrobe.edu.au))

Families notified to statutory child protection services experience a multiplicity of complex and intransigent problems including mental health, family violence, homelessness, intergenerational poverty, parental disability amongst other. It is critical that social work training provides a solid foundation for practice within both statutory and therapeutic family support services to provide vulnerable families with an effective and responsive approach. Social workers can be key to ensuring the development of the young person and preventing poor outcomes for those who come into the child protection system. Social work graduates need to possess the skill, knowledge and professional sense of self that will enable them to engage effectively with service users, demonstrate their commitment to growing their skills and developing leadership capacities. To develop career-ready graduates for practice in this sector, social work education needs to deliver trauma-informed, evidence-based curriculum that facilitates graduates’ professional confidence, identity, and leadership capacities to work effectively with service users. This presentation will discuss approaches to building practice-based curriculum focused upon improving graduates’ readiness for practice, their professional identity and leadership capacities.

## *The Experiences of Girls Who Go Missing: Their Contact With the Criminal Justice System*

Phillipa Evans, *University of New South Wales* (p.evans@unsw.edu.au)

Rosemary Sheehan, *Monash University* (rosemary.sheehan@moansh.edu)

Girls who are reported as ‘missing’ or as having run away are identified as an emerging group likely to go on as adults to have increased contact with criminal justice systems. Their reasons for running away are complex but are often linked to physical and psychological abuse and do appear to be predictive of running away from home. This presentation will detail findings from an Australian mixed methods study which examines the experiences of girls running away from home, as well as precipitating factors and the nature of runaway episode itself. Factors such as service engagement prior to, during, and after going missing, alongside the nature of early offending and criminal justice involvement are also examined. The study seeks to more clearly understand the trajectory of missing girls and criminal justice systems as well gaining an understanding of what might contribute to individual resilience or to less optimal outcomes.

## **133. The Politicization of Psychiatry**

### *Mental Health and Fitness for Office*

Maya Prabhu, *Yale University* (maya.prabhu@yale.edu)

The practice of psychiatry has never been immune to politicization. However, in recent years, as public discourse has become ever more partisan, the psychiatric profession’s involvement in policy and litigation has also become more polarized. In the presentations comprising this Session, Dr. Maya Prabhu will discuss the foray of psychiatrists into the domain of presidential mental health. Dr. Kapoor's presentation reviews the scope and purpose of APA's advocacy efforts around abortion rights, including filing amicus briefs in post-Dobbs litigation and providing guidance to psychiatrists practicing in states with severe abortion restrictions. Dr. Gulrajani will discuss the evidence base on existing models of mental health crisis response in the United States, recent trends in shifting models in light of implementation of the 988 Suicide and Crisis Lifeline. Dr. Viviana Alvarez-Toro will focus on recent ECT litigation in the United States in the context of an organized antipsychiatry movement. , Dr. Alvarez-Toro will focus on a recent case pending appeal before the California Supreme Court where potential side effects of ECT are being cited as reasons to dissuade individuals from receiving treatment. Dr. Margarita Abi Zeid Daou, will provide a synopsis of the ways in which the APA has been drawn into transgender litigation/legislation across the US.

### *Mental Health and Reproductive Rights*

Reena Kapoor, *Yale University* (reena.kapoor@yale.edu)

Abortion in the U.S. is an undoubtedly polarizing subject, and psychiatrists have increasingly been drawn into the political debate. Even before the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, the American Psychiatric Association (APA) began advocating, along with other medical organizations, for continued access to abortion services as an essential part of women's healthcare. Since *Dobbs*, several states have moved to criminalize physicians' role in assisting patients to receive abortion services out of state, and others have created a gatekeeping role for psychiatrists when determining whether an abortion is necessary to preserve the life or health of the mother. This new legislation has necessitated a shift in the focus of APA's advocacy. This presentation reviews the scope and purpose of APA's advocacy efforts around abortion rights, including filing amicus briefs in post-*Dobbs* litigation and providing guidance to psychiatrists practicing in states with severe abortion restrictions.

### *The 988 Suicide and Crisis Lifeline and Mental Health Crisis Response in the United States*

Chinmoy Gulrajani, *University of Minnesota* (cgulraja@umn.edu)

Persons with untreated mental illness are 16 times more likely than other civilians to be killed when encountering law enforcement. Being African American and having mental illness are factors strongly associated with police fatality. There is no unified model of mental health crisis response in the US, though models are broadly classified into police-based or mental health-personnel based responses. Until recently all response systems relied on the 911 call centers. However, few responding call centers have staff with behavioral health crisis training and specialized resources to address mental health or substance use-related emergencies. Recognizing these deficits in the existing infrastructure, and the need to achieve a better system to address mental health crises in the community, Congress enacted the National Suicide Hotline Designation Act in 2020. Under this Act, the 988 Suicide and Crisis Lifeline was launched in July 2022 and is a new development in how mental health crisis response teams can be mobilized. This presentation will discuss the evidence base on existing models of mental health crisis response in the United States, recent trends in shifting models in light of implementation of the 988 Suicide and Crisis Lifeline.

### *ECT Litigation*

Viviana Alvarez-Toro, *Resident, Saint Elizabeths Hospital, Washington, United States of America* (viviana.alvarez-toro@dc.gov)

This presentation will focus on recent ECT litigation in the United States in the context of an organized antipsychiatry movement. Specifically, it will focus on a recent case pending appeal before the California Supreme Court *Himes v. Somatics, LLC* (9th Cir. Apr. 1, 2022), where potential side effects of ECT are being cited as reasons to dissuade individuals from receiving treatment. Despite significant evidence that ECT is a highly safe and effective treatment for a

variety of mental illnesses, controversy and misinformation remain. The American Psychiatric Association filed an amicus brief in this case highlighting the evidence that exists in support of ECT as an effective treatment and emphasizing the informed consent process that must occur between doctors and their patients. The presentation will also examine how the politicization of this practice is affecting patient access to treatment in the United States. Lastly, it will explore how other countries have approached this issue to see what, if any, lessons might be derived and implemented in the United States.

## *Mental Health and Transgender Care*

Margarita Abi Zeid Daou, *University of Massachusetts* (margarita.abizeiddaou@umassmed.edu)

Worldwide, governments developed laws and decrees regulating peoples' lives based on their gender and sexuality, including the rights of transgender people and their access to healthcare, facilities, and general activities. In the United States, recent cases around this topic have reached the high state courts and the Supreme Court and pulled several professional organizations to voice medical opinions in amici curiae. An Executive Order by the governor of Texas sought to further limit the rights of transgender people by mandating the investigation of parents of children "subjected to these abusive gender-transitioning procedures," and "facilities where such procedures may occur." In this presentation, we will provide an update on the cases we previously presented and their potential impact on the physical and mental health of affected individuals. We will also explore the role forensic psychiatrists may have if asked to assess child abuse in custody evaluations or malpractice litigations regarding transgender care.

## **134. The Psychological Impact of Working with Potentially Distressing Material**

### *Perceived Need for Mental Health Care for Digital Forensic Examiners Exposed to Disturbing Media*

Kathryn C. Seigfried-Spellar, *Purdue University* (kspellar@purdue.edu)  
Sonali Tyagi, *Purdue University* (sonalityagi92@gmail.com)

Nearly every criminal investigation involves digital evidence, usually from more than one digital device. In some cases, forensic examiners need to enhance audio and video evidence to identify the actors or clarify the context of the situation. Law enforcement and digital forensic examiners exposed to disturbing media suffer from a wide range of mental health problems, including secondary traumatic stress, suicidal thoughts, and poor workplace satisfaction, leading to burnout, compassion fatigue, and clinical distress. The current study examined the perceived need for mental health care by law enforcement and digital forensic examiners investigating cases involving disturbing media (e.g., CSAM). In addition, it examined their use of healthy (e.g., therapy) and unhealthy (e.g., substance abuse) coping mechanisms, including their use of meditation and mindfulness apps. The anonymous internet-based survey included questionnaires assessing



exposure to traumatic events, psychological well-being, job satisfaction, perceived need for mental health services, and coping mechanisms. Respondents were solicited through professional organizations for law enforcement and digital forensic examiners, including the internet crimes against children taskforce listserv. The results will be discussed in the presentation as well as suggestions for future research and policy implications regarding mental health services for digital forensic examiners exposed to disturbing media.

### *An Exploration of the Personal Experiences of Digital Forensics Analysts Who Work with Child Sexual Abuse Material on A Daily Basis*

Juliane Kloess, *University of Edinburgh* (juliane.kloess@ed.ac.uk)

Digital forensics analysts are a specialist group of police officers who are involved in investigating cases of online child sexual exploitation and abuse. The existing literature suggests that this group of police officers are at greater risk of psychological harm. This study used Interpretative Phenomenological Analysis to explore digital forensics analysts' personal experiences of working in this role, and with CSAM, on a daily basis. Seven digital forensics analysts from a specialist unit in the U.K. took part in semi-structured, in-person interviews. This study identified three themes: (i) Once you know you cannot unknow, (ii) Constant struggle to decompress, and (iii) The ups and downs of working as a digital forensics analyst. Participants talked about the difficulty of escaping the reality of the sheer prevalence of CSEA, and that working as a digital forensics analyst ultimately takes a toll on one's mental health and wellbeing. As a result, participants reported experiencing symptoms comparable to compassion fatigue, secondary traumatic stress, and burnout, and reflected on the long-term or irreversible psychological effect that working in this role may have. Findings from the study will be discussed in relation to practical implications, as well as directions for future research.

## **135. Therapeutic Response to Adults Disclosing Child Sexual Abuse During Jury Selection I**

### *Therapeutic Response to Adults Disclosing Child Sexual Abuse During Jury Selection*

Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)

Anne Troy, *University of Holy Cross* (atroy@uchno.edu)

Paul Clements, *Texas A&M University* (ptclements@tamu.edu)

Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)

Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)

Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)

Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

Empirical and theoretical research studies have identified ten specific protective and compensatory experiences (PACEs) that have further contributed to understanding positive outcomes during adversity as opposed to ACEs negative effects. PACEs are divided into two domains: supportive relationships & enriching resources. Supportive relationships include unconditional love from a caregiver, having a best friend, volunteering in the community, being part of a group, and having a mentor. Enriching resources include living in a safe environment where needs are met, having a hobby, getting a quality education, being physically active & having rules and routines. Conceptually, positive experiences can augment resilience and offer protection from the risk of physical and mental illness. Research findings support the concept that adults can benefit from previous PACEs as well as current PACEs. Strength-based assessments were utilized with participants in a pilot study with jurors in a southern state located in the United States.

### *Vicarious Trauma for Adults Disclosing Child Sexual Abuse During Jury Selection*

Paul Clements, *Texas A&M University* (ptclements@tamu.edu)  
Anne Troy, *University of Holy Cross* (atroy@uchno.edu)  
Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)  
Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)  
Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)  
Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)  
Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

As we now enter the very newly declared post-pandemic era, it brings with it a new wave of outcries of abuse that occurred during the mandated times of quarantine where child victims were forced into a diminished capacity to find safe adults with whom to disclose. Court systems, which were forced to close for years resulting in a backlog of cases, find themselves overwhelmed as they are going to trial at this time. To add to the dilemma of fervent, if seemingly impossible attempts, at restoring justice and medical care in understaffed and underfunded systems, has been the issue that in certain socio-demographic areas it has been difficult to seat the needed number of jurors. Citizens have been dismissed for cause due to their past traumas in such numbers that trials have had to be continued. After disclosing, perhaps for the first time publicly, that they had experienced abuse that may prejudice their ability to serve, dismissed persons leave the court to deal with the consequences of their disclosure in terms of their memories and emotions around their early trauma. A collaborative approach to meeting the needs of these citizens was undertaken.

### *The Implementation and Therapeutic Response of Trauma-Informed Cognitive Behavioral Therapy by Counselors in Training to Adults Disclosing Child Sexual Abuse During Jury Selection*

Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)  
Anne Troy, *University of Holy Cross* (atroy@uchno.edu)

Paul Clements, Texas A&M University (ptclements@tamu.edu)  
Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)  
Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)  
Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)  
Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

This study delved into the crucial area of trauma-informed cognitive behavioral therapy (CBT) as applied by counselors in training. Specifically, it examined the utilization of this therapeutic approach when addressing the sensitive issue of adults disclosing child sexual abuse during jury selection in legal proceedings. This research highlighted the intersection of mental health, legal processes, and professional training. Child sexual abuse cases often present complex challenges during legal proceedings. Licensed Professional Counselors and counselors in training played a pivotal role in supporting survivors who may experience distress, anxiety, and retraumatization while recounting their experiences. The study explored the implementation of trauma-informed CBT techniques by these trainees to provide emotional support and facilitate the disclosure process within the unique context of jury selection. Key objectives of this research included investigating the effectiveness of trauma-informed CBT techniques when used by counselors in training with adult survivors of child sexual abuse during jury selection, assessing the impact of trauma-informed care on the well-being and emotional responses of survivors as they navigate the legal system, identifying challenges and ethical considerations that may arise during the implementation of trauma-informed CBT in legal contexts, and explored the implications of this research for counselor education and training programs, emphasizing the need for specialized training in trauma-informed care within legal settings. A qualitative narrative approach was employed to gather data from both counselors in training and survivors of child sexual abuse. Preliminary findings suggested that trauma-informed CBT holds promise as a valuable therapeutic approach within legal contexts, contributing to enhanced emotional support and improved disclosure experiences for survivors. This research addressed a critical gap in the field of law and mental health by focusing on the practical application of trauma-informed CBT by Licensed Professional Counselors and counselors in training after jury selection and dismissal. The findings have the potential to inform the development of training programs, legal practices, and mental health services, ultimately improving the experiences of survivors within the legal system. This study underscored the importance of interdisciplinary collaboration between mental health professionals, nursing, medical, and legal practitioners to ensure the delivery of trauma-informed care in legal proceedings.

### *Trauma Informed Response to Adults Disclosing Child Sexual Abuse During Jury Selection*

Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)  
Anne Troy, *University of Holy Cross* (atroy@uchno.edu)  
Paul Clements, *Texas A&M University* (ptclements@tamu.edu)  
Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)  
Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)  
Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)

Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

Adults who have just disclosed child abuse deserve to receive care and support that respects their unique experiences and needs. Implementing Trauma-informed care principles is essential for creating an environment where survivors can heal and regain control over their lives. By prioritizing safety, trust, collaboration, empowerment, and cultural sensitivity, service providers can make a profound difference in the lives of those who have bravely shared their painful pasts, helping them on their path toward healing and recovery. Trauma-informed care is a framework that recognizes the widespread impact of trauma on individuals' lives and aims to provide a compassionate, and supportive response. In the context of adults disclosing child abuse, it is vital to appreciate that these individuals may have carried their trauma for years, often in silence, and the disclosure itself can be a daunting and emotional process. Practical applications of Trauma-informed care include but are not limited to active listening, emotional support, referral to specialized services, psychoeducation, self-care, and coping strategies. These constructs were utilized in working with research participants. Barriers and facilitators to reaching these best practices will be presented. It is important to continue exploring innovative ways to address the challenges posed by the pandemic and its impact on the legal system, especially when it comes to sensitive cases like child abuse. Collaboration between counseling services, legal professionals, and nursing professionals can lead to more comprehensive and trauma-informed solutions to support both victims and jurors.

## **136. Therapeutic Responses to Adults Disclosing Child Sexual Abuse During Jury Selection II**

*The Impact of PACES after ACES in Adults Disclosing Child Sexual Abuse During Jury Selection*

Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)

Anne Troy, *University of Holy Cross* (atroy@uchno.edu)

Paul Clements, *Texas A&M University* (ptclements@tamu.edu)

Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)

Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)

Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)

Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

Empirical and theoretical research studies have identified ten specific protective and compensatory experiences (PACES) that have further contributed to understanding positive outcomes during adversity as opposed to ACEs negative effects. PACES are divided into two domains: supportive relationships & enriching resources. Supportive relationships include unconditional love from a caregiver, having a best friend, volunteering in the community, being part of a group, and having a mentor. Enriching resources include living in a safe environment where needs are met, having a

hobby, getting a quality education, being physically active & having rules and routines. Conceptually, positive experiences can augment resilience and offer protection from the risk of physical and mental illness. Research findings support the concept that adults can benefit from previous PACEs as well as current PACEs. Strength-based assessments were utilized with participants in a pilot study with jurors in a southern state located in the United States.

### *Citizen Centered Care for Adults Disclosing Child Sexual Abuse During Jury Selection*

Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)

Paul Clements, *Texas A&M University* (ptclements@tamu.edu)

Anne Troy, *University of Holy Cross* (atroy@uchno.edu)

Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)

Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)

Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)

Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

Patient-centered care is defined by the Institute of Medicine as care that is not only respectful but continually responsive to the preferences, changing needs, and ethical and spiritual values of the individual recipient of healthcare. Of paramount importance are the values of the individual which function to guide all clinical decisions in a manner consistent with the highest level of care. Patient-centered care is a conceptual model that places the patient at the center of all decision-making, as the patient is revered as a partner in the care provided and encouraged to assume responsibility for their health. The focus of patient-centered care is on the patient and not just the disease process. Patient-centered care establishes a holistic approach to healthcare delivery through a relationship with a well-informed and respected patient. This collaborative concept was utilized as citizen-centered care was utilized throughout a pilot study offering treatment in addition to exploring sequela from child sexual abuse, as a partnership was established with the judicial and nursing and counseling programs in the New Orleans community.

### *Implementing a Therapeutic Response to Adults Disclosing Child Sexual Abuse During Jury Selection from a Trial Attorney Viewpoint*

Traci Owens, *Attorney at Law, California, USA* (taostrong70@gmail.com)

Roy Salgado Jr, *University of Holy Cross* (rsalgado@uhcno.edu)

Anne Troy, *University of Holy Cross* (atroy@uchno.edu)

Paul Clements, *Texas A&M University* (ptclements@tamu.edu)

Debbie St. Germain, *Texas A&M University*(drdebslu@gmail.com)

Delinda Martin, *University of Holy Cross* (dmartin@uhcno.edu)

Shawna Mitchell, *University of Holy Cross* (smitchell@uhcno.edu)

Implementation: This part of the presentation comes from the perspective of a trial attorney. It focuses on the purpose and function of jury “de-selection”. Trial counsel’s priority is to protect the defendant’s right to due process. This includes the right to a fair and impartial jury. In practice,

counsel can fully perform the same without exposing potential jurors to unnecessary trauma. This presentation will offer collaborative solutions that serve to protect the trial process and shield members of the community from the traumatic experience of reliving their ordeal in a courtroom setting as opposed to a therapeutic environment.

*What effect does a trauma-informed training have on a judge or attorney's self-efficacy, in being able to address the needs of the adult female victim of sexual assault*

Serena Robbins, *University of Missouri at Kansas City*, (serena.robbsins@mail.umkc.edu)

Attorneys and judges alike encounter clients during some of life's most traumatic events: divorce, bankruptcy, intimate partner violence, and sexual assault. Sexual assault is the most under-reported crime, with only 25% of sexual assaults getting reported to law enforcement. Not being believed in one of the main reasons victims of sexual assault remain quiet. Survivors need to know that their attorney or the judge handling their case believes them. The pain of not being believed can be as traumatic as the assault itself. Medicine, social and behavioral sciences have adopted trauma informed practices, and the legal system should follow. Trauma-informed training is a necessary first step. Having a trauma-informed perspective should not be viewed as being overly sensitive. It is good legal practice. If attorneys do not address the trauma in their client, their client may be defensive or withdrawn, which could read to a jury as lacking credibility. A positive difference could be achieved if training judges and attorneys in trauma-informed care became the standard. An original study proposed is to what extent does a four-hour trauma-informed training have on an attorney or judge's trauma-informed self-efficacy when working with the adult female client who has experienced sexual assault.

## **137. The Role of Nurses in Addressing Abuse Throughout the Lifespan**

*Screening for Abuse Across Health Care Settings: A Case Study*

Natalie Evenson, *SANE Program Coordinator, St Michael Medical Center, Silverdale, United States of America* (natalie.evenson@outlook.com)

Health Care Providers (HCPs) do not consistently screen for abuse. HCPs have the legal obligation to report the abuse of pediatric elderly and disabled patients, but numerous studies related to HCPs screening for abuse have identified barriers related to lack of training, support, and knowledge, and in some qualitative studies, overall lack of feeling prepared to address any patient who responds "yes" when screened. Despite the financial and economic burden of domestic violence (as noted by the CDC that IPV has a lifetime economic impact of \$3.6 trillion) and emotional impact of abuse, HCPs do not consistently screen for abuse. This presentation will focus on

addressing barriers consistently identified in the literature by HCPs on screening for abuse. Included in the presentation are resources and interventions that some healthcare systems are using to empower HCPs in addressing the needs of victims who they encounter in their practice. A case study will be presented to guide the application of principles discussed.

## **138. The Role of Lawyers: Mental Health and its Specificities**

### *The Role of the Public Prosecutor in Dutch Mental Healthcare Legislation*

Janine Berton, *National Public Prosecutor for Mental Health Care, Netherlands*  
(b.j.bernton@om.nl)

The public prosecutor has been given a major role in this law. The public prosecutor works closely with psychiatrists. This role of the public prosecutor is essentially different from the tasks that the public prosecutor has in criminal cases. The public prosecutor was introduced in the law following the murder of a former minister in 2014, which turned out to have been committed by a person with major psychiatric problems. In that case it turned out, among other things, that the healthcare had no knowledge of the criminal history of this person and that there was insufficient cooperation between the healthcare and the public prosecutor. We would like to take the participants in this session to the legislator's intentions with this special role and explain the close cooperation between mental health care and the public prosecutor's office in the Netherlands. We would like to discuss the added value of this role of the public prosecutor and the close collaboration with mental healthcare.

### *The Relationship Between Attorney Discipline and Attorney Impairment: We Need Better Data*

Jerome Michael Organ, *University of St. Thomas* (jmorgan@stthomas.edu)

This presentation will highlight the disparity between the public conversation about the relationship between attorney discipline and attorney impairment in the United States and the available data on the relationship between attorney discipline and attorney impairment (which is quite limited). Statements are frequently made by people affiliated with attorney discipline suggesting that high percentages of attorneys being disciplined are dealing with a mental health or substance use impairment. There is very little data, however, to support these claims. To the extent that there is data, the data suggest that the percentage of disciplined attorneys dealing with some sort of impairment is significantly lower than the percentages suggested in public commentary. This session also will call for greater emphasis among offices of disciplinary counsel around the world to gather more consistently information which speaks to the extent to which attorneys facing discipline also are dealing with some type of substance use and/or mental health

impairment so that more accurate and consistent information can be reported publicly about the relationship between attorney discipline and attorney impairment.

### *“My Role Is Important, but Not Critical”: Why Intention Matters in the Creation of Victim Assistance Units in Israel*

Nili Gesser, *Drexel University* (ng664@drexel.edu)

Crime victims often need assistance navigating the unfamiliar legal system. Limited research exists, however, on those tasked with helping victims, the victim assistance units (VAUs), particularly outside the US. Indeed, there have been calls in the literature for more comparative research in this area. Responding to these call, this exploratory study analyzes the creation of VAUs within the district attorney’s offices (DAO) following specific victims’ rights legislation in Israel. Using qualitative interviews with representatives from three quarters of the VAUs in Israel (N = 6), the presentation explores the formation of two models of VAUs, examines advantages and disadvantages of the location of the VAU within the DAOs, and analyzes various influences on the work of the VAU. It will be argued that limited resources, cultural organization and professional ethos prevent VAUs from fully addressing victims’ needs. To best respond to victims’ needs, the VAUs should expand their contact with victims and receive sufficient resources to do so. The Israeli case study demonstrates that to best assist victims, VAUs should be created with a “victim-centered” agenda. This study advances our knowledge of victim workers outside the US, highlighting the impact of their DAO’s affiliation and its potential impact on victim wellbeing.

### *The Public Mental Health Framework (PMHF): Thinking About Law as Medicine*

Kay Elizabeth Wilson, *University of Melbourne* (kay.wilson1@unimelb.edu.au)

The COVID-19 pandemic has drawn attention to many structural health inequities, the limitations of individualized clinical medicine and the power of law and policy to protect health and longevity. Post- pandemic two questions emerge: (1) can a similar public health approach be used to tackle mental health? and (2) how can law and policy be used to prevent mental-ill health and promote well-being? This paper provides a brief overview of the Public Mental Health Framework (PMHF) an innovative new conceptual framework. It explains why governments ought to use law and policy with a view to creating a mentally healthy society. It also explains how the PMHF draws upon three areas of research (which have been developing separately over the last 20-30 years): (i) the social determinants of mental health (SDMH), including the legal determinants of mental health; (ii) health and human rights; and (ii) the social model of disability. While the PMHF stretches the scope of traditional public health law, the re-conceptualisation of all law and policy as public mental health tools has an important role in raising the stakes about the social and health implications of law and policy-making, while shaping future debate and research.

### *Drug Courts & Harm Reduction: An International Perspective*



Sara Gordon, *University of British Columbia* ([gordon@allard.ubc.ca](mailto:gordon@allard.ubc.ca))

This presentation will focus on drug courts and their role in the international shift away from traditional enforcement of drug use and toward a greater focus on harm reduction. It will review the various models of drug use – from the moral model where drug use is a moral failing that results from poor personal discipline to a medical/disease model, which sees addiction as a chronic and relapsing illness rooted in biological and neurological processes – and will explore how both are embraced by drug courts. It will also situate our reliance on these courts in the context of newer critical addiction studies, which help us understand how culture shapes our perceptions of drug use, what we mean by “addiction” in the first place. Finally, it will examine drug courts from a global perspective. Internationally, drugs policing is moving away from traditional enforcement mechanisms toward a greater focus on harm reduction and this presentation will attempt to place drug courts within that framework of diversion schemes around the world that attempt to reduce adverse health, social and economic consequences of drug use.

## **139. The Rorschach Method: Methodological Developments In Clinical And Forensic Diagnosis**

*Projective Tests In Forensic Context: Considerations And Criticisms*

Paolo Capri, *Associazione Italiana di Psicologia Giuridica AIPG* ([Paolo.Capri@unier.it](mailto:Paolo.Capri@unier.it))

The methodological choice to use projective techniques in the difficult and challenging work of psycho-diagnostic evaluation in the forensic field cannot ignore some fundamental considerations that are at the basis of a correct use of the tests. In order to administer and interpret them, a thorough training is necessary. Furthermore, the psycho-legal competence of the expert in the judicial context will be fundamental, and in the same way, he/she will have to have skills and specializations in the clinical field, in order to apply the result of the tests to psychopathology, if present. Therefore, the psycho-diagnostic work through the use of psychological tests is a long and complex path, which involves moments of analysis, extrapolation, and correlation of data, quantification of variables, clinical, psychopathological, and psychodynamic knowledge. With reference to the Rorschach, this has an even greater weight, as an interpretation different from the classic one elaborated by the author could not support the scientific validity of the tool; it is not possible, in fact, to replace the indices and data derived from the signature and statistically elaborated with interpretations that are exclusively symbolic and devoid of the original and reference theoretical construct.

*Reality Index in Rorschach Test*

Alessio Vellucci, *Associazione Italiana di Psicologia Giuridica AIPG*  
([vellucci.alessio@gmail.com](mailto:vellucci.alessio@gmail.com))

Projective tests are an essential tool to assess personality in psychology and forensics, allowing the Consultant to answer the Court Judge's questions. The Rorschach test, among them, is widely considered to be one of the most informative proofs, meaning that it is able to understand the functioning of the most complex nuances of a person. This is due to the high number of indices available, which bring not a static but rather dynamic meaning through integration process. Specifically, the reality index provides informational content not only on the conventional pact between the person's mind and the outer world, but also on the level of the defensive structure, malleability of the psyche to internal and external pressures, and from the prognostic point of view of adaptability to the Environment. This is possible only by going beyond the literal and educational sense of such index, aiming at the greater articulation that only the continuous comparison of values can produce. Findings and implications will be discussed in the presentation.

### *The Rorschach Test: An Investigative Tool for Assessing Parenting Skills in Narcissistic Personality Disorder*

Chiara Giannini, *Associazione Italiana di Psicologia Giuridica AIPG*  
([chiaragiannini8@gmail.com](mailto:chiaragiannini8@gmail.com))

In the Italian legislative system, the technical assessment by an expert appointed by the court is conceived as a psychological and psychodiagnostic investigation aimed at exploring the relational situation between the various members of the family, in particular between parents and children, and assessing the parental suitability for providing the judge with useful indications for the protection of the child's welfare. Given the increasing importance attached to the quality of the parent-child relationship, a wide debate has opened in the scientific literature regarding the concept of parenting skills. These are seen in the light of evolving development processes, necessarily influenced by the personological style of the subject. The complexity of mental processes has led psychology to use increasingly refined techniques in order to expand the cognitive data related to the study of personality development. These techniques certainly include the Projective Tests, with the Rorschach Test in particular being recognized as the most accurate and "reliable" scientific tool for assessing personality as well as cognitive, affective-adaptive, and relational functions of the individual. The purpose of the research study discussed in this presentation is to observe, investigate and demonstrate through the Rorschach Test how narcissistic personality disorder specifically, negatively affects parenting skills.

### *The Abused Child and the Rorschach Test*

Rocco Emanuele Cenci, *Associazione Italiana di Psicologia Giuridica AIPG*  
([roccoEmanuele.Cenci@unier.it](mailto:roccoEmanuele.Cenci@unier.it))

There are no indicators of abuse in the tests, at least as far as specific indicators of sexual abuse against minors are concerned. However, there is the possibility, through the projective methods and especially the Rorschach Test, to understand the complex inner world of a maltreated child, who currently resides in a protected facility, a girl protected by the law against an abusive mother, convicted for the violence committed on her. In the clinical path that I am facing with her every week, she, 11 years old only, asked me to administer her the Rorschach test, a tool that I had talked about several times with her, because she herself wanted to discover “what is behind my eyes and inside my heart, because I can’t get there using only my head”. Through the Rorschach test we were able to peek inside her heart, and this presents a space for reflection on the power of this tool, and on the dangers of knowledge.

## 140. The Traumatized Family

### *Trauma in the Classroom*

Susan Appleton, *Washington University in St. Louis* (appleton@wustl.edu)

Trauma-informed education is increasingly finding a place in law school classrooms, especially in courses raising questions of family, sex, and gender. What exactly does it mean to teach and learn about these issues in a trauma-informed way? What are the similarities and differences between trauma-informed education, particularly when attempted at the law school level, and the censorship invited by several contemporary enactments promising to protect parents’ rights in their children’s education? Where do “trigger warnings,” which law students often expect, fit into the analysis? Efforts to ban the discussion of particular topics that make some students feel guilty or uncomfortable? This paper seeks answers in “transformative education,” which—among other features—takes trauma into account and requires working through the resulting discomfort and initial obstacles to learning. Trauma-informed education as transformative education guides students to move beyond their “comfort zones.” Such education contrasts with approaches that excise from the curriculum and the classroom topics that spark emotional reactions and prove challenging to discuss.

### *Dysogamy*

Kaipo Matsumura, *Loyola Marymount* (kaipo.matsumura@lls.edu)

This paper examines the harms caused by the law’s insistence that the only cognizable adult relationships are dyadic ones. The promotion of monogamy depends upon the idea that both single people and people in plural relationships are dysfunctional: single people are inherently incomplete (despite their embeddedness in social networks); polyamorous relationships are unstable or pathological. The legal system marginalizes these dysogamous relationships through a smattering of positive laws, like zoning laws and adultery prohibitions; manipulable standards, like the “best interests of the child” standard used in custody determinations; and the pervasive subsidization of

dyadic relationships through rules governing property, family leave, family finances, and employment benefits, among others. Social scientists have documented the stigmatizing impacts of this marginalization for both single people and people in consensually nonmonogamous relationships. This paper brings unites that research to provide a fuller accounting of the costs of monogamy.

### *Trauma in the Courts: U.S. v. Rahimi*

Marc Spindelman, *Ohio State University* (Spindelman.1@osu.edu)

This paper attends to the U.S. Supreme Court's decision in *U.S. v. Rahimi*, a case about whether the Second Amendment protects domestic abusers' gun rights. Inevitably, in considering the legal rights of DV victims and survivors to freedom from physical and psychic violence, *Rahimi* will implicate the boundaries of US family law that works to meet and overcome interpersonal and gender-based harms and associated traumas. What will *Rahimi* teach about how far the current Supreme Court will go to inflict, rather than redress, trauma in the family, and in the name of vindicating constitutional originalist precepts? Will *Rahimi* be a conservative originalist Second Amendment ruling that tolerates, and perhaps even helps to proliferate, trauma in family and intimate life? Or might *Rahimi* prove to be a case where conservative values and originalism meet their own limits as the Court presses up against widespread ideas about legal imperatives to recognize, oppose, and overcome the harms and traumas of domestic abuse? What other lessons might *Rahimi* teach about conservative originalism's relation to family and trauma and the law's ability to map them both in contemporaneous, and not only in historical or traditional, terms?

### *The Home of Trauma: Debt, Debility, and "Slow Death"*

Allison Tait, *University of Richmond* (atait@richmond.edu)

Families, defined broadly, inevitably suffer various forms of trauma through the shocks and reconfigurations stemming from divorce, abandonment, conflict, and death. These are the traumas of daily living within a family structure and they gesture to the universality of loss. Some families, however, endure additional trauma in that they are consigned to forms of "bare life" (Agamben) or "slow death" (Berlant) by a necropolitical State, meaning their bodies, environments, and imaginaries are slowly eroded by legally managed forces ranging from physical violence to economic need. Scholars have previously uncovered how these states of scant survival operate for particularized, primarily racialized and raced, populations within the State. What has been less discussed are the myriad ways in which State methods for imposing "slow death" on certain populations is organized around and influenced by the topos of the family and its legal regulation. This paper focuses on one specific State technology for imposing "slow death" - debt - in order to explore and unravel the ways in which trauma inheres in, is mediated through, and is systematized through the family and household economies

# 141. The Value of Intra-Professional Consultation in Forensic Mental Health

## *The Value and Challenges of Professional Consultation in Forensic Mental Health*

Scott A. Fischer, *Licensed Psychologist Acumen Psychology, St. Paul, United States*  
(scott@acumenpsychology.com)

Mary K. Kenning, *Licensed Psychologist, Private Practice, Minneapolis, United States*  
(drmkkenning@outlook.com)

Rebecca Reed, *Senior Clinical Forensic Psychologist, 4th District Psychological Service, Minneapolis, United States* (rsreed20@gmail.com)

Daniel A. Benson, *Judge, 7th Judicial District, Minnesota, United States*  
(daniel.benson@courts.state.mn.us)

Sharon Grewell Benson, *Judge, 7th Judicial District, Minnesota, United States*  
(sharon.benson@courts.state.mn.us)

This panel presentation and discussion will address the benefits and challenges in consultation in the area of forensic mental health. We will discuss the value of both inter and intra-professional consultation with participants including judges, former attorneys and forensic psychologists. The presenters will draw on their own experiences in consultation groups, organizational consultation structures, and informal professional consultation. We will address how consultation is approached differently in different professions, and in an organizational setting versus in private practice. We will discuss ethical concerns associated with consultation, including the management of confidentiality. The panel presentation will include a discussion of how consultation can benefit in addressing issues of bias such as confirmatory bias, anchoring bias, salience bias, and the Dunning Kruger effect. The presentation will include a discussion of how professionals in forensic mental health can get the most out of consultation as well as ways in which consultation can be unhelpful, or even amplify errors in thinking. We will discuss consultation from the perspective of risk management.

## *Consultation in Forensic Mental Health Practice*

Mary K. Kenning, *Licensed Psychologist, Private Practice, Minneapolis, United States of America* (drmkkenning@outlook.com)

Consultation in mental health fields, particularly private practice, is important for a number of reasons. Forensic work is emotionally intense as well as complex, requires a high level of knowledge and expertise, and work requires careful attention to ethical and responsible practice. Consultation in private practice is changing. Consultation is less accessible now than in the past. Currently, more practitioners are looking for the freedom of independent practice soon after licensure as opposed to working within organizations with their own consultation structures. With the increase in telehealth services, there are fewer opportunities to consult formally or informally.

Consultation may be less accessible due to increased workload. Practitioners may avoid consultation due to ethical and professional concerns. Several points are relevant for effective consultation in private practice. Professional standards and codes of conduct should be outlined and followed. Groups should agree on the timing and content of meetings as well as membership. Groups should be non-hierarchical, non-evaluative, and non-judgmental. Consultation groups are more helpful when content and process are equally valued.

### *Interagency Consultation in Forensic Practice*

Rebecca Reed, *Senior Clinical Forensic Psychologist, 4<sup>th</sup> District Psychological Service, Minneapolis, United States of America (rsreed20@gmail.com)*

Interagency consultation has become increasingly common, as it provides better customer/client service and allows for professionals of various agencies to provide integrated services. Research suggests that one-time workshops are "...not effective in influencing clinicians' behavior or patient outcomes, and that ongoing expert consultation and coaching is critical to implementation." (Nadeem, Gleach, and Beidas, 2013). Stages of interagency consultation (IRIS Center, Vanderbilt University) include networking, coordination, cooperation, and collaboration. Keys to success (MN Department of Management and Budget include clear goals, accountability, involving the right people, structures to allow for learning of others' work, ground rules, leadership, communication of progress, and the move from theory to practice. Consultation allows for less experienced professionals to learn from more seasoned one and for all clinicians to remain current on contemporary practice. Ethical challenges include possible sharing of sensitive information which could result in client consequences, risk of self-incrimination, implicit bias, and limited knowledge which could result in placements, particularly for individuals of color. These concerns may be lessened by limiting information shared; informed consent; addressing implicit bias and lack of knowledge through training and practice, and engaging community.

### *Consultation Among Judges*

Daniel A. Benson, *Judge, 7th Judicial District, Minnesota, United States of America (daniel.benson@courts.state.mn.us)*

Consultation is a common and encouraged among judges for several reasons. Judges may be faced with cases where the law is relatively unfamiliar to them. Brainstorming allows judges to realize other information that may not match with preexisting beliefs. Consultation assists in keeping judges up to date with changes in the law and rules of court. Consultation assists in maintaining consistent standards and outcomes. Judges may be faced with issues that require immediate turn around, and consultation helps the judge consider all aspects of issues quickly. Consultation promotes collegiality and community among judges. Forms of consultation include formal, such as presentations provided by judges, committees comprised by judges, mentorship and email lists. Informal consultation includes presentations by non-judges, informal contact between judges, and telephone or email consults. Codes of Conduct for federal judges and for most state judges permit judges to consult subject to exceptions. Judicial consultation may involve a discussion of facts,

parties, or witnesses that another judge might encounter in the future; this is permissible. A judge may consult with other court personnel whose function is to aid the judge in carrying out adjudicative responsibilities.

### *Consultation Among Attorneys*

Sharon Grewell Benson, *Judge, 7th Judicial District, Minnesota, United States of America*  
(sharon.benson@courts.state.mn.us)

Consultation about cases among lawyers has the potential to greatly benefit both lawyers and their clients. Such consultations may benefit attorneys by allowing quick access to a lawyer with expertise on a difficult problem; by creating a connection between attorneys; by challenging pre-existing assumptions; by informing attorney about changes in the law. Lawyers engaging in consultations must comply with the requirements of the rules governing the confidentiality of client information. The ABA Standing Committee on Ethics and Professional Responsibility has recognized that consultation with a lawyer at another law firm regarding a client's matter is appropriate under some circumstances, if attorney-client privilege is preserved. A lawyer's inquiry that does not reveal information related to the representation of a client does not implicate attorney-client privilege. Some consultations require more than a hypothetical inquiry. These cases require that the consulting lawyer obtain the client's informed consent. There are a number of considerations in situations requiring consent. Implied authorization is risky. Informed consent enforces trust. A conflict check with the consulted attorney is essential. There are also several considerations related to the waiver of attorney client privilege.

## **142. Trauma and its Consequences**

### *Judicial Perspectives on Sentencing Mentally Ill Violent offenders in New York*

Vinita Puri, *Walden University* (vinita.puri@waldenu.edu)

Mass incarceration has become a public health crisis. Incarceration can directly or indirectly affect the health of individuals and their communities. Scholarly research has demonstrated that incarceration may exacerbate psychiatric conditions, which may increase recidivism risk. To address high incarceration and recidivism rates, especially amongst vulnerable offenders, law and policymakers across the United States have turned towards therapeutic jurisprudence, which is based on trauma informed research, to develop and implement criminal justice policy reforms that emphasize rehabilitation and community-based sentencing. Criminal court judges play a key role in administering sentences based on political legislation. However, little is known about how they use their discretion and authority to sentence mentally ill offenders. This dissertation study provided an opportunity for criminal court judges to share their perspectives on sentencing mentally ill violent offenders and the application of therapeutic jurisprudence (TJ) to inform their sentencing decisions. Participants for this qualitative study were recruited across the state of New York. The findings may provide insights to law and policymakers across New York and other

states across the United States on the complexity of sentencing mentally ill violent defendants through criminal courts. This may help with the implementation of training and education for judges on trauma informed practice to strengthen sentencing guidelines and processes based on TJ values.

### *Trauma on Trial: A Demonstration of the Use of Trauma-informed Psychological Principles in Contested Custody Litigation*

Allison Williams, *Attorney-at-Law, Williams Law Group LLC, Parsippany, USA*  
(awilliams@awilliamslawgroup.com)

Carla Cooke, *Sound Psychological Assessment Center, LLC, Scotch Plains, USA*  
(drcarlajcooke@gmail.com)

For attorneys and mental health professionals, understanding the role of trauma is vitally important. Failure to understand the impact of trauma may skew evaluations, over-pathologize subjects, obscure proper treatment modalities, lead to missing key points on cross examination and potentially losing a case. For all professionals, failure to understand the trauma response in protracted custody matters may adversely impact children whose behavior may be the result of a traumatic event or series of events, which may be given lesser weight because they are first disclosed in adversarial litigation. This presentation will both educate and demonstrate the importance and tenets of trauma in custody evaluations and in the courtroom. We will show the audience how a mental health professional can incorporate trauma symptomatology through her process; and we will show how an attorney can strengthen or discredit the testimony of an expert by use of evidence and trial skill. Any professional who participates in custody litigation will benefit from this demonstration. This innovative program will deconstruct the dynamics of trauma; show how to use legal and mental health strategies to advocate when trauma is on trial, and demonstrate trial skills and evidentiary objections in cases when the science behind trauma is at issue.

### *The Association of Prior Criminal Justice Involvement and Stress, Trauma, Physical Health and Attitudes about Service Utilization among People with Serious Mental Illness*

Richard E. Adams, Kent State University ([radams12@kent.edu](mailto:radams12@kent.edu))

Natalie Bonfine, Northeast Ohio Medical University ([nbonfine@neomed.edu](mailto:nbonfine@neomed.edu))

People with mental illness are overrepresented in jails and prisons, with 14-17% of individuals entering jail meet criteria for serious mental illness. More importantly, there is a differential effect of incarceration on these individuals. While incarcerated, this population has more difficulties adjusting to prison life, are incarcerated for longer, and are more likely to be viewed as noncompliant, contributing to the psychological toll of this stressful event. What we know less about is the lasting impact of prior contact with the criminal justice system, even fleeting, on health and psychosocial factors for these individuals. Using survey data collected via face-to-face interviews from a sample of 156 adults with serious mental illness who are living in community settings, our analysis compares those who have an arrest history (i.e., ever been arrested, N=92,



56%) with those who have never been arrested to examine the association of prior contact with the criminal justice system with current experiences of stress, trauma, co-morbid physical health, and attitudes about service utilization. The sample is 62% male, 57% non-white, 58% have children 51% have a primary diagnosis of Schizophrenia and 49% have a substance use disorder.

### *Healing Together: A Mixed-Methods Inquiry into Trauma-Resilient Communities*

Jennifer Middleton, *University of Louisville* (jennifer.middleton@louisville.edu)

Emily Edwards, *University of Louisville* (emily.edwards@louisville.edu)

Beatriz Vides, *Consultant, Center for Trauma Resilient Communities, Winston-Salem, USA* (beavides@gmail.com)

In the wake of rising awareness regarding trauma's systemic impact, the Trauma-Resilient Communities (TRC) Model emerges as an evidence-based strategy for fostering trauma-informed organizational cultures. This five-year mixed-methods study, conducted in a U.S. southern metropolitan city from 2018 to 2023, investigates the TRC Model's adaptability and effectiveness in disrupting structural violence and enhancing community wellbeing. The study collects baseline qualitative data during periods of COVID-19 and racial trauma resulting from police violence, and longitudinal quantitative data spanning Years 2 and 5. Qualitative findings underscore initial challenges such as change resistance but also indicate strengths like vicarious resilience and value-driven culture. Quantitative results demonstrate positive shifts in organizations' readiness for change, trauma-informed practices, values, and environments, and commitments to racial justice. Year 5 follow-up reveals that seven out of nine organizations successfully adopted the model, exhibiting reduced staff turnover and secondary traumatic stress. The study thus validates the TRC Model as a robust framework for dismantling structural violence and promoting equitable, safe, and resilient communities.

## **143. Trauma and Torture: Diagnosis, Treatment and Outcomes**

### *Interconnectedness Initiative: Building a Model of Advocacy and Support for Survivors of Torture*

Ana Maria Pavon Marin, *Victoria Coalition For Survivors of Torture (VCST), Victoria, Canada* (anamariapavonmarin@gmail.com)

Muna Zaidalkilani, *Victoria Coalition For Survivors of Torture (VCST), Victoria, Canada* (muna@vcst.ca)

May Shihadeh, *Victoria Coalition For Survivors of Torture (VCST), Victoria, Canada* (mayshihadeh@hotmail.com)

Refugees and immigrants often encounter numerous barriers when accessing essential services such as mental health support. These barriers arise from language barriers, stigma, navigating

unfamiliar systems, and a lack of information about suitable services, among others. In addition to these challenges, survivors of torture within this population face unique difficulties arising from struggles identifying cases and uncoordinated adequate support responding to specific needs like mental health services including survivors and their families. To address this complex reality, the Victoria Coalition for Survivors of Torture (VCST) is spearheading the Interconnectedness Initiative. This collaborative effort brings together agencies, settlement organizations, and mental health services from Metro Vancouver and Vancouver Island, all sharing the common objective of supporting this underserved population. The central focus of this initiative is the establishment of a model that allows for a clear pathway for survivors, fostering a learning environment that emphasizes critical aspects such as identifying unnoticed cases and facilitates a referral process, resource sharing, and coordination, skills development providing professional and organizational training, as well as conducting research to enhance knowledge, influence discourses and inform advocacy efforts that amplify the voices of survivors and their families. Findings and implications will be discussed in the presentation.

### *Employers' Liability for Vicarious Trauma*

Ian Richard Freckelton, *University of Melbourne* (i.freckelton@vicbar.com.au)

Employers have a responsibility to provide a safe and healthy workplace and to take reasonable steps to avoid exacerbating mental health conditions which they are on notice may be being experienced by an employee. However, some occupations are foreseeably dangerous by reason of employees' inevitable exposure to distress and trauma. This issue arises particularly for employees of emergency services such as police and army personnel and for paramedics but it can also an issue for a variety of other professionals, including criminal lawyers and journalists. This presentation utilises two leading Australian cases that have been decided in recent years to explore the issues from an international perspective. It engages with the need to translate from general tortious and occupational health and safety principles to specific scenarios so that employers can take identifiable steps to care for their employees and avoid civil liability.

### *The Expanding Circle of Death Penalty Traumatization*

Steven N. Gold, *Nova Southeastern University* (gold@nova.edu)

The death penalty remains legal in 38 countries, including China, several nations in Southeast Asia and the Middle East, and the US. Although the prevalence and nature of enduring trauma commonly experienced among those involved in carrying out the death penalty has been well documented this phenomenon is not well known, even among professionals with substantial experience in death penalty litigation and in prisons where capital punishment occurs. Acting as an executioner can take a serious toll on mental and physical well-being in ways that many individuals who carry out this role are often unable to anticipate. As has been found in other types of traumas, those physically and emotionally closest to implementing the death penalty are at greatest risk for adverse psychological consequences, but these effects radiate outward to those less directly involved. Traumatization is most common and severe among executioners themselves but has also been noted among others ancillary involvement, including family members of executioners, prison staff who work on death row, witnesses present at executions, and courtroom

participants engaged in levying the death penalty. This presentation draws on literature from a range of disciplines to elucidate these patterns of traumatic impact.

### *Self-Determination, Trauma and Impact: The Importance of Choice*

Patricia Miller, *Mount Royal University* (pmiller@mtroyal.ca)

The presentation presents the findings of a phenomenological analysis study that explored the role of self-determination in the healing of trauma. The participants were between the ages of 25-40 years of age, from a diverse background of life experiences that included divergent traumatic experiences such as first responders, accident survivors, child abuse (excluding child sexual abuse and sexual assault), heal crisis, loss, and relationship trauma. There was a focus on the emerging themes around the exploration of the role of self-determination- its meaning for the participants in their choices to heal, to choose, to determine their healing as per their lived experience versus being other-determined. The research, through phenomenological analysis was grounded in post-modern feminist theory as a way of looking for divergent voices, voices not heard and sought to understand the role that self-determined choices would benefit the individual. The phenomena of trauma and its impact was better understood because of the deeper exploration of the meaning of trauma to each individual and the role that self-determining versus other determining would have on their healing of the traumatic experience. Findings and implications will be discussed in the presentation.

### *A Global Approach to Healing Individuals and Communities Following Violence and Trauma*

Willard Walden Christopher Ashley, *New Jersey Institute for Training in Psychoanalysis, United States* (dr.wwca@icloud.com)

Healing communities impacted by violence and trauma necessitates a global approach that addresses multiple interconnected factors, such as war, sexual violence, politics, hunger, and marginalization. This presentation explores a comprehensive framework for community healing that integrates psychological, social, and structural interventions. We must recognize the complexity and interplay of these challenges, and the approach emphasizes three key components: prevention, intervention, and rehabilitation. Prevention addresses root causes through diplomacy, conflict resolution, and promoting human rights. Intervention entails immediate response mechanisms, including crisis counseling, legal support, and safe spaces. Rehabilitation centers on long-term recovery, incorporating mental health services, economic empowerment, education, and social integration. The proposed approach acknowledges the importance of collaboration between local communities, international organizations, governments, and civil society to ensure sustainable healing. Adopting a global perspective aims to foster resilience, empower survivors, and create transformative change in affected communities worldwide. Findings and implications will be discussed in the presentation.

# 144. Treatment and Therapeutic Intervention

## *Motivational Approach to Treatment of Pathological Cravings*

Sergei V Tsytsarev, *Hofstra University* (sergei.v.tsytsarev@hofstra.edu)

In a series of our publications, a motivational model of additions in which pathological craving is a central concept was presented. The brief description of this model will be provided in the beginning of this paper. The main part of it will be focused on a multimodal evidence-based therapeutic intervention. The principal target of intervention is a pathological craving for either behaviors or substances. The intervention begins with the developing of Therapeutic alliance. It is followed by effective Motivational interviewing to decrease the ambivalence and resistance. Next step is Motivational clinical analysis of the originally frustrated needs and developing a motivational path model for the healthy need fulfillment. Cognitive therapy is employed to help patients to realize the extent to which they overdramatize even minimal stressors to justify the use of substitute objects. In addition, a combination of behavior and positive therapy focused on both reinforcing the behaviors and social interactions (skills) that lead to positive emotional experiences and real need satisfaction. Finally, self-monitoring, participation in group therapy, AA, GA and similar meetings providing social support and contributing to reliable remissions.

## *Implementing Supported Decision-Making: Moving Beyond Binaries to Promote Cultural Change for Ordinary Citizens?*

Terry Carney, *University of Sydney* (terry.carney@sydney.edu.au)

Progress has been slow in most countries in implementing the UN Convention on the Rights of Persons with Disabilities (CRPD) call to eliminate or at least markedly reduce substitute decision-making (where someone else makes decisions in a person's best interests) to instead support them to continue making decisions reflecting their will and preferences. This presentation draws on Australian studies on supported decision-making (SD) – including research for the Disability Royal Commission and critiques of some recent reforms to mental health, guardianship and advance planning tools – to make two arguments. First, that substitute decision-making and SD are not binary opposites, but in practice are artificial 'bookends' for a spectrum of combinations of various degrees of autonomy and paternalism. Second, that while law reform and program development to foster SD should address all domains, the most pressing reform (and community educative challenge) is enabling ordinary citizens to make an enduring appointment of a decision-supporter in anticipation of cognitive decline – with the ability to make such an advance appointment either as an alternative to executing a durable power of attorney for finances or personal affairs, or as the measure first considered in the event that both a supporter and an attorney are appointed.

## *Enabling Supported Decision-Making Through Mental Health Advance Will and Preference Statements*

Sarah Elizabeth Gordon, *University of Otago Wellington* (sarah.e.gordon@otago.ac.nz)

Katey Thom, *Auckland University of Technology* (katey.thom@aut.ac.nz)

Rachel Tester, *University of Otago Wellington* (rachel.testers@otago.ac.nz)

The expert committee that sits under the UN Convention on the Rights of Persons with Disabilities has directed countries that have ratified the CRPD, including Aotearoa New Zealand, to abolish substitute decision-making (where another makes [in our case] mental health decisions on someone else's behalf – e.g. the courts) and replace it with supported decision-making (where individuals are supported to make their own mental health decisions based on their will and preferences). For many jurisdictions this will require a change to mental health law and that must consequentially be supported by changes in practice. Our foundational work involved service users and providers identifying and prioritising supported decision-making interventions that have the potential to lead to the greatest improvements in mental health outcomes. Pre-event planning and post-event debriefing were strongly endorsed forms of intervention, particularly by stakeholders who face the most inequity. Advance preference statements can successfully facilitate pre-event planning, especially at times when communicating will and preferences is difficult. This presentation will outline our comprehensive mental health delivery research project to create, implement and evaluate mental health advance preference statements as supported decision-making tools in Aotearoa New Zealand.

## *Who Needs a Mystical Experience? Revisioning Psychedelics as Tools for Self-Enhancement*

Duff R. Waring, *York University* (dwaring@yorku.ca)

Clinical research on psychedelic-assisted therapy (PAT) challenges biopsychiatry by (1) emphasizing suggestibility and patient expectancy as legitimate drivers of therapeutic benefit; by (2) calling for a renewed emphasis on patients' spirituality, broadly defined to include existential questions about the meaning of life; by (3) aiming to revive a greater role for potentially longer-term psychotherapy, and by (4) invoking a mystical-type experience as a therapeutic catalyst for insight and positive change. It will be interesting to see whether the psychotherapeutic and mystico-spiritual dimensions of PAT survive its merger with biopsychiatry. This presentation explores the competing social narratives by which PAT might be colonized by biopsychiatry, or retain its spiritual focus and survive outside a biomedical model. Psychedelics are non-specific substances whose protean effects reflect the social scripts in which they are embedded as much as their molecular composition. The original conception of PAT as a gateway to mystical experience and greater spiritual awareness is dispensable. Psychedelics could be scripted via microdosing as the latest drugs that aim to make you better than well. The "both-and-strategy," which combines medicalization with decriminalization, is arguably the best way forward to avoid the limitations of

the medical model while preserving the potential benefits of psychedelics as a treatment for mental disorders.

### *Investigating Correlates of Forgiveness and Restorative Justice Attitudes Among Individuals Who Have Experienced Violent Criminal Victimization*

Payton Katherine Reese McPhee, *Saint Mary's University* (payton.mcphee@smu.ca)

Although the concept of forgiveness has been well-researched across various disciplines, there remains a significant lack of research examining forgiveness within the criminal context. Given that forgiveness can be a powerful therapeutic tool toward recovery, and a first step in overcoming hurt and anger, understanding the mechanisms of forgiveness within these contexts has broad implications for the healing and recovery process of victims. As a result, the study reported in this presentation aimed to explore the influencing factors of forgiveness between an individual who has been criminally victimized and the individual who perpetrated the offence. Through an online mixed-methods study, participants completed several scales and questionnaires to explore personal characteristics, their conceptualization of forgiveness, contextual factors regarding experiences with victimization, and attitudes toward restorative justice. Based on existing literature, we hypothesized that granting forgiveness toward a perpetrator will be multidimensional in the way that various factors (i.e., religiosity, empathy, unique characteristics of the offence, etc.) will play a role. While data collection is ongoing and expected to be complete by Spring 2024, results from this study aim to advocate for the implementation of stronger, evidence-based support services for victims of violent crime. Findings and implications will be discussed in the presentation.

## **145. Truth.... and Doubt - Perspectives on Appellate Lethal Injection Cases in the United States.**

*A Ghost at the Feast: The Evolution of Doubt in U.S. Law*

Leigh E. Rich, *Georgia Southern University, Savannah GA, USA* (lrich@georgiasouthern.edu)

With the professionalization of medicine and law in the late nineteenth century, the role of “doubt” in scientific evidence and testimony changed. Prior to the Civil War, allopathic doctors often erred on the side of caution when testifying at tribunals: a fundamental tenet of science is precision and, particularly in capital cases where someone’s life is at stake, an acknowledgment of ambiguity about medical evidence constituted a precise outcome. Thus, the epistemological approach of an emerging biomedicine acknowledged the inherent complexity of the human condition and

highlighted “deep questioning.” In the postwar period, however, as physicians established power and prestige, “doubt” was downgraded, and expert testimony became not only authoritative and commanding but also the loudest voice in the room. A lack of uncertainty was the hallmark of precision, and medicolegal issues transformed into technological questions understood through scientific data. Biomedical epistemology shifted from thorny nuance toward confirmatory “answers.” The clamor for a “doubtless precision” is a feature of the legal system that contributes to injustice, morbidity, and mortality. This session examines the role of doubt in the medicoscientific method and ethical concerns regarding its application and negation in recent capital punishment lawsuits and reproductive laws.

### *Perspective from an Expert Witness—What is the Truth?*

Gail A. Van Norman, *University of Washington* (gvn@uw.edu)

Courts and attorneys seek and desire testimony that affirms “the truth”, as though medical/scientific evidence provides definitive answers. Yet a scientific/medical expert can usually only accurately express evidence in terms of probabilities. This presents experts with the dilemma of whether to express evidence in the language of “truth” of the scientist versus that of the jurist. Expert testimony in death penalty (“lethal injection”) appellate cases cannot meet the required “Daubert” criteria: 1) there is not now, nor ever will be a truly “scientific testing” of execution methods— to do so would violate medical ethics as well as laws governing the treatment of prisoners, 2) there has been no scientific testing, and there can therefore have been no publication and peer review of such experiments; there can therefore also never be an estimation of “error rate”; 3) standards for lethal injection are not based in scientific knowledge, since such knowledge does not exist, and 4) lethal injection protocols are secretive in nature thereby making truly informed “widespread acceptance” by society impossible. Despite this, experts are called upon to declare “as a medical certainty” what the outcomes will be, and diametrically opposing sides claim medical certainty, a contradiction that cannot be resolved.

### *The Media and Lethal Injection: Impressions from an Investigative Reporter*

Gianna Toboni, *Author of The Volunteer: Investigating America's Death Penalty Crisis ; Brooklyn, New York. USA* (giannatoboni@gmail.com)

Gianna Toboni is an American journalist and correspondent for such news organizations as ABC News and Al Jazeera, and was correspondent producer on HBO’s Emmy award-winning show, VICE. She was featured in Forbes’ 2016 article: Thirty Under Thirty: Defining and Driving the Ever-Shifting World of News and Content. Her coverage has included topics as far-ranging as the crisis in Rohingya, Gerrymandering in North Carolina, the hospital crisis during the COVID 19 pandemic, and the rise of Patriot Groups in America. Her reporting has included an examination of the case of Scott Dozier, a death penalty inmate in Nevada, and documentary examination of lethal injection. In 2022, a judge in Oklahoma ruled that the state could continue executions by

lethal injection, despite allegations that the trio of drugs violates the 8th amendment. In a 2023 documentary, Toboni examined lethal injection in Oklahoma, asking the question of whether it constituted cruel and unusual punishment. She will discuss her experiences in reporting on lethal injection executions in the United States.

## *Vetting the Experts: Do Expert Qualifications Meet Expectations?*

Daniel Moritz-Rabson, *Independent journalist, Brooklyn, New York, USA*  
(dmoritzrabson@gmail.com)

Lauren Gill, *Independent journalist, Brooklyn, New York USA*  
(lauren.gill07@gmail.com)

Since a landmark Supreme Court decision in 1993, federal jurists have been tasked with scrutinizing the methodology and evidence used by an expert witness to reach his or her conclusions, forcing judges to evaluate complex scientific testimony. Yet in an investigation published in 2022, Lauren and Daniel from ProPublica found that a pharmacist who had testified on behalf of seven states seeking to defend their lethal injection protocols seemed to be exaggerating or misrepresenting the scope of what he could legally do as a pharmacist, possibly boosting his credibility with judges, but raising questions about his testimony. The investigation found critical weaknesses in the ways that judges evaluate expert witness credibility, which largely rely on expert “credentials” presented by the witnesses themselves. Lauren Gill and Daniel Moritz-Rabson will speak about the difficulties facing jurists in vetting expert witnesses and evaluating complex and nuanced scientific debate and discuss how judges frequently misapply laws governing expert witness testimony.

## *The Court Wants What It Wants*

Joel Zivot, *Emory University, Atlanta, GA, USA* (jzivot@emory.edu)

Post-conviction capital punishment defense is an uphill climb. From the court’s perspective, the prisoner is guilty. In the current political landscape, the court has little patience for motions concerning the constitutionality of the method of execution, which are further stymied by secrecy laws barring the defense access to details of execution methods. The current US Supreme Court has let the great majority of executions proceed, commonly without an accompanying written opinion, and has previously opined that execution is constitutional and therefore a method must exist to carry it out. The Court claims repeatedly without scientific evidence that lethal injection is not cruel. Yet autopsy evidence of prisoners executed by lethal injection demonstrates that lethal injection causes death by drowning in one's own blood. Until a defendant is found guilty, he lacks standing for a motion regarding method of execution. A recent Texas decision in a case concerning abortion granted standing to a group of physicians on the basis of facing the potential of performing abortions. A similar group of people, possibly physicians, might claim standing based on the possibility that they would be called to assist a lethal injection execution, knowing the method is cruel and therefore not constitutional.



## 146. Understanding the Impact of Personality Disorders in Divorce

### *Impact of Personality Disorders in the Collaborative Divorce Process*

Elaine Ducharme, *Private Practice* (drducharme@drelaineducharme.com)

Although the immediate threat of Covid-19 has diminished, the world has been left with numerous negative consequences. Globally, levels of anxiety have skyrocketed, the political situation appears precarious, there are regular mass shootings in the United States, loss of jobs and we have a workforce that is actually hesitant to leave home and return to work. Needless to say, relationships have suffered and the process of divorce and co-parenting is even more difficult. The courts remain slow due to overload and rarely benefit divorcing couples. This presentation will focus on the positive and critical interplay between attorneys, neutral mental health professionals and neutral financials trained in the collaborative divorce process in helping families divorce with dignity and minimal damage to the children. We will take a look at how certain personality disorders, Borderline PD, Narcissistic PD, Trauma Informed presentation and Obsessive Compulsive PD can impact the professional team and discuss ways of managing the ensuing problems. The presentation will also discuss how having a strong relationship between these professionals is extremely helpful in helping families co-parent post judgment.

### *Coping with Difficult Personalities in the Divorce Process*

Donna Buttler, *Private Practice* (donnabuttler@dbuttler.com)

Attorneys face working with clients that they may or may not know upon retention as having mental or emotional illness. These clients, as corroborated by the profession's ethical code, deserve representation and are often the individuals most in need of representation. The question is how attorneys understand and best represent these clients without practicing "arm chair psychology". It begins with recognition, hopefully at the initial consultation, but which often does not come about until much later in the case when representation has already ensued. It will affect an attorney's development of the case, especially in the interpretation of the client's perceptions and goals. Often it requires decisions about bringing in outside experts; perhaps to help your client deal with the stress of the legal action, to defend the client's actions or to move forward to require a diagnosis and enforce needed treatment. As the case proceeds, having insight in how your client best absorbs information, makes decisions and whether he or she can reach a resolution can make or break a negotiation. Having this knowledge may also aid the attorney in taking actions which avoid increasing the conflict. This presentation will help participants to identify these personality disorders which come into play during the divorce and how to best help these difficult clients.

## *Managing Depression and Anxiety During a Collaborative Divorce*

Janet Schrager, *Private Practice* (jschragerphd@comcast.net)

The role of psychologists in the collaborative model can be very useful to assist the team working through the divorce process. It is not uncommon for one or both of the couple to be experiencing some anxiety or depression. Psychologists are trained to identify/ diagnose when anxiety and/or depression or some mental illness is a factor with one of the parties. A psychologist is experienced in working with mental illness and can assist the attorneys and their clients to work through these obstacles and provide the necessary supports. This presentation will provide some examples of how a psychologist can work with the collaborative team to identify mental health obstacles, specifically depression and anxiety and provide assistance to make sure all parties are fairly and adequately represented in their divorce. In addition, it will point out how a psychologist can work with attorneys and guardian ad litem post judgement in helping the parents to work together in a co-parenting situation.

## **147. Use of Sociodrama to Mitigate Justice System Involvement and Mental Health Issues in Adolescents and Young Adults**

*Use of Sociodrama as an Educational Modality to Impact Attitudes on Critical Psycho-social-criminal Justice Issues*

Grace Telesco, *Nova Southeastern University* (gt243@nova.edu)

Theorists argue that sociodrama can be an invaluable tool in raising social and political awareness, to address a critical issue with an audience, to understand theoretical foundations, to practice a skill, or to engage in a process of psychological or behavioral change (Cossa, Ember, Grover, & Hazelwood, 1996; Spolin, 1986; Boal, 1985; Ments, 1994). When participants are engaged in a reality-based scenario where the characters remain in character and interact with audience members, there is an ability to move out of the cognitive realm into the emotional where attitudes and feelings can be tapped into, and education and change can be stimulated (Cossa, Ember, Grover, & Hazelwood, 1996). This presentation will focus on the use of sociodrama as a provocative and engaging methodology in education and explores its usage helping to effect positive change in attitudes, behavior, and other psycho-social outcomes. The components of the techniques and examples of effective use will also be discussed.

*Sociodrama as a Relational Violence Prevention Intervention for Adolescents*

Tara Jungersen, *Nova Southeastern University* (tj290@nova.edu)

Relational violence in adolescence and early adulthood occurs at nearly three times the U.S. national average, providing a critical opportunity for preventive interventions for this population. Women are at particular risk for intimate partner violence during the transition from adolescence to adulthood, leading to lifelong risk for physical and sexual violence in intimate relationships without intervention. Sociodrama, an issue-based form of interactive educational theatre, can be viewed as an effective experience-based intervention for violence prevention. Using real-life situational scenes depicting teen dating violence, cyberstalking and drug-facilitated sexual assault, an interactive dialogue between actors, facilitators, and the audience members provides an experience-based opportunity for self-reflection and learning. This creative hands-on strategy raises awareness to the realities of relational violence in youth, reduces stigma experienced by victims, exposes errors in thinking that serve to justify and perpetuate teen dating violence, and serves an important prevention strategy to facilitate attitudinal shifts about safe and healthy relationships.

### *Utilizing Sociodrama to Increase Awareness and Competence of Law Enforcement Officers Working with Individuals with Developmental Disabilities*

Maribel Del Rio, *Nova Southeastern University* (mdelrio@nova.edu)

Individuals with developmental disabilities are at an increased likelihood of engaging with law enforcement officers than individuals without disabilities (e.g., autism, intellectual disabilities, genetic disorders, etc.). This may be due to impairments in their cognitive reasoning abilities, social judgement, problem-solving skills, and need for an established support system in their everyday lives. Therefore, it is essential that those working in the law enforcement arena are aware of some of the challenges of working with someone with a developmental disability and modifications that may be necessary in order to ensure that the individual is treated with fairness and dignity. The use of sociodrama is a powerful tool that can be used to train law enforcement, by providing real world scenarios and subsequent reflection and discussion on some of these crucial topics. Therefore, the focus of this presentation will be on immersive strategies, specifically sociodrama to increase knowledge and understanding of the strengths/limitations that people with developmental disabilities may present and how law enforcement officers can learn useful ways to assess what accommodations may be needed during these interactions.

### *Current Trends and Future Implications for the use of Sociodrama with Diverse Populations*

Carly Paro-Tompkins, *Nova Southeastern University* (cparol@nova.edu)

Given the diverse needs of community groups sociodrama provides a unique milieu to support social action and self-expression and exploration. Many vulnerable clients (ie. Foster care youth,

severe persistent mental illness, mandated clients) have been silenced by the community and the structural supports intended to help them. Sociodrama seeks to empower storytelling through the dramatization of problems, allowing these clients to experience feelings of autonomy, control, power, and connection. The collective experience of exploring social problems and unearthing multiple perspectives through creative expression and action is a powerful for all. In fact, sociodramas are useful for both the identified client and the professionals that work within the systems that aim to effect change. Sociodramas often center around psychoeducation, skills training, communication practice, problem-solving, and focus on the shared experience rather than the individual dilemma. The focus of this presentation will be on exploring specific needs of these vulnerable populations and how sociodramas have demonstrated efficacy while highlighting possible future directions for implementing sociodrama for societal change.

## **148. Variables in Treatment and Assessments: Frequently Encountered Forensic Challenges**

### *Clinical Equipoise Redefined*

Stephen Napier, *Villanova University* (stephen.napier@villanova.edu)

Commentators differ on the criteria for satisfying clinical equipoise, but it appears that such differences are not ethically significant – most agree that some understanding of equipoise is enough. Through an extended case analysis, I argue that the differences are ethically significant. The case study is an actual controlled study on the comparative effectiveness of adenotonsillectomy (AT) for treating childhood obstructive sleep apnea (OSA) vs. no treatment, what the researchers referred to as watchful waiting (WW). At issue is that prior to the study, most pediatricians and ENT doctors would refer the subjects (who met inclusion criteria) for an AT. *There was no expert disagreement or lack of consensus* about how to manage children with moderate-severe OSA. (There was also no controlled trial looking at the panoply of benefits and harms of AT v. WW; for example, AT surgery is not without risk, and some children literally grow out of OSA.) So, on standard interpretations of clinical equipoise, (e.g., expert disagreement) the study is *not* ethically justifiable. I argue, however, that the study is ethically justifiable. It follows that different formulations of clinical equipoise are ethically salient.

### *The Effects of Combined CBT and Neurofeedback on Therapeutic Outcomes*

Casey Lee Ferri, *Clinical Therapist, Heritage Counseling & Consulting, Austin, United States of America* (dr.ferri@heritagecounseling.net)

Betsy Mary Ezell, *Counselor, Heritage Counseling & Consulting, Austin, United States of America* (betsy@heritagecounseling.net)

Cognitive behavioral therapy (CBT) is arguably the most supported evidence-based modality in the psychotherapy field for a wide array of clinical conditions (Gautam, Tripathi, Deshmukh &

Gaur, 2020). Research has supported that neurofeedback is a supplement for talk therapy, and an alternative intervention for medication (Hammond, 2011). Utilizing an operant conditioning model, neurofeedback utilizes targeted electrical monitoring and rewards to boost performance of precise areas in the brain and central nervous system. Both CBT and neurofeedback for depression and anxiety support an increase in cognitive flexibility, self-regulation, resiliency and overall wellness and functioning. However, it is believed that these two approaches to treatment function best as compliments to one another, rather than supplements. This presentation will use insights from previous research, combined with research data conducted at a private therapeutic practice in Texas, United States to discuss the increased treatment efficacy the combination of CBT and neurofeedback provides for adults diagnosed with depression or anxiety. Using survey data collected prior to treatment, and following treatment across all groups, as well as pre- and post-qEEG brain scans within the neurofeedback groups, the aforementioned sample will compare individuals receiving combined treatment to samples receiving CBT or neurofeedback alone. Practical implications for this research will provide insight to clinicians looking to maximize treatment potential for clients, as well as offer valuable alternatives for patients whose attitudes may favor choices such as neurofeedback and self-help approaches, rather than medication, which is sometimes viewed as stigmatizing and having futile side effects.

### *Stemming From gbmsm's Perspective: What Competencies Healthcare Professionals Need to Develop When Addressing Sexualized Substance Use Practices*

Maxime Blanchette, *Université du Québec en Abitibi-Témiscamingue*  
(maxime.blanchette2@uqat.ca)

Jorge Flores-Aranda, *Université du Québec à Montréal* (flores-aranda.jorge@uqam.ca)

Karine Bertrand, *Université de Sherbrooke* (karine.bertrand@usherbrooke.ca)

Mathieu Goyette, *Université du Québec à Montréal* (goyette.mathieu@uqam.ca)

Sexualized substance use (SSU) practices are well documented in gay, bisexual, and other men who have sex with other men (gbMSM) but aren't systematically addressed in healthcare settings. Law plays a role in shaping stigma and societal attitudes towards substance use, sexual orientation or sexuality. This often leaves sexuality in its globality aside or partially discussed, although it is a central component of SSU. This presentation aims to identify, from the perspective of gbMSM with SSU practices, their needs regarding the competencies healthcare professionals should have to reduce stigma. In-depth interviews were conducted with 20 gbMSM adults with SSU practices within the last year. Thematic analysis of their experiences and perspectives around their SSU practices and their needs in terms of competencies and interventions was performed. Results show that according to gbMSM experience, interpersonal skills (e.g., empathy, respect, etc.) were essential since they faced many situations where they felt stigmatized. Participants expressed needing inclusive interventions where they are respected and understood. They also wanted services where their sexuality in its globality is considered since it was central to their relapses. The various competencies and needs raised by participants will be discussed in this presentation to improve practitioners' practice.

### *The Effects of Non-Attachment on Legal Decision Making*

Joel Lieberman, *University of Nevada* (jdl@unlv.nevada.edu)

Over the past few decades, an increasing number of individuals living in Western nations have incorporated meditation and mindfulness into their daily routines, to achieve a variety of improved mental health benefits. These practices are associated with an increase in “non-attachment,” a Buddhist concept that refers to a release of mental fixations, and an acceptance of the constructed and impermanent nature of mental representations. Non-attachment is related to, but different from, traditional forms of attachment studied in psychology. It is associated with reduced levels of stress, anxiety and depression, and increased levels of empathy and kindness. Non-attachment is also associated with less rigid and closed-minded thinking, and reduced use of stereotypic thinking, factors likely to contribute to bias against defendants in trials. This research explores the application of non-attachment to legal decision making, using a nationally drawn sample in the United States. Specifically, the relationship between non-attachment and other predictors of jury decision making, including just world beliefs, locus of control, and authoritarianism is explored, as is impact of non-attachment on participants’ perceptions of defendant guilt. Implications of the findings are discussed in terms of jury selection, evidence presentation, and relevant policy issues for courts.

## **149. Wellness and Vulnerability**

### *The Impacts of Sport and Recreation Programs for Providing Positive Interventions for Vulnerable Young People*

Glenn Desmond Dawes, *James Cook University* (Glenn.Dawes@jcu.edu.au)

There is international evidence to suggest that sports- and recreational-based interventions may have positive impacts for assisting vulnerable youth to remain engaged in education and pro-social activities. This presentation reports on the outcomes of a two- year evaluation in suburbs within a city in Northern Australia characterised by low socio-economic status, high levels of youth crime, low levels of school participation and high levels of domestic violence. The evaluation adopted a multi-methodological approach consisting of semi-structured interviews detailed non-participant observations, surveys and an analysis of quantitative data. The outcomes of the evaluation included an increase in social connectivity among young people and their families through participation in sporting and recreational activities. Youth perceived that while participating in organised activities they felt safer and reported increased self-esteem and an overall sense of well-being. The program had positive impacts through interventions which assisted youth who were at risk of disengaging from education or on a criminal trajectory. Despite these positive outcomes there is limited evidence that sport and recreation alone results in a reduction in crime and anti-social behaviour. It is argued the most appropriate model should be based on a multi-agency platform with links to, health, welfare, education, employment and leisure services.

## *The Importance of Music During Life Challenges: A Photovoice Project Led With Homeless Young Adults*

Elise Cournoyer Lemaire, *McGill University* (elise.cournoyerlemaire@mail.mcgill.ca)

Karine Bertrand, *Université de Sherbrooke* (karine.bertrand@usherbrooke.ca)

Christine Loignon, *Université de Sherbrooke* (christine.loignon@usherbrooke.ca)

Some individual factors (e.g. emotional and psychological) and structural factors (e.g. stigmatisation and social injustices) are known to lead to or emerge from the experience of homelessness among young adults. Since research is centered on their difficulties, little remains known about how young adults address these challenges. Literature suggests that music is an important resource that helps young adults address psychosocial challenges, yet its role among homeless young adults remains underexplored. This study addressed the question “What is the importance of music during life challenges?”, from homeless young adults’ perspective. Using photovoice, a group of homeless young adults developed the research question and took significant photographs to answer it. During discussion sessions, they analyzed and interpreted 12 photographs. Results show that music became particularly important during severe psychological distress, where most participants reported that it saved their lives. Music was also considered a means of action against stigmatisation and social injustices, as it gives them a voice, a way of denouncing and of raising awareness about the social issues they face. Importantly, music activities provide homeless young adults with a safe and legal means of action, which contributes to limit the use of violence and illegal actions during life challenges. Results could inspire the development of adapted psychosocial services by facilitating homeless young adults’ access to music and a greater power to act positively on their personal and community well-being. Findings and implications will be discussed in the presentation.

## *Schema-Focused Music Therapy in Forensic Psychiatry*

Josine Laarakker, *Kijvelanden Forensic Psychiatric Center, the Netherlands*

(josine.laarakker@fivoor.nl)

A rising number of music therapists choose to incorporate schema-focused therapy into their treatment. But, why? After a short introduction of schema-focused therapy, the working mechanisms of music therapeutic interventions within a schema-focused treatment will be explored in this presentation. Insights from recent studies on schema-focused music therapy and schema-focused therapy in forensic psychiatry are presented. This will build a foundation to share about best practice experiences in combining these treatment-methods. The main focus will be presenting the adjustments made on a standardized schema-focused group therapy protocol into incorporating music therapeutic interventions, while still maintaining the original form and focus of a schema-focused treatment. The forensic patients undergoing the schema-focused protocol, including the use of music therapeutic interventions, are all diagnosed with a personality disorder (cluster B and C) and comorbidity (i.e. substance abuse). Despite their divergent needs when it comes to their comorbidity, the therapy protocol itself focuses on treating personality disorders. Experiences of working with a standardized protocol and extending it with music therapeutic interventions, the therapy results and feedback of the patients are included in this presentation.

## *Integrated Dual Disorder Treatment Plus Strengths Model Case Management: A Field Test*

Jason Matejkowski, *University of Kansas* (jmate@ku.edu)

Approximately 9.2 million adults in the United States have a co-occurring disorder (COD). Integrated Dual Disorder Treatment (IDDT) model is generally considered an effective evidence-based approach to patients with CODs, despite randomized trials indicating mixed effects, particularly with secondary outcomes such as therapeutic alliance, and motivation to change. In a preliminary test, we examined whether the addition of principles from Strengths Model Case Management (SMCM) to IDDT would improve client outcomes over IDDT alone. SMCM focuses on attaining goals identified by the person receiving services and works to activate the person's natural supports to achieve these goals via person-centered pathways. The paper compares IDDT and SMCM approaches, provides a rationale of why the two approaches are complementary, and explains how the two approaches can be implemented in tandem. Preliminary findings from a non-randomized comparison of IDDT to IDDT+SMCM involving individuals in an outpatient mental health treatment program are discussed, including the impact of intervention fidelity on outcomes.

## **150. Wellness, Professionals and Vulnerability**

### *Wildland Firefighters: Mental Health and Well-Being*

Shannon L. Wagner, *Thompson Rivers University* (swagner@tru.ca)

Nicole White, *Thompson Rivers University* (nicole.white@unbc.ca)

Elyssa Krutop, *Clinical Psychologist, Aligned Counselling, Kamloops, Canada*  
(ekrutop@alignedcounselling.com)

Wildland fire is increasingly a consequence of the climate crisis with growing impacts on communities and individuals. Wildland firefighters are critical to the successful management of wildland fire, yet currently very limited research has considered mental health in wildland firefighters. Wildland firefighting is often high in intensity and workload, while also being significantly isolating. Given the tough physical and mental conditions combined with the increased need for this specialized workforce, mental and occupational health and wellbeing for wildland firefighters requires urgent attention. Prevention of PTSD, depression, anxiety, sleep disorders and substance use will require significant research and intervention imminently and into the future; however, research considering wildland fire and mental health to date has primarily considered the mental health impacts for communities and survivors, rather than for firefighters. Job safety including mental health has become a significant focus for federal and provincial legislative intervention and funding; similarly, wildfire impacts for workers, communities and populations are increasingly grounds for liability and legal responsibility. Given this dearth of attention to the mental health of this population, this presentation will



review currently available literature considering mental health for wildland firefighters and will discuss areas of future need for this very significant gap in the literature.

### *Lawyer Wellness and Legal Ethics in Vulnerable Client Representation: A Global Perspective*

Brooks Holland, *Gonzaga University* (hollandb@gonzaga.edu)

Mirela Timóteo, *Public Defender, Bahia, Brazil* (timoteomirela@gmail.com)

Increasing attention has been paid to the importance of lawyer “wellness.” Lawyer wellness is critical, however, not just for the sake of lawyers’ own mental and physical health and professional development. Lawyer wellness also is essential for ensuring the ethical representation of clients within a healthy legal system. The pandemic and post-pandemic experiences vividly illustrate this connection between lawyer wellness and the systemic health of legal systems. The legal profession therefore must contemplate lawyer wellness on a systemic level, not solely as a matter of individual lawyer wellbeing. This need for systemic attention to lawyer wellness may be especially acute for lawyers working with vulnerable clients who are disproportionately impacted by a wide range of traumas that also can impact lawyer wellness and representation. This presentation will examine the intersection of lawyer wellness and legal ethics norms, particularly in vulnerable client representation. It will examine this intersection of lawyer wellness and legal ethics from a global perspective, looking to whether and how lawyer wellness is recognized and supported in distinct legal systems. Particular attention will be paid to pandemic and post-pandemic experiences in the United States, Brasil, and Italy as case studies.

### *Promoting Success for Employees with Mental Impairments*

Annette Torres, *University of Miami* (atorres@law.miami.edu)

This presentation will explore key concepts for optimizing the productivity of employees with mental impairments. While the anchor for my analysis is the Americans with Disabilities Act (“ADA”), I will cover concepts and ideas that can be applied across other jurisdictions. The ADA and similar civil rights laws prohibit employment discrimination against qualified individuals with disabilities. The ADA provides that the term “disability,” which encompasses mental impairments that substantially limit one or more major life activities, is to be construed in favor of broad coverage. Many prevalent illnesses—including depression, anxiety, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia—constitute protected conditions for which employers must provide reasonable accommodations. Despite this legislative mandate, many barriers prevent individuals with mental disorders from securing or maintaining productive employment. Exclusion from competitive employment not only causes material deprivation but also exacerbates the isolation and marginalization of impacted individuals. Through the lens of interpretive regulations, case law, and studies, this presentation analyzes best practices for employers to eliminate workplace barriers, engage in constructive communications, and explore effective accommodations for employees with mental disabilities.

## **151. When Intellectual Disability is the Basis for Incompetence to Stand Trial**

*The Lawyer's Perspective: A competent lawyer's role when investigating, documenting, and raising the issue if incompetence*

Jacqueline Walsh, *Jacqueline K. Walsh Law, P.S., Inc, Seattle, United States*  
(jackie@jamlegal.com)

The lawyer often has the best-informed view of a client's ability to participate in their defense. We will discuss the importance of documenting whether the client is able to make rational decisions based upon a factual understanding of the charges; make rational decisions in real time during the course of a the court proceeding; make rational decisions about whether to go to trial or to enter a resolution; whether to testify or not; what questions should be asked of an opposing witness; what witnesses to call on his behalf; decisions about available defenses and to understand when a defense does not apply; and, decisions about investigation pre-trial. Once the legal team has a belief that the client does not have the present ability to rationally and factual assist counsel, how is the issue raised? And, who will the evidence of incompetence be offered through? Medical professionals? A lawyer-expert who understands what is needed from a client to be able to rationally and factually assist counsel? Lay witnesses who have examples of what the client does and does not understand or follow? Implications will be discussed in the presentation.

*Mental Health Consultant's Perspective: When functional impairments cannot be fixed with medication or education*

David Freedman, *IALMH Senior Research Consultant* (df2379@gmail.com)

Courts are reluctant to find a defendant incompetent to stand trial, especially in capital cases. Moreover, the presumption is that a defendant is only incompetent when floridly psychotic, ignoring the host of other neurodevelopmental, neurodegenerative and cognitive impairments that may render a defendant incapable of factually and rationally understanding and communicating with counsel. Part of that reluctance is because these sort of functional impairments cannot be "fixed" with medication or short term education, rendering restoration to competence an impossibility. In addition, court's often rely misconceptions and stereotypes of mental illness and cognitive impairments rather than evaluating how those impairments manifest and the impact on understanding and rational participation. This presentation will focus on ways to create supports for clients to assess whether the impairments are insurmountable or can be ameliorated, misconceptions and stereotypes which must be overcome in presenting evidence of incompetence, and will briefly address Washington State's newly passed law which established that people with certain conditions should not be subjected to restoration efforts. Implications will be discussed in the presentation.

## *Understanding the Pathways of Persons with Intellectual Disabilities in the Criminal Process in Ontario, Canada*

Voula Marinos, *Brock University* ([vmarinos@brocku.ca](mailto:vmarinos@brocku.ca))

Emily Cauduro, *Ontario Tech University* ([emily.cauduro@ontariotechu.net](mailto:emily.cauduro@ontariotechu.net))

Jessica Jones, *Queens University* ([jonesj@queensu.ca](mailto:jonesj@queensu.ca))

There are a limited number of cases involving persons having an Intellectual Disability (ID) in Canada that result in a verdict of Not Criminally Responsible on Account of Mental Disorder (NCRMD). In addition to the possible explanation that their offences do not meet the high threshold of a verdict of NCRMD, it is likely that persons with ID are largely accused of committing relatively non-serious offences and are offered a diversion program, or the individual is initially found unfit to stand trial. We aim to understand the various pathways of persons with ID, with special interest in the roles and implications of a fitness to stand or diversion pathway. Defence lawyers have a unique perspective and insight on their clients who have Intellectual Disabilities and the relative charges, judicial responses, and legal outcomes they experience. Combined with our analysis of the data challenges to understand the pathways of persons with Intellectual Disabilities, our semi-structured interview with defence counsel will help to illustrate the gaps in understanding such pathways.

## **152. When the Psychiatrist Became Victim, Criminal or Assistant**

### *Prevalence of Victimization by Stalking among Brazilian Psychiatrists*

Lisieux Elaine de Borba Telles, *Federal University of Rio Grande do Sul* ([ltelles@hcpa.edu.br](mailto:ltelles@hcpa.edu.br))

Gustavo Cambraia do Canto ([gcantopsiquiatra@gmail.com](mailto:gcantopsiquiatra@gmail.com))

The term stalking comes from the English language and should be understood as a form of aggression, offense that causes the victim the feeling of being persecuted. The prevalence of victimization by this phenomenon is approximately 11%. Its occurrence is associated with a high potential for impairment of quality of life, psychological and/or physical damage, which may even reach the risk of life and increasing the chance of the victim developing mental disorders. We developed a study to detect the prevalence of stalking among Brazilian psychiatrists, and our preliminary findings is that 47,7% of them were victimized by stalking, and the risk were even bigger in the forensic environment. This presentation aims to shed light on this phenomenon, so that it is better identified, understood and addressed, and that in the near future, we can make use of effective prevention tools. Findings and implications will be discussed in the presentation.

### *Physicians Turned Criminals*

Gabrielle Terezinha Foppa, *Federal University of Rio Grande do Sul* ([gtfoppa@gmail.com](mailto:gtfoppa@gmail.com))  
Lisieux Elaine de Borba Telles, *Federal University of Rio Grande do Sul* ([ltelles@hcpa.edu.br](mailto:ltelles@hcpa.edu.br))

Over the years there have been numerous documented examples of physicians preying on helpless patients. In most cases there is a delay in the recognition of those crimes and subsequently termination of further ones. There is a shortage of medical literature on this subject and the major source of information is to be found in news and electronic media. We searched the Brazilian news media websites for reports, productions and articles on physicians who had been arrested, indicted or criminally charged for a series of medically-related crimes and reviewed five emblematic cases. Numerous physicians have been found committing crimes against their vulnerable patients. Even though each of these physicians were unique in how they commit their crimes, several common characteristics have been noted regarding these cases that should heighten health care workers' and administrators' awareness and help to identify and report these perpetrators to prevent new events from happening.

### *Association Between Domestic Violence and Psychiatric Hospitalizations During Pregnancy and Perinatal Outcomes*

Bárbara Ferreira Althoff, *Federal University of Rio Grande do Sul*  
([barbaralthoff.psiquiatria@gmail.com](mailto:barbaralthoff.psiquiatria@gmail.com))

Lucas Primo de Carvalho Alves, *Universidade do Vale do Rio dos Sinos (UNISINOS)*

Although prevalent, domestic violence during pregnancy and perinatal psychiatric effects remain understudied. Objective: To assess the association between domestic violence and psychiatric hospitalization during pregnancy, while examining associated factors and outcomes. Methods: This case-control study involved in-person interviews with female subjects aged 18-50 years using validated instruments. The sample consisted of one case group (psychiatry inpatients admitted during pregnancy) and two control groups (non-pregnant psychiatry inpatients and postpartum women without psychiatric hospitalization during pregnancy). Fisher's exact test was used for categorical variables and Mann-Whitney U test for continuous variables. Results: Domestic violence in the past year was more frequent among pregnant psychiatric inpatients. Physical violence in the past year was significantly associated with depressive disorders. Newborn hospitalization and recommendation for custody loss were significantly associated with psychiatric hospitalization during pregnancy. Conclusion: High rates of physical domestic violence were associated with psychiatric hospitalizations during pregnancy and negative perinatal outcomes.

## **153. Workplace Violence Against Public Service Professionals**

### *Cyber-Violence Against Public Health Professionals During COVID-19*

Cheryl Regehr, *University of Toronto* ([cheryl.regehr@utoronto.ca](mailto:cheryl.regehr@utoronto.ca))

Kaitlyn Regehr, *University College London* (k.regehr@ucl.ac.uk)  
Vivek Goel, *University of Waterloo* (vivek.goel@utoronto.ca)

During the COVID-19 pandemic, public health officials were in the spotlight, announcing restrictions and other prevention measures, including advocating for and mandating testing and vaccines. As public controversy on these measures rose, public health officials became the target of public outrage and vitriol. With advances in technology and the ubiquity of social media, cyber-violence – threats and other harmful communication expressed through electronic means – has arisen as a new medium for harassment and violence against professionals. In the digital world, those imposing violence can remain anonymous, can transcend time and space, blurring the boundaries of work and home, can reach a wide audience, and are almost impossible to control. This presentation reports on qualitative interviews conducted with public health officials serving during COVID-19. Themes arising include focus on nature of cyber-violence endured and the impact of this form of violence on individuals, their families, and their organizations. At a time when professionals are encouraged to engage with the public through social media, organizations are unprepared and ill-equipped to support these professionals when public engagement takes a dangerous turn. Findings and implications will be discussed in the presentation.

### *Workplace Violence Against Nurses: An Analysis of Cases in the Canadian Courts*

Sioban Nelson, *University of Toronto* (sioban.nelson@utoronto.ca)  
Kathleen Leslie, *University of Athabasca* (kleslie@athabascau.ca)  
Aleah McCormick, *University of Ottawa* (amcco055@uottawa.ca)  
Andrea Baumann, *University of Toronto* (andrea.baumann@utoronto.ca)  
Natalie Thiessen, *University of Athabasca* (nataliejthiessen@gmail.com)  
Catharine Schiller, *University of Northern British Columbia* (catharine.schiller@unbc.ca)

Workplace violence against nurses is a significant global occupational health problem widely acknowledged in the academic and policy literatures. To examine how the Canadian legal system treats the victim's status as a nurse, we examined both criminal cases, where a perpetrator is before the courts, and employment law cases, where either the Ministry of Labour or the union prosecutes an employer. Our review of criminal cases from 2007 to 2022 found that judges have not uniformly considered the victim's status as a nurse to be an aggravating factor in either psychiatric or non-psychiatric settings. A recent amendment to the Criminal Code made it a requirement that courts consider the victim's status as a health care worker to be an aggravating factor; this amendment's impact on judges' discretion in sentencing is yet to be determined. Our review of Ontario employment law cases between 2010-2022 found psychiatric facilities to be the only health service employers prosecuted. Moreover, despite significant increases in possible penalties, the courts remain reluctant to impose severe sanctions. We conclude that the widespread acceptance of workplace violence against nurses is a limiting factor in legal efforts to hold both assailants and employers accountable. Findings and implications will be discussed in the presentation.

## *Workplace Violence Against Emergency Medical Professionals*

Shannon Wagner, *Thompson Rivers University* (swagner@tru.ca)

Adam Vaughn, *University of Regina* (adam.vaughan@uregina.ca)

Shannon Wagner, *Thompson Rivers University* (swagner@tru.ca)

Greg Anderson, *Thompson Rivers University* (ganderson@tru.ca)

Emergency service employees regularly respond to critical incidents, including those that involve exposure to trauma, violence, and contaminants. However, limited work has been completed considering the experience of workplace violence of emergency medical responders. To begin addressing this gap in the literature, the current study collected a cross-sectional sample of paramedics via a Canadian provincial College of Paramedics. Three hundred respondents (self-identified female N = 109 and self-identified male N = 191) completed a series of questionnaires asking about type of violence experienced as well as frequency of the experience. Results demonstrated that experience of workplace violence was common, with 87% of the sample reporting any form of violence, and 60.3% of the sample reporting multiple forms of violence. As expected, verbal expressions were the most commonly reported, followed by intimidation, physical abuse, sexual harassment, and sexual assault. Importantly, some respondents reported regular frequency of workplace violence, with 7.4% of the sample indicating that verbal abuse was a daily workplace experience. Results from our study suggest that emergency medical responders are at significant risk for exposure to workplace violence, and that several types of workplace violence may occur frequently for this occupational group. Implications will be discussed in the presentation.

## *Cyberbullying Towards Social Workers: An Israeli study*

Ravit Alfandari, *University of Haifa* (ralfandar@staff.haifa.ac.il)

Shay Tzafir, *University of Haifa* (stzafir@univ.haifa.ac.il)

Hani Nouman, *University of Haifa* (hnouman@univ.haifa.ac.il)

Guy Enosh, *University of Haifa* (enosh@research.haifa.ac.il)

This research investigates a form of technology misuse known as cyberbullying within the workplace context. Particularly, we explored clients cyberbullying against social workers which is still an uncharted area. Data was collected via semi structured interviews with 23 participants, mostly professionals such as social workers, policy makers, and lawyers. Data was analyzed using a multiple-level dialectical approach designed to enhance reflective thinking. Findings revealed a variety of social media platforms used by clients to vilify individual social workers by identifying them and accusing them of various atrocities, mostly related to their actions vis-à-vis children at risk (e.g., child-kidnaping). Major themes that emerged from social workers included the (in)ability to defend oneself against defamation; the lack and loss of privacy; exposure of other family members (including one's children) to defamation on public social media; the interaction between virtual exposure and actual, face to face accusations and need to self-protect. Perpetrators tend to view themselves as social activists fighting for the rights of abused families, parents, and children. The research calls for support for social workers (or other service providers) from both

within their organizations and law agencies. Findings and implications will be discussed in the presentation.

## *Legal Occupational Health and Safety Innovations Arising Out of Covid 19*

Mayo Moran, *University of Toronto* (mayo.moran@utoronto.ca)

Following the onset of Covid 19, there has been an observable increase in workplace-related health and safety issues in jurisdictions around the world. The issues concern everything from threats to health to workplace harassment and abuse to physical safety. The resulting pressures on health care and other public services in particular exposed the pre-existing weaknesses of the traditional model of Occupational Health and Safety (OHS) and directed attention towards issues that have until now received relatively little attention. Historically, OHS regulation both at the international and domestic level tended to focus on risks from physical infrastructure rather than psycho-social risks and mental health. However in the wake of Covid 19, jurisdictions from the International Labour Organization to more local level regulation have introduced legal and policy changes designed to ensure a safe and health working environment and aimed at a broader range of threats to workers. This presentation reviews the enhanced set of legal protections for occupational health and safety that have been developed in the wake of Covid 19 and discuss their effectiveness. Findings and implications will be discussed in the presentation.

## **154. Workshop on Managing Specific Forensic Problems in an Integrated Forensic Program**

### *Forensic Nursing and Substance Abuse*

Ina Alexandrova

We present the nurses' role in monitoring and managing substance use in a forensic mental health population. Substance use is a major problem in forensic patients. Ongoing use among inpatients continues into the outpatient population. The use of drugs in forensic patients can aggravate pre-existing psychosis or mood disorders. The use of drugs also involves buying, selling and trafficking in drugs which are criminal offenses in themselves. At this time we are seeing an epidemic in drug use in our forensic patients. Nurses play a central role in monitoring substance use among this population through a variety of techniques. This involves very astute observations in changes in mental health, liaising with family, noting who the patient is associating with, and supplanting this with urine drug screening. This presentation examines the techniques used by nurses in a forensic setting in a few vignettes. The role that nursing plays as part of an interdisciplinary team, in monitoring and managing forensic mental health patients is discussed.

## *Aggression in Inpatient Forensic Mental Health Units*

Liam Jarvis

Discuss aggressive code white (violent psychiatric or behavioural emergency) prevention, management, and debriefing. More specifically, discussing strategies and policies surrounding harm reduction to staff and patients during aggressive incidences. These include identifying general and patient specific risk factors that could lead to aggression. The use of proper physical restraint techniques applying non-crisis intervention practices. The management of patients in aggressive situations with the use of medication and mechanical restraints. The correct use of Meditech (electronic health records) as the documentation method to detail the code whites. This presentation highlights the role of nurses before, during and after caring for aggressive patients. We will present the tools and techniques that nurses apply while dealing with aggression on a forensic inpatient mental health unit.

## *Strategies in Managing Staff Safety and Assessing Client Risks in Community Forensic Outpatient Settings*

Mary Ann Frappier

Discuss components of risk strategies in mitigating harm to staff providing outpatient care. These include: implementing a daily Safety Huddle in identifying any client at risk and discussing what intervention is needed. Completion of HARM risk assessment and development of a plan for mitigating any safety issues and addressing action plans to assist clients at risk. Instituting the use of an Aggressive Incident scale. Completion a Recovery Care Plan for clients deemed at risk. Client Risk behaviors include: decompensating mental status, drug use, not attending key appointments or groups with their health care team. Prevention strategies include: phone check-in prior to any visit, 2-staff to present to any visit. Staff using a Stay Safe App and communicating any moment they are dealing with a decompensated violent client with the Health Care team for prompt assistance by Emergency Services. It was shown that potential client violent behavior is best predicted by a combination of risk assessment tools and strategies. Staff safety in the community is critical. Greater flexibility and creativity in the way care is delivered, updating safety plans and broader support systems need to continue.

## *Mentally Disordered Offenders: Addressing Hopelessness with Successful Reintegration into the Community*

J. Allin

Present the nurses role in supporting mentally disordered offenders' successful reintegration into their communities. A Transitional Rehabilitative Housing Program that is client centered, builds skills, instills hope to meet the unique needs of forensic patients and supports safe and successful



community reintegration is discussed. Nurse's use of a client centered approach to develop recovery plans that assist patients to identify barriers in their recovery while addressing hopelessness with nursing support and identifying the unique needs of the patient to reach their individual goals, is essential to successful community reintegration. This presentation examines the role of nurses, as part of an interdisciplinary team, in supporting mentally disordered offenders to successfully reintegrate into their communities and regain a sense of hope in reaching their goals. We will present the nurses role in a patient centered approach to successful community reintegration in the TRHP (Transitional Rehabilitation Housing Program) and other community housing, through addressing barriers, effective discharge planning and maintaining supportive outreach services.

### *Spiritual Care- Another Bitter Pill or an Alternative to Conventional Treatment in a Forensic Setting*

Yobannis Tejada, *Spiritual Care Coordinator, The Royal Ottawa Hospital, Ottawa, Canada*  
Caitlin Sigg, *Spiritual Care Coordinator, The Royal Ottawa Hospital, Ottawa, Canada*

Present how to approach forensic patients to address issues related moral understanding of the finding of NCRMD, generating hope from a spiritual perspective, integrating aboriginal practices within a forensic setting, addressing religious delusions and hallucinations and integrating these issues within a framework of a multidisciplinary approach to managing difficult forensic patients. This presentation looks beyond religion but does not dismiss religious perspectives. It examines how the spiritual care associate works with the multidisciplinary team in accessing the inner world of the forensic patient and how psychotic symptoms with religious and or spiritual themes resulted in findings of being Not Criminally Responsible on Account of Mental Disorder. The spiritual care associate also adds a dimension to addressing how clients deal with meaning and purpose within the confines of a restrictive environment. Lastly, does the spiritual care associate have a role in addressing morality in patients with psychopathic tendencies in adhering to rules, prosocial behaviors and community reintegration.

## **155. Workshop on Sex and Sex Offending**

### *Erotic Preference Testing: Clinical and Legal Use and Abuse*

Kayla Gaw

Penile Plethysmography (PPG) is an increasingly popular method of erotic preference testing used Canadian criminal courts (Purcell et al., 2015). PPG is a biomedical evaluation used by clinicians to assess the presence of paraphilic interests in clinical and forensic populations (Murphy et al., 2015), by operationalizing penile tumescence in response to both erotic and neutral stimuli, as an indicator of male sexual interest, making use of circumferential or volumetric measurement. Concerns relating to the use of PPG data include the accuracy and reliability of testing results, due to variation in testing procedures across laboratories (Murphy et al., 2020), and

whether the clinical findings can be used not only for sentencing purposes, but also for determining guilt. Canadian law, *R. v Morhan* (1994), and *Daubert v. Merrell Dow Pharmaceuticals, Inc* have set standards in Canada and the United States that determine admissibility of scientific evidence in the courts. In this paper, we highlight the use of PPG and whether physiological data can be used to draw clinical conclusions. We have also reviewed the ethical implications for using such measures in forensic and non-forensic situations and whether the results should be used in trial and sentencing situations in the courts.

## *BDSM: Clinical Excitement, Legal Nightmare*

Nicole Murray

A recent increase in mainstream representation of BDSM through the *Fifty Shades of Grey* franchise has resulted in the uptake of Bondage-Discipline, Dominance-Submission, and Sadism-Masochism (BDSM) in the sexual lives of Canadians (Bonomi et al., 2014). Little research to date has analyzed the implications that the increase in popularity of BDSM may have on the legal system. In particular, the legal system is tasked with interpreting many consent standards through the narrow affirmative-based definition found under Section 273.1 (1). The current study employed a qualitative analysis of all Canadian criminal court cases publically available that dealt with issues of consent and BDSM (N=23). The study found that judges are tasked with interpreting four different types of consent found within sexual relationships; affirmative consent, advanced consent to unconscious acts, consent to bodily harm and inferred consent. The level of acceptance that is given to these consent standards were found to depend on the judges' views of morality, ideal victimization, BDSM as an acceptable consensual act, and whether they associated BDSM as violence. These results have implications for those who work in the forensic and legal disciplines to better understand and treat BDSM-related cases.

## *Sexsomnia (a Rare but Successful Defense)*

Julian Gojer, *The Royal Ottawa Hospital* (julian.gojer@theroyal.ca)

Sleepwalking as a defense has been successful in Canadian Courts. In *R v Parks*, sleep walking was a full defense to a man killing his mother in law. Sleepwalking was not considered to be a mental illness and the case resulted in a finding of an automatism with an absolute acquittal. In *R v Leudecke*, a sexual assault resulted in a finding of a non mental disorder automatism secondary to sleep related sexual activity and a court of appeal determined that in this case, the automatism was a mental disorder automatism. The accused was found to be Not Criminally Responsible on Account of Mental Disorder. The interplay of sleep related sexual activities and criminal offending is discussed and how the courts have dealt with them is highlighted. How such cases are defended and prosecuted is presented through the eyes of a forensic psychiatrist

## *Psychosocial Treatments for Sex Offenders: Do they Work?*

Emily Tippins  
Monik Kalia

Over the past decade, clinicians and therapists have stressed the importance of more holistic approaches to sex offender treatment (Jennings & Deming, 2017). Group therapy plays an important role in the treatment of sex offenders; however, to date there is poor evidence on the effectiveness of group psychotherapy for individuals with paraphilic interests. In this paper, we compared various types of psychosocial treatments including, Cognitive Behaviour Therapy (CBT), Existential Behaviour Therapy (EBT), the Good Lives Model (GMT), social skills-based psychotherapy, and individual therapy in terms of their practical, theoretical, and clinical implications for treating sex offenders and individuals with paraphilic interests. This review analyzed ways to incorporate traditional sexual offender treatment models with holistic psychosocial approaches through an analysis of existing literature as well as data from a forensic outpatient unit. These psychosocial treatments provide support for incorporating developmental issues and humanistic approaches in experiential therapies as part of the therapeutic and learning process in the treatment of this highly stigmatized population.

# Disability, Law and Society

## 156. Alternative Clinical Approaches to Support Marginalized Youth

### *Interpreting Risks: Analysis of Risk Appraisals in Emerging Adulthood*

Erika Makowecki, *University of Alberta*, ([emakowec@ualberta.ca](mailto:emakowec@ualberta.ca))

Jacqueline Pei, *University of Alberta*, ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Engagement in risk-taking behaviours increases the likelihood of adverse health impacts for individuals across their lifetimes. Understanding individuals' perceptions of the benefits and risks involved with various risk behaviour is instrumental in implementing effective prevention and intervention initiatives. Researchers suggest that risk-taking behaviours often emerge in adolescence; however, the trajectory of cognitive development continues until age 25. Therefore, the current study sought to gain a clearer understanding of risk-taking behaviours, specifically by examining the cognitive appraisals of individuals in the transitional period of emerging adulthood. In examining the impact of individual differences of past experiences, including individuals' propensity for reactive and reasoned risk-taking and appraisals of benefits and risks, we hope to clarify what motivates expected future risk-taking. The sample comprised 105 participants (M age = 21.9) and considered four distinct domains of risk-taking behaviours: (a) sexual activities, (b) heavy drinking, (c) drug use, (d) drinking and driving behaviours. Associations among the participants' demographic and psychosocial variables and expected future involvement were examined. Implications extend to considerations for supporting health and well-being of emerging adults while simultaneously addressing legal dimensions of risk-taking behaviours, offering potential insights for developing policies aimed at harm reduction within a legal framework.

### *How Does Puberty Affect Internalizing and Externalizing Symptoms in Children with and without Prenatal Alcohol Exposure?*

Devon Heath, *University of Alberta*, ([dheath@ualberta.ca](mailto:dheath@ualberta.ca))

Erika Makowecki, *University of Alberta*, ([emakowec@ualberta.ca](mailto:emakowec@ualberta.ca))

Jacqueline Pei, *University of Alberta*, ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Carly McMorris, *University of Calgary*, ([camcmorr@ucalgary.ca](mailto:camcmorr@ucalgary.ca))

Catherine Lebel, *University of Calgary*, ([clebel@ucalgary.ca](mailto:clebel@ucalgary.ca))

Individuals with FASD are overrepresented in the justice system and are at a higher risk for developing internalizing and externalizing disorders. However, it is unclear whether puberty exacerbates these risks. The current study uses longitudinal mental health data from the Prenatal Exposure And Child brain and mental Health (PEACH) study, and compares individuals with and

without prenatal alcohol exposure. Internalizing and externalizing symptoms are measured using the Behavior Assessment System for Children, Third Edition (BASC-3). Pre- and post-puberty is determined by self- or parent-reported data from our puberty questionnaire, which queries differences in physical traits (e.g., amount of hair growth). The data will be analyzed using a two-sample t-test to compare pre- and post-puberty differences in internalizing and externalizing symptoms in the clinical and control groups. The PEACH study is actively recruiting and collecting data; therefore, results will be finalized closer to the conference date to ensure the data are accurate and complete. The current study hopes to provide new insights into how puberty affects internalizing and externalizing symptoms in children with and without prenatal alcohol exposure. This study is the first to characterize longitudinal mental health patterns in individuals who were prenatally exposed to alcohol, and how puberty affects these trajectories.

### *Advancing Mental Health Recommendations Following a Fetal Alcohol Spectrum Disorder Assessment: The COMPASS Approach*

Kathleen Kennedy, *University of Alberta*, ([kk4@ualberta.ca](mailto:kk4@ualberta.ca))

Jacqueline Pei, *University of Alberta*, ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Kaitlyn McLachlan, *University of Guelph*, ([kmclac02@uoguelph.ca](mailto:kmclac02@uoguelph.ca))

Jocelynn Cook, *University of Ottawa*, ([jcook@sogc.ca](mailto:jcook@sogc.ca))

Kathy Unsworth, *Canada FASD Research Network*, ([kathy.unsworth@canfasd.ca](mailto:kathy.unsworth@canfasd.ca))

Vannesa Joly, *University of Alberta*, ([vannesa@ualberta.ca](mailto:vannesa@ualberta.ca))

Chantel Ritter, *University of Guelph*, ([ritterc@uoguelph.ca](mailto:ritterc@uoguelph.ca))

Martina Faitakis, *University of Guelph*, ([mfaitaki@uoguelph.ca](mailto:mfaitaki@uoguelph.ca))

Individuals with fetal alcohol spectrum disorder (FASD) experience a wide range of strengths and areas where supports and other avenues of service delivery are required. The clinical FASD diagnostic assessment process provides a unique opportunity for clinicians to gain an understanding of the unique profile of each individual and identify well-suited and targeted recommendations that can optimize healthy outcomes, especially in the area of mental health and wellbeing and justice system navigation. At times, diagnostic reports following an FASD assessment contain a myriad of recommendations and are not accessible and actionable. Our research team in collaboration with four Canadian diagnostic clinic partners worked towards understanding and developing a knowledge translation resource that effectively communicates important evidence-based information, recommendations, and resources related to mental health, among other areas to clients, community members, and families following an FASD diagnostic assessment. Through this collaborative process, a Client-Oriented Mapping for Point of Access to Supports and Services (COMPASS) was developed. This presentation will summarize the process of integrating multiple sources of evidence and developing a resource that supports goal-oriented intervention and support planning for mental health and justice system navigation to optimize outcomes for individuals with FASD across the lifespan.

## *Activism as a Culturally Grounded Intervention for Enhancing Indigenous Youth's Mental Health*

Jasmine Kowalewski, *University of Alberta*, ([jkowalew@ualberta.ca](mailto:jkowalew@ualberta.ca))

Melissa Tremblay, *University of Alberta*, ([mkd@ualberta.ca](mailto:mkd@ualberta.ca))

Charis Auger, *University of Alberta*, ([cta@ualberta.ca](mailto:cta@ualberta.ca))

Canadian Indigenous youth face increased adverse mental health conditions due to historical trauma and ongoing effects of colonialism. This research explores the potential of activism, specifically through participation in the Missing and Murdered Indigenous Women and Girls (MMIWG) March, as a culturally grounded intervention to address the unique mental health needs of Indigenous youth. To (1) investigate the impact of the MMIWG crisis on Indigenous youth, which includes legal challenges such as the pursuit of justice and policy reform, and (2) understand how involvement in the MMIWG March can function as a therapeutic intervention that addresses historical trauma, a strength-based framework, Indigenous methodology, and community-based participatory approach was used. Local Indigenous high school students engaged in discussion after attending the March. The recorded discussion was transcribed and thematically analyzed. Themes of Resiliency, Healing, and Personal Growth, highlight the MMIWG March as a catalyst for transformative experiences and self-realizations. Culture and Community played a therapeutic role in empowering Indigenous youth to adapt and thrive amidst adversity. This study illustrates activism as potential therapeutic community-based intervention. It pushes the boundaries of clinical approaches, encouraging reflection of how cultural and community can be integrated in clinical settings. To promote healing, mental health interventions for Indigenous youth must address historical trauma and promote cultural and community engagement.

## **152. Community Engaged Responses to Complex Needs**

### *Towards Healthy Outcomes for Individuals with FASD: A Framework for Success*

Vannesa Joly, *University of Alberta*, ([vannesa@ualberta.ca](mailto:vannesa@ualberta.ca))

Kathleen Kennedy, *University of Alberta*, ([kk4@ualberta.ca](mailto:kk4@ualberta.ca))

Jacqueline Pei, *University of Alberta*, ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Audrey McFarlane, *Canada FASD Research Network*, ([audrey.mcfarlane@canfasd.ca](mailto:audrey.mcfarlane@canfasd.ca))

Fetal alcohol spectrum disorder (FASD) is a diagnostic term used to describe the impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability that impacts approximately 4% of people in Canada. Each person with FASD demonstrates unique

areas of strength and need, though common areas of difficulty include motor skills, attention, and regulation. Individuals with FASD are also over-represented within the Canadian justice system. The Towards Healthy Outcomes Framework (THO) is an individualized and evidence-informed guide to support goal setting and intervention planning for individuals with FASD. THO is guided by three underlying philosophies: 1) a developmental lifespan perspective, 2) recognition of the impacts of interactive systems in the lives of individuals with FASD, and 3) a strengths-based approach. THO links current evidence with community practice to foster a shared understanding of FASD that is balanced, non-stigmatizing, and non-judgmental. The original THO framework was updated in 2023 through a community-based participatory research process that included ongoing feedback and collaboration with researchers, policymakers, caregivers, service providers, and individuals with lived experiences. The updated THO framework and its potential applications, including applications for criminally involved individuals with FASD, will be presented. Implications will be discussed in the presentation.

### *The Power of Play: Exploring Tabletop Role-Playing Games as an Intervention for Structurally Marginalized Youth*

Devyn Rorem University of Alberta, ([rorem@ualberta.ca](mailto:rorem@ualberta.ca))

Jacqueline Pei, University of Alberta, ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Mark Melenberg, Level of Gaming League, ([mark@levelupgamingleague.ca](mailto:mark@levelupgamingleague.ca))

Tabletop role-playing games (TTRPGs) have gained increasing attention as potential contributors to healthy development. Dungeons and Dragons (D&D), the most popular game in the genre, has experienced a cultural renaissance, and become an empowering space for marginalized communities. In partnership with Level Up Gaming League, this project responds to a community-identified need to examine how TTRPGs can be used to support healthy psychosocial development for structurally marginalized youth who may be involved with or at risk for involvement within the justice system. Employing a Community-Based Participatory Research and Positive Youth Development approach to inquiry and intervention, this study explores how TTRPG interventions provide a strengths-based means to support healthy outcomes in engaging and less resource-intensive ways to develop, deliver, and tailor to the needs and interests of involved youth. Specifically, this presentation will explore how structurally marginalized youth can be engaged in gaming-based intervention research in ways that do not disrupt the benefits of the intervention, explore youth-defined impacts on identity development, social-emotional competence, and wellness, as well as identify the core components that contribute to positive, prosocial outcomes. The study's overarching goal is to better understand a community-driven, strengths-based approach to intervention from the perspective of the youth it seeks to serve.

### *Decolonizing and Repurposing Psycholegal Practice in a Child Protective Environment*

Amanda Santarossa, *University of Alberta*, ([santaros@ualberta.ca](mailto:santaros@ualberta.ca))  
Yuliya Kotelnikova, *University of Alberta*, ([kotelnik@ualberta.ca](mailto:kotelnik@ualberta.ca))  
Danielle Gagnon, ([danielle@icanheal.ca](mailto:danielle@icanheal.ca))

Psychological assessments are used widely within child protection to understand cognitive functioning, areas of risk, a parent's capacity to care for themselves and their children, and eligibility to access to government programming. In Canada, the Truth and Reconciliation Commission of Canada has outlined 94 calls to action to address the impacts of the Residential School System and Sixties Scoop. The first call to action is directed toward child welfare and demands the need for decision makers to practice cultural and historical awareness within child protective environments. However, the use of the dominant categorical diagnostic system and corresponding assessment tools by psychologists means that often the multitude of social and structural factors that characterize parents' lives are not at the forefront of an assessment framework. As a result, current psychological assessment practice does not adequately speak to this call to action. This presentation will identify the shortcomings in current assessment procedures and provide a new model of assessment for addressing these deficiencies. A collaborative, strength-based therapeutic assessment framework can provide a contextualized understanding of the lived experience within a structurally marginalized population. This approach can generate meaningful recommendations that will address protection-related concerns, while also acknowledging structural oppression.

### *Understanding Undomiciled Youths' Interactions with Police*

Ben Rollans, *University of Alberta*, ([brollans@ualberta.ca](mailto:brollans@ualberta.ca))

Youth homelessness is a major issue around the world. In Canada, undomiciled youths have been found to have high levels of police contact compared to their housed peers. While undomiciled youths have high levels of criminality, often related to surviving life on the street, many report being harassed by police while they are simply existing in public spaces. Aside from concerns about justice, high levels of police contact with undomiciled youths are concerning because they have been linked to negative outcomes such as increased criminality and difficulty finding stable housing. There is little research focusing on how undomiciled youths experience interactions with police. Better understandings of how they experience these interactions are crucial for creating policies that better serve this highly marginalized population. Using the qualitative research method of narrative inquiry, I worked with undomiciled youths to generate understandings of their experiences of homelessness and police interactions. In this presentation I will present findings from this inquiry and reflections on doing research with youth experiencing homelessness.

## **157. Disability, Law and Society (1)**



## *Stigma, Surveillance & Ethical Care in Community Based-Criminal Justice Research*

Alana Janell Gunn, *University of Illinois Chicago* (agunn2@uic.edu)

Formerly Incarcerated women (FIW) manage myriad challenges from recovering from illnesses to navigating surveillance and stigmatization. It is these challenges which make FIW vulnerable participants in research. Emerging community-based research efforts are framing engagement as an opportunity for communities to tell their narratives and elucidate their challenges to others. At the community level, research participation has been framed as a political strategy for disrupting biased knowledge production. At the micro level, the research endeavor can be empowering, even therapeutic. With experiences of stigma and surveillance impacting one's well-being, it is critical to explore how researchers create spaces to promote reflexive knowledge production, equity and advocacy. This presentation will examine how 28 justice-involved women view the community-based research process as they explore both historical and contemporary experiences of surveillance and promote self-recovery. Findings from semi-structured interviews reveal that participants perceive the research process to allow them to envision identities as wounded healers who use their pasts to help others. Participants also discussed researchers' telling of their own stories as critical to building relational trust. The implications underscore the need for greater considerations of how multi-system oppressions shape research and how scholars can advance a critical ethics of care and justice.

## *Beyond Buck v. Bell, the Intersection of Reproductive Justice and Intellectual Disabilities*

Jill Christina Morrison, *Georgetown University Law Center* (morriscj@georgetown.edu)

"Three generations of imbeciles are enough." These infamous words from the United States Supreme Court's 1927 decision in *Buck v. Bell* are what most people think of regarding the right to bear children for those with intellectual disabilities. Tragically, *Buck* has never been explicitly overturned in the United States, and its legacy is reflected in the continued reproductive oppression of people living with intellectual disabilities. Nonetheless a Reproductive Justice analysis of the right to have children, not have children, and to raise children yields a fascinating, complex and ever-developing landscape of the privileges and responsibilities of those with intellectual disabilities, both in the U.S. and beyond. The session will begin with brief history of the movement from the paternalistic treatment of those with intellectual disabilities, to efforts to respect, protect and promote their autonomy and human rights. The presentation will then define Reproductive Justice, and explore what it means for people with intellectual disabilities, including their rights to access abortion services, to refuse contraception and sterilization, and to form families through unassisted and assisted pregnancy or adoption.

## *Colonial Cyborg Carceralities of Decomposition: Immigration Detention in Canada*

Ameil Joseph, *McMaster University* (ameilj@mcmaster.ca)

Often discourses of the prison-industrial complex (PIC) harness critical analyses of profit-making market rationalities as they manufacture rationalities for imprisonment through a confluence of policy, professions, disciplines, private companies, and law. While analyses of racism, psychiatry, and other aspects of identity have contributed important perspectives that name those targeted by PICs, few have engaged with analyses that articulate the design infrastructure of PICs as they replicate colonial machinery dependent on both biological and synthetic components. In this paper, through an analysis of immigration detention systems in Canada, an exploration is offered on the complexities of the PIC's requirements for the degradation and decomposition of human bodies and lives, requiring violence/the breaking down of life, alongside its requirements to synthesize and advance ideas, disciplines, professions, and forms of knowledge that rationalize these violent outcomes. A scaffold is offered that allows for critical, mad, posthuman, anticolonial perspectives to retain analytical composure as they confront colonial cyborg (biological and synthetic) carceralities (prisons, psychiatric institutions, jails, immigration detention centres etc.) and the technologies (disciplines, professions, knowledges) that render decomposition possible (producing the mad, the immigrant, the disabled, the criminal, those worthy of violence as well as acts of violence). This analysis offers novel possibilities for building critical analytical solidarities across abolitionist struggles.

## *International Review of Standards for Fitness to Stand Trial*

Leisha Brienne Senko, *Centre for Addiction and Mental Health, Toronto, Canada*  
(leisha.senko@camh.ca)

Ali Amina, *Centre for Addiction and Mental Health, Toronto, Canada* (amina.ali@camh.ca)

Fitness to stand trial is an important and delicate threshold question in criminal justice proceedings. On one hand, it is widely understood to be unjust to convict someone who cannot instruct counsel, understand the nature or object of the proceedings, or identify the Court parties. On the other hand, it is also unjust to derail a trial and deprive a fit person of a timely opportunity to decide and conduct their own defense. In our discussion, we will highlight how different countries have found their own balance between these two competing goals in determining whether an accused is indeed fit to stand trial. We will explore different tests for fitness and the benefits and disadvantages of these tests. A central component of this discussion will be what, if any role, the question of acting in the accused's own best interests should play in the determination of fitness (including how other jurisdictions have grappled with this point).

## *The Duty to Consider Least Restrictive Means in Involuntary Mental Health Care Services in Terms of the South African Mental Health Care Act*

Moffat Maitete Ndou, *North-West University* (25807919@nwu.ac.za)

Health care ethics requires that medical and public health interventions should adhere to the principle of the least restrictive means. This principle states that “public health measures should interfere with the autonomous freedom of individuals to the least possible or necessary extent”. The principle of least restrictive means applies to mental health care. The Mental Health Care Act 17 of 2002 (hereinafter the MHCA) does not expressly create a duty to consider a least restrictive means, but it is implied in its various provisions. The MHCA does not provide guidelines on the factors to be considered when deciding whether there is a least restrictive means. The guidelines are necessary because the involuntary mental health care services limit the right to autonomy of persons with mental illness. The paper considered various foreign jurisdictions, which expressly provides guidelines to be considered when deciding whether there are least restrictive means. Good practice can be elicited from the Australian state of Victoria, because its mental health laws provide detailed guidelines that may be applicable in South Africa. The paper recommends that there is a need to review the MHCA to provide clarity and guidelines on the principle of least restrictive means as it relates to mental health care in South Africa.

## **158. Disability, Law and Society (2)**

### *Cognitive Disability and Inclusive Conceptions of Personhood*

Julia Pauline Duffy, *Queensland University of Technology* (jp.duffy@qut.edu.au)

Traditional liberal theory has founded personhood on autonomy as rationality and independence, so that adults with cognitive disability have been considered ‘non-persons’. There have been many endeavours to formulate more inclusive theories of personhood, but generally these are considered either under-inclusive or over-inclusive. They may be under-inclusive by not accounting for some people with severe and profound cognitive impairments; or may be cover inclusive by including some animals as ‘persons’, and thereby being unacceptable to the disability community. This paper draws on philosophical literature, human rights law and jurisprudence to formulate an innovative concept of ‘five dimensional’ dignity to serve as an inclusive basis for recognising personhood. Five-dimensional dignity recognises the equal worth of all human beings; the importance of autonomy as one valuable good amongst others; the social nature of being human and the embodied nature of personhood. Finally, it identifies how personhood as founded in dignity is reflected in or can be accounted for in law through recognising and applying the principle of the interdependence and indivisibility of human rights. It considers how the Convention on the Rights of Persons with Disabilities reveals and drives this disruptive concept of inclusive personhood.

## *The United Nations Convention on the Rights of Persons with Disabilities and Social Work: Evidence for impact?*

Pearse McCusker, *University of Edinburgh* (pearse.mccusker@ed.ac.uk)

Lauren Gillespie, *University of Edinburgh* (lauren.gillespie@ed.ac.uk)

Professor Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)

Professor Sarah Vicary, *Open University* (sarah.vicary@open.ac.uk)

Dr Kevin Stone, *University of Warwick* (kevin.stone@warwick.ac.uk)

The UNCRPD (CRPD) has provided a radical imperative for the reform of mental health and capacity legislation and professional practice. While its interpretation has been controversial, the potential impact of the CRPD on social work is considerable given their shared alignment with a social model perspective. To date, however, there has been no review of research evidence exploring such potential, which this study sought to address. Employing a discussion group with social work practitioners and academics, followed by a scoping literature review, it considered the question: What impact, if any, has the CRPD had on social work practice? The study produced four main findings: impact on legislation; positive impact on practice; limited impact on practice; and impact on social work education and research. In sum, while there were some examples of CRPD positively impacting social work practice, these were scant. Barriers included a reliance on substitute decision-making related to resourcing and policy, and framing disability in individualised rather than social contexts. The results indicate that legal reform alone is insufficient to effect change and necessitates a systemic approach, addressing professional knowledge about human rights. These findings also have relevance for allied professions in the mental health and disability fields.

## *Blurred Boundaries: Community Treatment Orders as Instruments of Racial Surveillance*

Chioma Christabel Dibia, *University of Edinburgh* (c.c.dibia@sms.ed.ac.uk)

The UK Mental Health Act 1983 (MHA) disproportionately affects Black people. This impact is most clearly seen in the excessive use of Community Treatment Orders (CTOs). Although Black people only constitute 4.2% of the population in England and Wales, they are over eleven times more likely to be issued CTOs than White people. This is particularly concerning as CTOs are commonly perceived as intrusive and have been described as a form of racial surveillance. Using critical race theory, we explore the idea of CTOs as instruments of racial surveillance and argue that their continued use in the care of Black people is an extension of the intrusive powers of the state and might constitute a form of racial injustice. We argue that since there is limited evidence as to the benefits of CTOs to patients broadly and Black patients in particular, current proposed changes relating to the use of CTOs in legal reform are inadequate. What is required, we argue, is an abolition of CTOs.

## *Autonomy and Paternalism in the Provision of Mental Healthcare in the Global South: Examining the Case of Tanzania*

Hilda Charles Tizeba, *University of Edinburgh* (h.c.tizeba@sms.ed.ac.uk)

Recently, the promotion of autonomy has been a key focus in policy reform and jurisprudence in mental health care and related laws at national and international levels. This is exemplified by the UN Convention on the Rights of Persons with Disabilities (CRPD) which endorses the autonomy of all individuals, regardless of mental capacity or disability. Notwithstanding such developments, how autonomy is conceptualised in this context remains largely Western-centric in terms of expectations regarding implementation. What has been under-researched is how the promotion of individual autonomy in mental health care can be realised in the Global South, and specifically, in Low Middle Income Countries (LMICs) such as Tanzania in the context of limited resources and economic fragility, which necessarily impacts the national health system. It is thus argued that autonomy in the design and implementation of mental healthcare and related laws needs to be reconceptualised in the context of the Global South, to take account of cultural, institutional and resource constraints that may impact effective implementation. In making this argument, an examination is undertaken of the tensions that underpin the relationship between autonomy and paternalism in the context of LMICs, as exemplified by Tanzania.

## *Human Rights Monitoring of Deinstitutionalization as Critical-Intersectional Praxis of Hope*

Sheila Wildeman, *Dalhousie University* (sheila.wildeman@dal.ca)

Disability deinstitutionalization and prison abolitionism have increasingly been brought into conversation through the work of Liat Ben-Moshe and others. As scholars and advocates share strategies for exposing and resisting prisons and disability institutions as interconnected expressions of intersectional injustice, one point for conversation is independent oversight. OPCAT monitoring sits uneasily with disability deinstitutionalization and the CRPD in taking as its object a form of detention that is always-already in deinstitutionalization's rearview mirror. In shining a light on conditions of detention, OPCAT may invisibilize less obvious forms of institutionalized control (privatized and familial sites, group homes and other sites labeled as "supportive"). For prison abolitionists, too, OPCAT is mixed, shoring up prison legitimacy via checklist-type approval processes while nonetheless fueling political and legal resistance to what prisons do. The author is co-lead on a project of civil society jail monitoring in Nova Scotia, Canada, and among those advocating for paid, peer-led independent monitoring of deinstitutionalization. She asks: How might peer-led monitoring of deinstitutionalization draw on both CRPD and OPCAT in ways that promote the solidarity and hope necessary to deinstitutionalization and, more generally, intersectional disability justice?

## 159. Disability, Law and Society (3)

### *Psychiatric Advance Directives as an Alternative to Compulsory Treatment*

Penelope June Weller, *RMIT University* (penelope.weller@rmit.edu.au)

As PADS has gained acceptance around the world, divergent approaches have developed. Variations in PADS law reflects the characteristics and traditions of different legal system as much as it illustrates the diversity of opinions about conceptual and legal implications of PADS use. There is mounting evidence that PADS can reduce compulsory mental health admissions (but not overall admissions), engender trust, improve therapeutic relationships, reduce the use of seclusion and restraint, and reduce the distress commonly experienced by those who receive compulsory mental health treatment. It follows that PADS can be conceived as an alternative to compulsory mental health treatment. The aspiration to use PADS in this way has grown in intensity following the Convention on the Rights of Persons with Disabilities (2006) and amplified interests in support for decision making which is engendered by the CRPD. Nevertheless, there continues to be divergent opinions about whether PADS can be regarded as consistent CRPD obligations. This paper examines the different views about the operation of PADS, arguing that they have the potential to replace compulsory mental health treatment if a shared understanding can be achieved.

### *Disability and Sex Rights: Recognizing Sexual Citizenship*

Roxanne Mykitiuk, *Osgoode Hall Law School* (mykitiuk@osgoode.yorku.ca)  
Isabel Karpin, *University of Technology* (isabel.karpin@uts.edu.au)

Persons with disabilities are often regarded by others, including their family members, teachers, support workers and healthcare providers, as asexual. As a result, they are often excluded from a range of experiences, practices and services that would protect and promote their sexual citizenship and secure their meaningful inclusion and participation in society. This paper explores the dimensions of sexual citizenship for persons with disabilities as a matter of human rights law and examines both the fundamental human rights values upon which a concept of sexual citizenship can be underpinned and the international instruments upon which it can be secured, including grounding the discussion in the relevant Articles and commentaries of the *Convention on the Rights of Persons with Disabilities* (CRPD). The limits of the CRPD will also be discussed, including an examination of The *Ad Hoc* Committee negotiations of the CRPD that took place between 2002 and 2006 that illuminate the prevailing views about disabled sexuality and the restricted approach embedded in the CRPD. Domestic sources of law will also be canvassed where relevant including Canada and Australia. The paper will argue that the rights of persons with disabilities to sexual citizenship includes the right to: exercise and express sexuality freely (including assistance with sexual activity as a form of accommodation if necessary (including access to sex workers and/or facilitation from care providers); consent to sexual activity; be safe from sexual abuse and discrimination; be educated about and have access to sexual and

reproductive health information and services; make informed decisions about one's own body; and, if one choose to do so, to experience parenting. The paper, examines the barriers and stereotypes that persons with disabilities encounter in participating in sexual and [reproductive] activities, ensuring accessible sexual education and reproductive health services and parenting supports and services. We explore the role of the state in simultaneously facilitating and restricting access to sexual citizenship for persons with disabilities and the implications for rights recognition and enforcement.

### *Missing Persons': Absent Voices of People with Dementia in the Australian Royal Commission Into Aged Care*

Kristina Chelberg, *Queensland University of Technology* (k.powrie@hdr.qut.edu.au)  
Kate Swaffer, *University of South Australia*

This paper argues a voice for people with dementia was missing from the Australian Royal Commission into Aged Care Quality and Safety (RCAC) Final Report. This failure to 'hear' people with dementia was notwithstanding that the RCAC was explicitly tasked to inquire into dementia care. Drawing on marginalised voice literature, analysis of the represented voice of people with dementia revealed it to be articulated and modulated by substitute voices of experts, advocates, family, and care partners. This critique shows the Final Report marginalised the perspective and experience of people with dementia, at the same time as prioritising substitute voices. This absence of voice repeats and reinscribes framing of people with dementia as 'missing persons'. Where people with dementia face practical and legal barriers to participate in civic and legal processes, the RCAC failed to adjust its methodologies to ensure their voices were 'heard'. Although dementia care received substantial attention in the RCAC, voice for people with dementia was absent from the Final Report official discourse. The RCAC's re-inscription of marginalisation of people with dementia raises concerns for the legitimacy and success of its recommendations for reform in the aftermath of the RCAC.

### *Risk, Reasonableness, and Mental Disability in UK Preventative Terrorism Offences*

Kajsa E. Dinesson, *University of York* (kajsa.dinesson@york.ac.uk )

Young people with mental disabilities such as neuro-divergence are increasingly frequently prosecuted for preparatory and pre-preparatory terrorism offences in the UK. With limited research access and insight into counter-terrorism law's operation in practice, it is unclear what underlying patterns of practice are contributing to this trend. In this paper, I draw on my original empirical work exploring terrorism offences in practice to set out findings as to how the offences are being interpreted and applied, in court and in the process prior, in ways which conflate indicators of disability and risk with insufficient regard for vulnerability. In doing so, I explore how defendants, facts, and evidence are assessed with particular focus on the 'Collection of information' offence and the reasonable excuse defence. I discuss how the law imposes a narrow normative standard on

defendants which fails to relate to neuro-divergent persons; explore possible routes forward; and connect my findings to the wider challenges for the criminal law in assessments of mental elements. I posit that these stance-dependent assessments only hold so far as the law can put itself in the defendant's shoes – and that evidence speaks to disabled persons getting caught at the fault-line of the criminal law's limitations.

## **160. Disability, Law and Society (4)**

### *Understanding Capacity as a Credibility Assessment: Implications for Epistemic Injustice*

Ruby Reed-Berendt, *University of Edinburgh* (ruby.reed-berendt@ed.ac.uk)  
Agomoni Ganguli-Mitra, *University of Edinburgh* (agomoni.ganguli-mitra@ed.ac.uk)

In this paper, we analyse the concept of mental capacity through the lens of epistemic injustice. We firstly argue that determining a person's capacity in relation to a matter can be understood a form of credibility assessment, in that assessing their ability to make a decision for themselves involves determining whether they are a reliable or unreliable knower. We suggest that once capacity is conceptualised in this manner, this allows consideration of the ways in which attitudes and stereotypes about mental disability and illness, as well as characteristics such as gender, race, and nationality, influence whether a person is deemed capable of making their own decisions. We further argue that capacity determinations rely on specific set of hermeneutical resources, namely those based in medical-scientific or legal knowledge, which may be inapt in interpreting the experiences of disabled people. Both facets can compromise epistemic agency and contribute to the production of epistemic violence (Dotson 2011; 2014). These insights indicate a need to consider alternative approaches, such as those suggested by the UN Convention on the Rights of Persons with Disabilities, where they are recognised as knowers and their participation in the development of hermeneutical resources is enabled and encouraged.

### *Immigration and Disability: Paradoxes of Inclusion and Exclusion in the Canadian Legal Regime*

Constance MacIntosh, *Dalhousie University* (constance.macintosh@dal.ca)

This paper explores aspects of Canada's treatment of non-citizens with disabilities who seek to migrate to Canada post CRPD. Non-citizens lack political power to hold the state accountable for disability discrimination; as such, their treatment by the state is highly revealing. When it comes to economic or family class migrants, post CRPD Canada made changes to its legislation resulting in fewer people with mental and physical disabilities being barred from immigrating; however, this comparatively favoured regime continues to perpetuate a somewhat cloaked anti-disability/ablest ideology. The treatment of disability within the asylum regime is more convolute. While disability-based persecution may result in asylum, protection may be denied if the risk to the



asylum-seeker's life is due solely to their state's neglecting to provide them with required health care supports. The overall picture which emerges is paradoxical, and inconsistent with human rights recognition.

## *When the Language of Academic Research & Development Fails, The We of a People Suffer*

William J. Wells, *School of the Art Institute of Chicago, Chicago, United States*  
(dismoved@hotmail.com)

If the intent of the International Academy of Law and mental health is embrace forensic psychiatry through the narrow lenses of Biology rather than the Liberal Arts, then a case can be made for understanding the criminal justice system in terms of LIFE and the gifts lost through prosecution, oppression and persecution. For an intense practice of science to the exclusion of the Arts requires the systems “to move” beyond a focus of diagnostic categories and statistics. The projected path for this workshop can be, if the organizers understand the potential risks and implications for radical change beyond the gesamtkunswerk, better to enter into the play of the Artistry inherent to wellness and healing in the NOW. The challenge is not more sustained academic work. Rather the challenge to realize how to unpack the understanding of better understanding arising from the ecologies present in and beyond the clinical assumptions shaping the spacetime of our personal and collective existence. The challenge for myself and others is to attempt in creating the time to 1) accept the fact that errors are being made, 2) “the problems” extend beyond the clinic, 3) the value and values that drive truths are in flux. In 2023 on the eve before Mother’s Day, the strategy to survive and make no little dreams as one schooled in planning and fine art has been hard as my Mother would tell me before she died, “You have had a hard life”. To survive a failed marriage and an aborted career salvaged through the discovery of creativity through ART is a complex way forward. Hopefully, a few artifacts will be left to encourage the poetics by my fellow citizens on the road less traveled.

## **161. Disability, Law and Society (5)**

### *The Hidden History of the Insanity Defense*

Rabia Belt, *Stanford University* (belt@law.stanford.edu)

In the 1844 Massachusetts case, *Commonwealth v. Rogers*, Abner Rogers found not guilty of homicide by reason of insanity of killing his prison warden and was sent to a lunatic asylum. This largely forgotten case introduced the M’Naghten standard of insanity – our “modern” insanity defense -- to the United States. I argue it also illustrates important developments in American social welfare and carceral institution building and how criminal law was reinterpreting broader issues of social control and deviance and thus creating a population of mentally disabled people. And, I contend that the developments in criminal jurisprudence heavily relied upon the presence

of asylums. The “benevolence” of criminal insanity fueled a group of mentally disabled people who were not imprisoned yet were unfree. The spectacle of violence, and the intertwined conversation of treatment and punishment, catalyzed more state investment to manage a problem of its own creation. Furthermore, this case may not be a clear-cut case of social control. Rogers’s father testified in favor of an insanity defense for his son. New asylums offered a potential solution to hidden family violence and visible criminal violence simultaneously. Their failure is a warning to contemporary debates about mass incarceration.

### *The Use of Coercive Measures Against Persons With Mental Disorders in Criminal Trials in Light of the Convention on the Rights of Persons With Disabilities*

Marcin Burdzik, *University of Silesia* (marcin.burdzik@us.edu.pl)

People with mental disorders, like other members of society, can participate in criminal trials in a variety of procedural roles (e.g., as accused, aggrieved party, or witness) and thus be subjected to coercive measures (such as arrest or financial penalties) if they fail to fulfill their procedural obligations. However, the decision to use coercive measures should always consider the mental state of the trial participant and its impact on the breach of the procedural obligation. For example, severe anxiety disorder or persecutory delusions may cause a witness to be unable to attend an examination. It is truism that, in the above circumstances, coercive measures should not be used. For this assumption to be realized in practice, it requires the appropriate legal guarantees considering the specificity of MD. It especially applies to international provisions, which constitute universal human rights standards. The primary aim of the speech is to identify and assess the adequacy of the guarantee mechanisms provided in this matter by the Convention on the Rights of Persons with Disabilities. This act may have fundamental importance to the problem under study, due to the fact that MD can lead to disability within the meaning of art. 1 of this Convention.

### *Standards of Substitute Decision-Making in Chinese Societies: Exploring Adult Guardianship Regimes in China, Hong Kong And Taiwan*

Daisy Cheung, *University of Hong Kong* (dtcheung@hku.hk)

Despite all having some form of commitment under the UN Convention for the Rights of Persons with Disabilities (‘CRPD’), the jurisdictions of China, Hong Kong and Taiwan retain adult guardianship regimes with substitute decision-making powers. Those granted such powers are required to exercise them according to specific standards, which all involve varying combinations of the familiar concepts of best interests and respect for the individual’s wishes, although there is a lack of clarity and guidance in relation to what these standards should mean for judges making decisions in these jurisdictions. This comparative project explores several key aspects of substitute decision-making under adult guardianship regimes in China, Hong Kong and Taiwan, including (i) the emphasis placed on the participation and/or views and wishes of the individual under guardianship, (ii) the role of the family in substitute decision-making, in particular as perceived by the courts, and (iii) the local sociocultural contexts and underlying ethical principles in these

jurisdictions, and how these affect the practice of substitute decision-making. In view of modern developments in mental capacity law and ethics, as well as human rights commitments under the CRPD, recommendations for the way forward are also proposed.

### *No Way to Plead the Fifth*

Diana R. Blank, *University of Connecticut* (diana.blank@uconn.edu)

The tension between the U.S. Supreme Court’s longstanding mandate that the Fifth Amendment’s Due Process Clause protects noncitizen respondents in removal proceedings and its even longer-standing decree that such respondents are entitled to less process than criminal defendants is nowhere more glaring than in the paucity of competency protections in immigration court. Board of Immigration Appeals (BIA) precedent instructs immigration judges to conduct a two-pronged analysis consisting of a competency assessment, followed by an assessment of the “safeguards” adequate to proceed to trial. No published BIA decision finds safeguards inadequate, and no federal court decision questions the BIA’s holding that safeguards can rectify incompetence. This paper examines this denial of process through the case of a linguistically deprived deaf client who was not assured protection from proceeding to trial. Through the lens provided by this extreme case, the paper explores the routine denial of process to incompetent noncitizens. The contrast with the competency protections accorded criminal defendants is jurisprudentially outrageous—not only because of the severely punitive consequences of removal, but also because the placement of the burden of proof in removal cases—an inversion of the burden in criminal cases—profoundly disables an incompetent respondent from mounting a defense.

### *A Link Between Debt and Mental Health? A Legal Perspective*

Gerda van Niekerk, *University of Limpopo* (gerdavn48@gmail.com)

It is said that many people in South Africa who experience mental health problems do so because of high personal debt. So it is accepted that for these people the debt problems came first and then the mental health problems. This contribution will evaluate whether this is true and whether it is rather true that people with mental health problems are more prone to debt problems than people who do not suffer from mental health problems. This contribution will consider how consumer credit is regulated in South Africa by the National Credit Act 34 of 2005 and how the Act provides for debt re-organisation in cases of over-indebtedness as well as what norms and standards has it established relating to consumer credit. It will reflect on what health professionals, specifically psychiatrists and psychologists, can do if a patient is plagued by huge personal debt. The question will be asked whether such a person should only be treated by a health professional or whether help or input from a lawyer, a debt counsellor or other person with legal knowledge is also needed.

## **162. Disability, Law and Society (6)**

## *The Right to Equal Recognition Before the Law: What Role for Advance Directives in the Context of Mental Healthcare?*

Daniel Bianchi, *University of Malta*, ([daniel.bianchi@um.edu.mt](mailto:daniel.bianchi@um.edu.mt))

The presentation addresses instructional advance directives (ADs) in the context of mental healthcare vis-à-vis the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). While instructional ADs existed prior to the UNCRPD, they have often been assumed to be part of the means that can lawfully fulfil the obligation in Article 12 (3) of the UNCRPD to take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity. It is the purpose of the presentation to challenge that assumption by engaging with the tenets of Article 12 of the UNCRPD. In so doing, the presentation draws out questions that must be posed to establish with legal certainty when and how ADs will be a form of support addressing obligations arising from Article 12 (3) of the UNCRPD concluding that it cannot be assumed that ADs address those obligations only because they can give effect to their maker's agency. That then for instance challenges if Article 12 of the UNCRPD can justify a self-binding AD in mental healthcare that is implemented when its maker is objecting to its use.

## *Spit Hoods, Psychiatric Harm and Human Rights*

Ian Richard Freckelton, *University of Melbourne*, ([i.freckelton@vicbar.com.au](mailto:i.freckelton@vicbar.com.au))

Spit hoods have been used for decades to reduce the ability of persons to spit and bite police officers, corrective services officers, paramedics, doctors and nurses. However, historically and in public consciousness they have sinister resonances and too often induce fear, distress and psychiatric harm in persons to whom they are applied. Problematically frequently spit hoods have been used on detainees from ethnic minorities, on Indigenous persons, individuals with mental illnesses and children taken into custody. On a number of occasions spit hoods have been used with other forms of restraint and resulted in deaths in custody. This paper reviews high profile cases internationally where spit hoods have played a role in precipitating deaths, important reports and reviews into their abuse, and law reform in relation to the use of spit hoods. It supports their abandonment and their replacement with other options for protecting custodians' and carers' occupational health and safety.

## **163. Disability, Law and Society (7)**

### *Assessing Ireland's Amending Legislation to the Mental Health Act 2001: A Human Rights Perspective Using the WHO/OHCHR Checklist*

Charles O'Mahony, *University of Galway*, ([charles.omahony@universityofgalway.ie](mailto:charles.omahony@universityofgalway.ie))

Ireland signed the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007, distinguishing itself as one of the early adopters. However, it was the last Member State of the European Union to formally ratify the convention. Despite this delay, the CRPD has played a significant role in the discourse surrounding the review of Irish mental health laws and the creation of the Assisted Decision-Making (Capacity) Act of 2015, which replaced a plenary guardianship system when commenced in 2023. The process of reviewing Irish mental health legislation has been a lengthy and intricate journey that began over a decade ago. It reached a milestone with the publication of a Heads of Bill in 2021, followed by pre-legislative scrutiny conducted by an Irish parliamentary committee in 2022. According to the Irish Government's Legislative Programme for 2023, the amending legislation is scheduled for publication in Spring 2024. This paper undertakes a critical examination of the amending legislation through the lens of human rights. The analysis will draw upon the "Mental health, human rights and legislation: Guidance and practice", jointly issued by the World Health Organization (WHO) and the Office of the High Commissioner for Human Rights (OHCHR) in October 2023. The "Checklist for assessing rights-based legislation on mental health" is a tool developed by the WHO and OHCHR to gauge the extent to which legislation aligns with obligations under international human rights law. This tool will be applied to evaluate Ireland's amending legislation.

### *Addressing Ableism in Care Matters*

Margaret Spencer, *University of Sydney* (margaret.spencer@sydney.edu.au)

Article 13 of the CPRD requires State parties to make reasonable and necessary adjustments to ensure equal access to justice before the law for people with disabilities. This provision extends to the operation of Children's Courts and other dependency courts responsible for determining child protection matters. Parents with intellectual disabilities are overrepresented in child protection matters. This paper examines parents with intellectual disability's access to justice through the process by which their capacity to parent is assessed. In Australian child protection systems and elsewhere in the Global North, judicial decision-making is often guided by parenting capacity assessments undertaken by authorised clinicians whose views and recommendations are influential to judicial decision-making. This paper presents an Australian study undertaken in the NSW Children's Court, which examined how authorised clinicians conducted parenting capacity assessments with parents with ID. The study involved a desk review of matched assessment orders and parenting capacity assessment reports. The review highlighted how ableism permeates all stages of the process. This paper will make practical recommendations about what is needed to address ableism in this process and ensure that parents with intellectual disability (and their children) have access to justice and that their rights are respected.

### *When Words Hurt: Navigating Distress Associated with Documented Ableist Institutional Abuse*

Jen Rinaldi, *Ontario Tech University* (jen.rinaldi@ontariotechu.ca)

Kate Rossiter, *Wilfrid Laurier University* (krossiter@wlu.ca)

Through the 2000s to now, intellectually disabled survivors of Canadian institutions have pursued class action lawsuits against provincial governments for negligent facility management resulting in physical and sexual injury. These suits have all settled out of court, resulting in funds to compensate survivors for the harms endured while institutionalized. Courts have directed survivors to file settlement claims using their institutional records as evidence. These records account for, and document in detail, years of extreme violence. Community Living workers have been supporting survivors with reading through records and filing compensation claims. Workers report having to manage profound amounts of trauma that the records stir up. They also consider how they are part of a service sector that was meant to provide an alternative to institutionalization, yet it replicates aspects of institutionalized care found in lawsuit claimants' records. This presentation lays out early findings from our partnership with Community Living Brantford. We are working with staff to understand the distress that claims processes have brought for both survivors and staff, and what that distress can teach about avoiding the re-entrenchment of institutional logics.

## **164. Disability Subordination Under Law: Policing, Punishment, and Institutionalization in Historical Context**

### *Psychiatric Holds and the Fourth Amendment*

Jamelia Morgan, *Northwestern University* (jamelia.morgan@law.northwestern.edu)

Fourth Amendment jurisprudence governing emergency searches and seizures for the purposes of mental health evaluation, crisis stabilization, and treatment is in disarray. The Supreme Court has yet to opine on what Fourth Amendment standards apply to these kinds of searches and seizures, commonly known as emergency or psychiatric holds, and appellate and district courts have not, on the whole, distinguished legal standards governing emergency holds from rules and standards in routine criminal procedures cases. Instead, courts have uncritically imported legal rules and standards governing criminal investigations into cases implicating noncriminal behavioral health concerns. This Article argues against the uncritical application of Fourth Amendment standards governing criminal investigations to searches and seizures for the purpose of mental health evaluation, stabilization, and treatment. Using a critical disability lens, it reconsiders key doctrines (exigent circumstances, emergency aid, and special needs) and legal standards (probable cause and reasonableness) that are most relevant to people experiencing, or labeled as experiencing, mental crisis. In doing so, it demonstrates how and why current standards governing criminal investigations are not appropriate in the context of mental health seizures.

### *Patient or Prisoner in the 'Free World' Hospital*

Ji Seon Song, *University of California* (jsong@law.uci.edu)

Just as hospitals serve an important function for society as a whole, hospitals are indispensable to the United States' system of policing and incarceration. Hospitals routinely treat, diagnose, screen, and discharge people under law enforcement and correctional control. Such a person could be viewed and treated as a patient, or a prisoner. In "free world" hospitals, the latter predominates. The Article argues that hospitals have become part of the carceral infrastructure. Hospitals perform functions essential to the operations of mass incarceration by identifying criminals, helping build criminal cases, preparing people for incarceration, and treating and returning people to imprisonment. Carceral authorities alter the complex, structured, and regulated hospital workplace. Carceral rules and norms trump hospitals regulations, practices, and ethics on patient privacy, autonomy, and dignity. This deference to and incorporation of carceral rules and practices demonstrates an expansion of the modalities of policing and custodial practices. Further evidence of hospital's inclusion in carceral infrastructure can be seen in how hospitals perpetuate problems of mass incarceration, such as racial subordination and loyalty to carceral logics of "public safety." The Article concludes by asking whether hospitals can extricate themselves from the carceral system, and if so, proposes institutional, policy, and doctrinal changes.

### *Legal Banishment*

Sunita Patel, *UCLA Veterans Legal Clinic, Los Angeles, United States* ([patel@law.ucla.edu](mailto:patel@law.ucla.edu))

Legal scholars interested in policing and structural inequality have drawn attention to the harms, discriminatory consequences, and violence policing enacts upon historically marginalized social groups. Literature has focused on policing across race and ethnicity—the policing of Black, Muslim, Latinx, and Native American communities. Scholars also focus on policing across intersectional identities, including the visibly poor, women and girls, LGBTQ persons, veterans, the disabled, and noncitizens. These groups disproportionately face the sharp ends of policing, alongside the fusion of policing between and across different types of institutions. Growing numbers of law scholars also recognize the coercive and carceral features of these systems emanating from care professionals, institutional design, and administrative policies. For race-class subjugated community members, policing is enmeshed in the bureaucracies of daily life. This Article considers policing of another group entangled with policing—the unhoused. It adopts the framework of legal banishment to explain how civil, administrative, and criminal law connect to eject unhoused persons from the public fora.

### *Slow Violence and Injustice for Disabled Children of Color*

Yael Cannon, *Georgetown University Law Center* ([yc708@georgetown.edu](mailto:yc708@georgetown.edu))

This project calls attention to the social and structural contexts of disability injustice in childhood and adolescence through the lens of slow violence. Scholars have interrogated the forces of "slow violence," an attritional violence that occurs gradually and out of sight characterized by delayed destruction and that is not typically viewed as violence. Under-examined in disability scholarship, slow violence provides an important framing for understanding subordination in the daily lives of

disabled children of color and the resulting cumulative harms. This Article argues that disabled children and youth of color experience slow violence through intersecting and compounding ableism and racism in the housing, education, family policing, and guardianship systems that results in their subordination both during childhood and, through latent and cumulative impacts, into adulthood. This slow violence appears in everyday life, when disabled children of color wake up in homes with substandard conditions located in medical and food deserts with high levels of pollution. It occurs when they go to school and experience segregation, denials of services and supports they need to learn, exclusionary school discipline, and entry into the school-to-prison pipeline. Slow violence occurs when they are removed from their families and communities by the family policing system. And it occurs when they lose their autonomy through the guardianship system as they enter young adulthood. This paper examines the role of legal systems in exacting slow violence on disabled children of color and argues for leveraging law to intentionally ensure the disruption and prevention of this violence.

## **165. Serving Vulnerable Populations through Trainee Collaboration in Law Clinics and Forensic Psychiatry Fellowships**

*Serving Vulnerable Populations Through Trainee Collaboration between Law Clinics and Forensic Psychiatry Program*

JoNel Newman, *University of Miami* (j.newman@miami.edu)

Presenters are part of a collaboration between the UMiami Law Clinics and the UMiami/VA Forensic Psychiatry Fellowship Program. In this partnership, forensic psychiatry fellows hold “office hours” at the law clinics where law students representing vulnerable clients consult with the fellows about cases. The forensic fellows and their mentors also provide “Psychiatry 101” trainings and a workshop on Secondary Trauma and Mental Wellness for the law students. The law students and fellows consider and discuss the legal and mental health implications for each client and case. This often results in the fellow evaluating the client/patient and preparing expert evidence and testimony which the law student presents to varying tribunals and decision makers. It offers rich cross-disciplinary learning opportunities and provides an invaluable service for clients. Presenters will discuss the details of the collaboration, best practices, successes and challenges, its educational value, and the ethical questions associated with this interdisciplinary practice.

*Serving Vulnerable Populations Through Trainee Collaboration in Law Clinics and Forensic Psychiatry Fellowships-Vulnerable Foster Children*

Bernard Perlmutter, *University of Miami* (bperlmut@miami.edu)



This presentation focuses on training and service collaborations, initiated in 2005, between the Children & Youth Law Clinic and the Forensic Psychiatry Fellowship Program. This clinic represents vulnerable foster children in varied legal proceedings, including commitment to inpatient psychiatric facilities, administration of psychotropic medications, appeals of federal and state disability denials, and eligibility for special education programs. In collaboration with the law students representing children, the forensic fellows evaluate the children and prepare expert evidence and testimony, which the law students present in judicial and administrative tribunals. Occasionally, the fellows and clinic students collaborate on amicus curiae comments or briefs to influence health care policies affecting foster children, and they offer trainings on best practices for issues implicating foster children's mental health care and services. This collaboration has been an invaluable aid in presenting relevant evidence to tribunals and decision-makers. The presentation will discuss how advocacy for foster children through this collaboration has improved their access to mental health treatment and care, and describe its successes and challenges, educational value, and ethical questions associated with this interdisciplinary pedagogy and practice.

### *Serving Vulnerable Populations Through Trainee Collaboration in Law Clinics and Forensic Psychiatry Fellowships- Impoverished Adults with Health Impairments*

Melissa Swain, *University of Miami* (mswain@law.miami.edu)

This presentation focuses on training and service collaborations between the Health Rights Clinic and the Forensic Psychiatry Fellowship Program. The Health Rights Clinic a medical legal partnership with the Miller School of Medicine that provides legal assistance to impoverished patients who have legal problems impacting health. This model has resulted in the clinic primarily practicing in the fields of Social Security, disability, means-tested public benefits, and immigration status adjustments to maintain life security. Law students in the clinic work with the forensic psychiatry fellows to evaluate the clients' mental health impairments for Social Security purposes and to determine if the client is eligible for immigration waivers. Because the clients in these cases are indigent and have had very little access to mental health care and none to expert witnesses, this collaboration is an invaluable aid in presenting all the relevant evidence to the courts and agencies and has greatly influenced a number of rulings.

### *Serving Vulnerable Populations Through Trainee Collaboration in Law Clinics and Forensic Psychiatry Fellowships*

Regina Carney, MD, *Bruce W. Carter VA Healthcare System, United States*  
(regina.carney@va.gov)

Dr. Carney is board-certified in both Adult Psychiatry and Forensic Psychiatry by the American Board of Psychiatry and Neurology. She is employed as an adult forensic psychiatrist by the Miami Veteran's Administration Medical Center and, along with Spencer Eth, she supervises the Forensic

Psychiatry Fellowship Program at the University of Miami Miller School of Medicine. Dr. Carney will discuss the collaboration between the Program and the University of Miami Law Clinics from the perspective of a provider and supervisor of forensic psychiatric services. She will discuss the design of the program and collaboration and the learning opportunities it provides for the Fellows.

## **166. Unveiling the Complexities of Community Treatment Orders: Weighing the Controversies, Shortcomings, and Legal Implications**

### *The Benefits and Harms of Community Treatment Orders for People Diagnosed With Psychiatric Illnesses*

Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)  
Tessa Zirnsak, *La Trobe University* (t.zirnsak@latrobe.edu.au)  
Amy Corderoy, *University of New South Wales* (amy.corderoy@gmail.com)  
Christopher James Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)  
Lisa Brophy, *La Trobe University* (l.brophy@latrobe.edu.au)

Australia has some of the highest rates of community treatment order (CTO) use worldwide. Despite their widespread use, there have been no attempt to summarize the quantitative and qualitative evidence from systematic reviews and/ or meta-analyses of the evidence from systematic reviews and/or meta-analyses of the possible outcomes. This presentation reports on a rapid review of the potential harms and benefits of CTOs. Eighteen publications from 16 studies met inclusion criteria (n= 246,220 participants approximately). There were mixed findings on the effects of CTOs on health service use, and clinical, psychosocial or forensic outcomes. Whereas uncontrolled evidence suggested some benefits, results were more equivocal from controlled studies and randomised controlled trials showed no effect. Where changes in health service use were shown, it took several years to become apparent. Although there were other benefits, such as in mortality, findings were sometimes contradictory and mostly rated as suggestive. Some have also lessened over time. Any possible harms of CTOs were under-researched, particularly when it came to quantitative designs. Evidence for the benefits of CTOs remains inconclusive. At the very least, use should be better targeted to people who may be more likely to benefit. More quantitative research on harms is needed.

### *Exploring the Relationship Between Mental Health Law Reform and Community Treatment Orders: An Analysis of Jurisdictions in Australia and New Zealand*

Penelope Weller, *Royal Melbourne Institute of Technology* (penelope.weller@rmit.edu.au)

Chris Maylea, *La Trobe University* (c.maylea@latrobe.edu.au)  
Giles Newton-Howes, *University of Otago* (giles.newton-howes@otago.ac.nz)  
Christopher James Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)  
Vrinda Edan, *University of Melbourne* (v.edan@unimelb.edu.au)  
Lisa Brophy, *La Trobe University* (l.brophy@latrobe.edu.au)  
Tiffany Vague, *Royal Melbourne Institute of Technology* (tiffany.vague@rmit.edu.au)  
Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)  
Sharon Lawn, *Flinders University* (sharon.lawn@flinders.edu.au)  
Edwina Light, *University of Sydney* (edwina.light@sydney.edu.au)  
Tessa-May Zirnsak, *La Trobe University* (t.zirnsak@latrobe.edu.au)

Mechanisms intended to protect the rights of people following the adoption of the Convention on the Rights of Persons with Disabilities number of jurisdictions in Australia have made significant reforms to mental health legislation. Those who advocated for rights-based law reform hoped that mechanisms intended to protect the rights of consumers of mental health services would contribute to reduction in compulsory mental health treatment, including the use of community treatment orders. However, mental health law reform appears to have limited impact on the clinical practice. Indeed, significant mental health law reform in Australia appears to coincide with increased use of CTOs. While some have offered cogent reasons for the failure of law to effect change, no systematic analysis of the relationship between CTO use and the legal and policy frameworks that govern their use. This paper reports on the finding of the first arm of the FACTORS study. It comprises an analysis of law and policy with respect to CTOs in New Zealand and Australia. This analysis shows that while the overall use of CTOs is increasing, the increase in use is lower in jurisdictions where there is clear policy guidance about CTO operation and used.

### *Ensuring Compulsory Treatment Is Used As a Last Resort: A Narrative Review of the Knowledge of Community Treatment Orders*

Chris Maylea, *La Trobe University* (c.maylea@latrobe.edu.au)  
Vrinda Edan, *University of Melbourne* (v.edan@unimelb.edu.au)  
Paul Armitage, *La Trobe University* (p.armitage@latrobe.edu.au)  
Hannah Robert, *La Trobe University* (h.robert@latrobe.edu.au)  
Tessa-May Zirnsak, *La Trobe University* (t.zirnsak@latrobe.edu.au)  
Lisa Brophy, *La Trobe University* (l.brophy@latrobe.edu.au)

Community treatment orders (CTOs) have gradually become a standard feature of contemporary mental health care in Australia and internationally. It was hoped they might prevent relapse, minimise repeated, ‘revolving door’ admissions and provide families and carers of persons with severe mental illness with much-needed support. Recent literature has raised concerns about the overuse of CTOs, especially in the context of doubts about their effectiveness and concerns about their impact – they are generally experienced by consumers as coercive but are viewed more favourably by carers and clinicians. In an international narrative review, we found no successful projects aimed at achieving a reduction in the use of CTOs. We found that law reform alone has not been able to reduce the use of CTOs or the amount of variation in their use across and within jurisdictions. Several intersecting issues need to be addressed in working towards a reduction in

the use of CTOs. These include changing attitudes and preparing services and staff for practice change and supporting the implementation of innovative alternatives to the use of CTOs. Lived experience perspectives need to be heard and validated and have a key role in driving reform.

## **167. Voice And Choice – Maximising Autonomy And Self-Direction in Scottish Mental Health, Capacity, and Adult Protection Law, Policy And Practice**

*The Adult Support and Protection (Scotland) Act 2007: A Review of its Impact and Alignment with the Convention on the Rights of Persons with Disabilities*

Pearse McCusker, *University of Edinburgh* (pearse.mccusker@ed.ac.uk)

Kathryn Mackay, *University of Stirling* (k.j.mackay@stir.ac.uk)

Adult safeguarding legislation applies to a wider demographic than mental health or capacity legislation but faces similar ethical challenges in upholding rights to autonomy, while also protecting from abuse and exploitation. Safeguarding law is, however, less common internationally and has faced less scrutiny of its effectiveness and compliance with human rights principles. Using Scotland as a case study, this presentation reports on a narrative literature review of research exploring the impact of the Adult Support and Protection (Scotland) Act 2007 (ASPSA). The literature review also sought to inform the Scottish Mental Health Law Review's (2022) considerations of potential changes to ASPSA to increase alignment with the Convention on the Rights of Persons with Disabilities. The findings illustrate ASPSA has helped support and protect a wide range of adults who would otherwise not have received this. It also identified best practice that reflects a commitment to upholding autonomy through supported decision making. However, concerns were evident around the adequacy of professionals' legal knowledge, the consistent upholding of will and preferences, and the commitment to and resourcing of supported decision making. The review recommends embedding a human rights enablement framework within ASPSA making the requirement for supported and autonomous decision making explicit.

*Accelerating the Development of a Psychological Intervention to Restore Treatment Decision-Making Capacity in Patients with Schizophrenia-Spectrum Disorder*

Paul Hutton, *Edinburgh Napier University* (p.hutton@napier.ac.uk)

Evidence-based psychological interventions to restore the treatment decision-making capacity ('capacity') of people with psychosis are lacking. Our aim was to accelerate their development by

examining, for the first time in mental healthcare, the feasibility, acceptability and safety of running an ‘Umbrella’ trial (clinicaltrials.gov reg. no: NCT04309435). This involved running, concurrently and under one multi-site infrastructure 3 assessor-blind randomised controlled pilot trials to assess the effect on capacity of adults with psychosis who were judged to lack capacity of 6 sessions of psychological therapy designed to address self-stigma, low self-esteem or the jumping-to-conclusions (JTC) bias, when compared to 6 sessions of assessment alone. Primary outcomes were feasibility of recruitment and data retention on the MacArthur Competence Assessment Tool-Treatment (MacCAT-T). From Jan-2021 to Oct-2022, 57 patients from 3 UK sites participated, with 60 randomisations to treatment or control (3 people participated in 2 trials). 25, 23 and 12 individuals participated in the self-stigma, JTC and self-esteem trials, respectively. MacCAT-T completion rates at end-of-treatment were 88%, 78% and 75%. Results suggest (i) people with psychosis can and will collaborate with professionals to improve their capacity and (ii) Umbrella trials in this group are feasible. This represents a major step forward in developing evidence-based approaches to facilitate the autonomy of people with severe mental illness, and the safeguarding of their human rights vis-à-vis psychiatric treatment.

### *What Would it Take to Reduce Coercion in Mental Health Care?*

Graham Morgan, *Mental Welfare Commission for Scotland* (graham.morgan@nhs.scot)

Graham Morgan MBE will draw on his experience as past Joint Vice Chair of the Scott Review and lead for the chapter on reducing coercion in its final report, as well as his experience in collective advocacy and as an engagement officer with the Mental Welfare Commission for Scotland to look at cultural issues such as a sense of belonging or the attitudes of practitioners which may reduce the use of coercion. He will also look at possible changes in service provision which may also reduce the use of coercion. This will include changes and increase in community mental health service provision and more general community services as well as looking at possible changes within the hospital environment and will draw on the international conversations he and other members of the Scott Review held on this subject as well using current personal experiences he and his peers have of compulsory treatment.

### *A New Legal Framework – Autonomous Decision Making, Human Rights Enablement and Support For Decision Making*

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

Even so-called human rights-based mental health and capacity legislation has tended to exclusively focus on authorising and regulating non-consensual interventions and pays little or no attention to the wider needs of persons with mental disabilities. This runs contrary to the message of the Convention on the Rights of Persons with Disabilities (CRPD) and was a main driver for the recent independent review of Scottish mental health and capacity law (Scott Review 2019-2022). Reporting in September 2022 the Scott Review’s recommendations fell under three key themes of strengthening the voice of persons with mental disabilities, reducing coercion and securing rights

to appropriate support. It sought to provide an aspirational but workable basis for achieving CRPD alignment proposing a new model for mental health and capacity law which expands the purpose of such law and is centred on the concepts of Human Rights Enablement, Supported Decision Making and Autonomous Decision Making. This paper will consider these concepts and how they may form the basis for CRPD alignment including securing an individual's autonomy and ability to live an independent life.

## *Accountability and Inclusion*

Colin McKay, *Edinburgh Napier University* (c.mckay@napier.ac.uk)

Scotland has a complex network of agencies established to protect the welfare of people with mental and intellectual disabilities. Bodies such as the Mental Welfare Commission have increasingly focused on protecting and promoting human rights. However, collective advocacy is under-developed and under-resourced, and there are still significant gaps and failures in services. The UN Convention on the Rights of Persons with Disabilities and the UN Committee's General Comment No. 7 on the participation of people with disabilities make clear that disabled people must have a greater say in policies and practices affecting them, both individually and through their respective organisations. This presentation will explore the recommendations of the Scottish Mental Health Law Review for a stronger, human rights-based accountability framework in mental health, and compare them with other international models. It will also consider the implications of proposed new legal protections and rights for autistic and neurodivergent people and people with learning disabilities, potentially including a new Commissioner.

## **168. "Wicked Problems": Understanding and Assessing Capacity**

### *Protecting Older Adults from Abuse: A Human Rights Perspective*

Joan Braun, *Lakehead University* (joan.braun@lakeheadu.ca)

This qualitative study examined how British Columbia's Adult Guardianship Act is being implemented in practice. This statute authorizes designated agencies to investigate and intervene in situations where an adult is abused or neglected and is unable to seek support and assistance on their own. Sixteen participants, all who had experience responding to reports of abuse under the Adult Guardianship Act, participated in an interview or a focus group or both. The study's findings reveal that designated responders prioritize offering support when they are responding to reports of abuse, and prefer to intervene using minimally intrusive methods. This approach aligns with the statute's guiding principles and with Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD). However, study participants also reported that they are not always able to offer support due to resource shortages and systemic issues outside their control. This included obstacles that arose due to misunderstandings and confusion about mental and legal capacity

within the designated agency. This study reveals the need for further research on how human-rights based approaches to capacity can be effectively applied within an inter-disciplinary practice setting.

### *Confusion, Capacity and the Law: Exploring the Intersection Between the Law and Practices of Front-Line Workers in Understanding and Assessing (In)Capacity in Adult Protection.*

Deborah O'Connor, *University of British Columbia* (deborah.oconnor@ubc.ca)

Joan Braun, *Lakehead University* (joan.braun@lakeheadu.ca)

Natasha Marriotte, *University of British Columbia* (natasha.marriotte@ubc.ca)

In previous research, issues related to understanding and assessing incapacity emerged as highly problematic for front-line professionals working within the context of BC's Adult Guardianship Act. The purpose of this current study was to extend understanding of these challenges. Fifteen (15) health and social care professionals with experience as designated responders under AGA Part 3 were interviewed either individually (n=1) or as part of a focus groups (n=4) about practices and challenges understanding and assessing incapacity under AGA part 3. Three broad themes underpinned the data. First, while all practitioners spoke to the importance of a capacity as an important consideration, how they used and applied this term varied. Many used the term to reference both abilities and resources and it was common to conflate mental (in)capacity with risk and vulnerability. Second, although the legislation provides a clear test for formally determining capacity, participants did not describe using this test in day-to-day practice suggesting a disjunction between the law and practice which may create tension in situations of abuse, neglect and self-neglect. Finally, the concept of mental (in)capacity, when used at all to guide practice, was generally seen as a last resort and created angst and moral distress.

### *Assessing "Capability" in the Adult Protection Context: Learning From the Law of Wills*

Margaret Isabel Hall, *Simon Fraser University* (margaret\_hall@sfu.ca)

Kelly Purser, *Queensland University of Technology* (k.purser@qut.edu.au)

Legislation in British Columbia provides that where a "support and assistance plan" (SAP) is refused, a SAP may be provided by court order where the person is found to be "incapable" of understanding the services offered, why they are being offered, and the consequences of refusing them. Relationship context is especially likely to inform the refusal of support and assistance in the adult protection context. While formal capability assessors report using a "relational" assessment approach, both courts (when deciding whether to make an order) and front line responders (assessing potential incapability) may consider medical evaluations of cognitive capability necessary to support a legally "safe" finding of incapability. This paper looks to the law of wills and "testamentary capacity" for a relatively thick, multi-faceted model of decision-making

capability that may be adapted to other legal contexts, including the “understanding” needed to refuse a SAP. The incontrovertibly legal nature of this model (as opposed to conceptual imports from non-legal disciplines), with deep roots in the common law and equity, confers the authority needed to provide a recognisably valid, legal test.

### *Rethinking the Law/Practice Interface: Participatory Action Research (PAR) as a Methodology for Strengthening Integration*

Deborah O'Connor, *University of British Columbia* (deborah.oconnor@ubc.ca)

Joan Braun, *Lakehead University* (joan.braun@lakeheadu.ca)

Margaret Isabel Hall, *Simon Fraser University* (margaret\_hall@sfu.ca)

Kelly Purser, *Queensland University of Technology* (k.purser@qut.edu.au)

Natasha Marriotte, *University of British Columbia* (natasha.marriotte@ubc.ca)

An exploration of mental capacity as a concept highlights different understandings across professions and gaps between what the law(s) say and what practitioners do in practice. This study aims to create a more informed and integrated interface, using critical Participatory Action Research (cPAR) as a key research strategy. cPAR is explicitly action-oriented and is conducted in partnership with a community of interest. In this study, a community-of-practice action group of seven (7) practitioners who are recognized for their expertise conducting formal assessments of incapability under AGA part 3 have been recruited to sit at the nucleus of this study. This group meets monthly with members of the interprofessional research team to critically reflect on their practice, identify gaps in knowledge, discuss ideas emerging from legal research and focus groups with front-line practitioners and to consider how to formulate a set of guidelines for capacity assessment that integrate a human right, relational autonomy lens and are supported by law. This process provides insight into the challenges and opportunities for creating open and pragmatic dialogue for constructing a stronger legal/practice interface and draws attention the use of language as a key stumbling block.

### *Discussant For ‘Wicked Problems’: Understanding and Assessing Capacity in the Context of Abuse, Neglect and Self-Neglect Symposium*

Beverly Clough, *Manchester Law School* (b.clough@mmu.ac.uk)

This symposium considers the "wicked problem" of how to determine whether- and if so when- non-consent to interventions can be justified in situations of adult abuse and neglect. Although mental capacity (MC) is often the metric for justifying intervention without consent, how these assessments are understood and utilized is inconsistent, confusing and too simplistic. In particular, the existing tendency to rely upon a narrow cognitive approach is increasingly being challenged: The illusionary objectivity of this approach makes it attractive but the potential for these to be overly restrictive and lead to oppressive practices has been identified. While there is some challenge that the concept of MC should be used at all, at a minimum, the need to recognize it as a dynamic, socio-relational process with a strong human-rights, anti-oppressive component is



advocated. This symposium will discuss a multi-method series of Canadian studies focused on teasing out the complexities of capacity in the context of abuse and neglect. Particular focus is placed on examining the interface between the law and practice, and to developing a more relational approach for assessing decision-making capacity that is more consistent with CRPD. Dr. Clough will be the discussant of this series of papers.

## French Sessions

### 169. De la coercition formelle à la coercition informelle

*Chez la personne incarcérée, est-ce qu'un trouble mental augmente son risque de se retrouver en isolement cellulaire disciplinaire?*

Alexandre Dumais, *Université de Montréal* (alexandre.dumais@umontreal.ca)

Sabrina Giguère, *Université de Montréal* (sabrina.giguere.2@umontreal.ca)

Laura Dellazizzo, *Université de Montréal* (laura.dellazizzo@umontreal.ca)

Charles-Édouard Giguère, *titre, CIUSSS de l'Est-de-l'Île-de-Montréal, Canada* (cedouard-giguere.iusmm@ssss.gouv.qc.ca)

Kingsada Phraxayavong, *titre, CIUSSS de l'Est-de-l'Île-de-Montréal, Canada* (kingsada@me.com)

Une méta-analyse a été effectuée en combinant 5 études et totalisant 47 075 personnes incarcérées (PI). L'analyse a été effectuée à partir de trois grandes catégories de troubles mentaux : les troubles mentaux courants, les troubles mentaux graves et les troubles de la personnalité. Des indicateurs d'utilisation des services de santé mentale (hospitalisation en psychiatrie, utilisation d'une médication, avoir vu un professionnel de la santé mentale, etc.) ont également été utilisés. En comparant la prévalence en isolement disciplinaire des PI ayant un trouble mental aux PI n'ayant pas de trouble mental, nous observons une augmentation significative du risque d'être placé en isolement cellulaire disciplinaire (OR = 1,23; p = 0,0002). De plus, une augmentation du risque de se retrouver en isolement cellulaire disciplinaire chez les PI ayant un trouble mental grave de même que pour les PI ayant un trouble de la personnalité est observée comparativement aux PI n'ayant pas de trouble mental ou de trouble de la personnalité. Les PI ayant utilisé des services de santé mentale avaient un risque augmenté de se retrouver en IC disciplinaire. Les résultats et les impacts seront discutés lors de cette présentation.

*Traitement involontaire au Québec: quelles sont les perspectives des différentes parties prenantes sur le processus judiciaire entourant l'autorisation de soins*

Marie-Hélène Goulet, *Université de Montréal* (marie-helene.goulet@umontreal.ca)

Clara Lessard-Deschênes, *Université de Montréal* (clara.lessard-deschenes@umontreal.ca)

Anne G. Crocker, *Université de Montréal* (anne.crocker@umontreal.ca)

Chez les personnes qui ont un trouble mental grave, l'autorisation judiciaire de soins constitue une réponse légale les obligeant à suivre un traitement psychiatrique contre leur gré. Le nombre de demandes est en augmentation constante, pourtant les études peinent à démontrer leur efficacité clinique et leur acceptabilité éthique. Cette étude qualitative descriptive visant à explorer les

différentes perspectives liées à l'autorisation judiciaire de soins en milieu hospitalier et en communauté. Par le biais d'une approche participative, des entrevues semi-structurées ont été conduites auprès de 39 participants (usagers, membres de l'entourage, intervenants psychosociaux, psychiatres et avocats). L'analyse de contenu a permis d'identifier quatre thèmes principaux, soit 1) les différentes significations attribuées à l'autorisation de soins, 2) la gestion du risque; 3) la compréhension du processus judiciaire et 4) les stratégies adaptatives utilisées. Dans un contexte organisationnel promouvant le partenariat avec le patient, il s'avère essentiel de mieux comprendre les perspectives des acteurs clés quant aux enjeux cliniques, éthiques, de sécurité et de rétablissement.

### *Le plan de crise conjoint: une stratégie pour réduire le recours à la coercition?*

Sophie Sergerie-Richard, *Université de Montréal* (sophie.sergerie-richard@umontreal.ca)  
Mathieu Dostie, *titre, CIUSSS de l'Est-de-l'Île de Montréal, Canada*  
(mathieu.dostie.cemtl@ssss.gouv.qc.ca)  
Christine Cassivi, *Université de Montréal* (christine.cassivi@umontreal.ca)  
Marie-Hélène Goulet, *Université de Montréal* (marie-helene.goulet@umontreal.ca)

Le plan de crise conjoint, élaboré entre la personne, son intervenant et ses proches, représente la forme de directives anticipées la plus étudiée et prometteuse en santé mentale. Le but de cette étude à devis mixte était d'évaluer la faisabilité, l'acceptabilité et les retombées préliminaires du PCC chez les personnes avec hospitalisées en milieu psychiatrique. Des entrevues individuelles ont été réalisées auprès de personnes hospitalisées (n=9) et d'intervenants (n=9) de trois unités de soins de santé mentale générale et forensique où le PCC a été implanté. Des retombées préliminaires du PCC sur le taux d'isolements, de contentions, d'hospitalisations involontaires et sur le climat de prévention de la violence ont été collectées. Les résultats préliminaires des analyses qualitatives identifient le PCC comme un outil de soutien aux droits de la personne, tout en soulignant son implantation comme principal défi. Ces résultats appuyant l'utilisation du PCC pour la prévention et la gestion de crises et il est souhaité qu'ils contribuent aux connaissances visant son implantation pour réduire le recours à la coercition.

### *La justice procédurale en contexte de santé mentale : pertinence et limites pour réduire la coercition perçue*

Clara Lessard-Deschênes, *Université de Montréal* (clara.lessard-deschenes@umontreal.ca)  
Pierre Pariseau-Legault, *Université du Québec en Outaouais* (pierre.pariseau-legault@uqo.ca)  
Marie-Hélène Goulet, *Université de Montréal* (marie-helene.goulet@umontreal.ca)

La théorie de la justice procédurale, issue de la psychologie sociale, est employée dans de nombreux domaines d'études s'intéressant au caractère juste et équitable de processus sociaux impliquant des personnes en position d'autorité. Dans les écrits portant sur la coercition en santé mentale, la justice procédurale a été identifiée comme facteur associé au degré de coercition qui

sera perçu par les usagers lors de leur hospitalisation. La coercition perçue, soit l'expérience subjective de vivre de la coercition, serait effectivement modulée par des aspects tels que le respect et la participation active de l'utilisateur. Alors que cette théorie est de plus en plus nommée dans la littérature pour sa pertinence apparente pour favoriser des approches en santé mentale visant un meilleur respect des droits des usagers, il importe de se questionner sur les implications théoriques et pratiques d'une telle affirmation. En s'appuyant sur une revue narrative des écrits, cette présentation offrira une réflexion sur les apports potentiels et les limites de la justice procédurale en contexte de santé mentale, tout en proposant des pistes d'utilisation visant spécifiquement la diminution de la coercition perçue lors de l'hospitalisation en santé mentale.

### *Les multiples facettes de la coercition informelle dans les soins intra-hospitaliers en santé mentale et psychiatrie: une revue de la portée*

Vincent Billé, *Université de Montréal* (vincent.bille@umontreal.ca)

Clara Lessard-Deschênes, *Université de Montréal* (clara.lessard-deschenes@umontreal.ca)

Sophie Sergerie-Richard, *Université de Montréal* (sophie.sergerie-richard@umontreal.ca)

Julie Tansey, *titre, Vox Québec, ville, Canada* (julie@associationvoxquebec.ca)

Marie-Hélène Goulet, *Université de Montréal* (marie-helene.goulet@umontreal.ca)

La coercition informelle en santé mentale englobe diverses formes de pression exercée sur une personne lors de ses soins, allant de la persuasion à l'omission, voire à la menace. Malgré une prévalence estimée entre 29 et 59% lors des soins en santé mentale, volontaires ou involontaires, la coercition informelle semble être sous-estimée par les professionnelles de santé mentale, peut-être en raison de sa nature moins tangible et formalisée. Elle peut pourtant entraîner des conséquences négatives sur l'identité des personnes hospitalisées et sur la relation thérapeutique, ainsi que des dilemmes éthiques au personnel soignant. Cette revue de la portée selon Peters et al. (2020) explore les écrits existants sur la coercition informelle lors des soins intra-hospitaliers en santé mentale et psychiatrie ; elle vise à fournir une compréhension globale de ce phénomène, en identifiant ses caractéristiques, ses facteurs et ses conséquences, tout en soulignant les lacunes de la recherche existante. Dans un contexte de soins visant une diminution du recours à la coercition formelle, il faut dès lors se questionner sur certaines des répercussions possibles de ces politiques, à savoir une augmentation de la coercition informelle.

## **170. Droit de la responsabilité et trouble psychique**

### *Les infractions commises par la personne irresponsable pénalement*

Jean-Baptiste Perrier, *Aix-Marseille Université* (jean-baptiste.perrier@univ-amu.fr)

Depuis la loi du 25 février 2008, les personnes atteintes d'un trouble psychiques ou neuropsychiques et qui commettent une infraction sont susceptibles de faire l'objet d'une

déclaration d'irresponsabilité pénale pour cause de trouble psychique ou neuropsychique. Or depuis la loi du 24 janvier 2022 et à la suite d'un fait divers tragique, certaines infractions peuvent désormais être retenues en droit pénal français, lorsque la personne pourtant irresponsable commet un meurtre ou des violences sous l'empire de substances psychoactives. Le dispositif introduit est complexe et il n'est pas certain que les infractions nouvellement introduites puissent être appliquées concrètement. Surtout il traduit un certain recul dans l'appréhension des situations de dépendances, au profit d'une pénalisation de la dangerosité. De nombreuses questions restent encore en suspens, notamment s'agissant des mesures curatives susceptibles d'être mises en œuvre, alors même que l'univers carcéral peut être un obstacle à la prise en charge thérapeutique des conduites addictives.

### *L'évaluation du trouble psychique et la responsabilité pénale*

Evan Raschel, *Université Clermont-Auvergne* (evan.raschel@uca.fr)

"Aux termes de l'article 122-1 du Code pénal, « N'est pas pénalement responsable la personne qui était atteinte, au moment des faits, d'un trouble psychique ou neuropsychique ayant aboli son discernement ou le contrôle de ses actes » (al. 1er), tandis que « La personne qui était atteinte, au moment des faits, d'un trouble psychique ou neuropsychique ayant altéré son discernement ou entravé le contrôle de ses actes demeure punissable » (al. 2, lequel prévoit malgré tout une atténuation pouvant être modulée en fonction, précisément et notamment, de l'intensité du trouble). Dans ces conditions, l'évaluation de l'existence même d'un trouble psychique d'une part, de sa mesure et de sa portée d'autre part, présente des enjeux considérables. Il est évident que les experts jouent un rôle important, mais pas toujours déterminant s'agissant d'apprécier un état passé – d'autant que certaines maladies provoquent des troubles intermittents. Il n'est d'ailleurs pas impossible que les expertises se contredisent dans un même dossier (ainsi dans la célèbre affaire « Halimi », un expert retenait l'altération plutôt que l'abolition du discernement). C'est la raison pour laquelle cette question centrale demeure soumise à l'appréciation souveraine des juges du fond, pouvant également faire l'objet d'une décision dès le stade de l'instruction préparatoire."

### *L'admission de la responsabilité civile des personnes affectées d'un trouble mental*

Vincent Mazeaud, *Aix-Marseille Université* (vincent.mazeaud@univ-amu.fr)

Alexandre Ferracci, *Aix-Marseille Université* (alexandre.ferracci@univ-amu.fr)

Cette intervention a pour objet de préciser l'état du droit français lorsqu'il s'agit d'apprécier la responsabilité civile de l'auteur d'un dommage qui était sous l'empire d'un trouble mental. La solution est désormais bien connue. Selon les termes du code civil, « celui qui a causé un dommage à autrui alors qu'il était sous l'empire d'un trouble mental n'en est pas moins obligé à réparation » (art. 414-3, C. civ.). L'existence d'un trouble mental – lequel n'est pas défini – affectant l'auteur d'un dommage est donc indifférente pour apprécier s'il est personnellement responsable. Il en

résulte, d'une part, que cette circonstance ne fait pas obstacle à la reconnaissance d'une faute commise par un auteur – mineur ou majeur – affecté d'un trouble mental et, d'autre part, que le trouble mental n'est pas davantage constitutif d'une cause d'exonération de responsabilité. Cette position conduit à admettre l'existence d'une faute dite « objective », débarrassée de l'imputabilité, et trace une nette distinction entre les responsabilités civile et pénale. Elle s'inscrit harmonieusement dans l'esprit qui anime le droit français en tant qu'elle conduit à privilégier les intérêts de la victime sur ceux de l'auteur du dommage qui, par hypothèse, est pourtant affecté d'un trouble mental. La notion de faute s'en trouve considérablement élargie.

## *Le bien-fondé de la responsabilité civile des personnes affectées d'un trouble mental ?*

Alexandre Ferracci, *Aix-Marseille Université* (alexandre.ferracci@univ-amu.fr)

Vincent Mazeaud, *Aix-Marseille Université* (vincent.mazeaud@univ-amu.fr)

Cette intervention conduit à s'interroger sur le bien-fondé de la position retenue par le droit français. Il s'agit de mettre en lumière les difficultés posées par l'article 414-3 du code civil et d'identifier les remèdes qui pourraient les résoudre. Dans cette direction, il convient de prendre en considération la situation des victimes elles-mêmes affectées d'un trouble mental et qui, par l'effet de l'interprétation de ce texte, pourraient se voir opposer leur propre faute. Loin de contribuer à améliorer leur indemnisation, le droit français conduirait à réduire l'indemnité qui leur est due. Au surplus, l'utilité du maintien de la responsabilité des personnes affectées d'un trouble mental amène à s'interroger sur l'existence d'autres fondements permettant l'indemnisation des victimes de tels dommages : responsabilité du fait d'autrui (responsabilité des parents du fait de leur enfant mineur, principe général de responsabilité du fait d'autrui...), mécanisme spécial d'indemnisation, rôle de l'assurance... D'autres questions pourront encore nourrir la discussion et, à ce titre, pourront être envisagées l'articulation avec le droit des personnes vulnérables (mineurs et majeurs) ou la prise en compte de la distinction entre les responsabilités délictuelle et contractuelle, laquelle n'est pas envisagée par le texte.

## **171. Évaluations, interventions et traitements au 21e siècle**

*Projet ÉCHINOPS: Explorer les stratégies de mise en oeuvre d'une équipe d'intervention mixte psychosociale et policière*

Luigi De Benedictis, *Université de Montréal* (luigi.debenedictis.med@ssss.gouv.qc.ca)

Marie-Hélène Goulet, *Université de Montréal* (marie-hélène.goulet@umontreal.ca)

Amélie Bouchard, *Université de Montréal* (amelie.bouchard.4@umontreal.ca)

William Mcguire, *Université de Montréal* (william.mcguire@umontreal.ca)

Gabriel Thériault, *Université de Montréal* (gabriel.theriault.4@umontreal.ca)

Emilie Hudson, *Université de Montréal* (emilie.hudson@umontreal.ca)  
Caroline Larue, *Université de Montréal* (caroline.larue@umontreal.ca)  
Julie Mazerolle, *Service de police de la Ville de Montréal* (julie.mazerolle@spvm.qc.ca)  
Terri Cocco, *Service de police de la Ville de Montréal* (terri.cocco@spvm.qc.ca)

Au Canada, jusqu'à 31% des interventions policières ciblent des personnes ayant des problématiques de santé mentale. Cependant, l'accès aux services d'équipes de crise demeure complexe pour les policiers. Ces équipes peuvent refuser d'intervenir ou ne pas avoir les ressources nécessaires pour répondre adéquatement. Comparativement aux interventions policières 'traditionnelles', les interventions des équipes mixtes peuvent réduire l'usage de la force, les blessures, les arrestations et les temps d'attente aux urgences, en plus d'augmenter les références et liaisons vers les services communautaires, la collaboration entre les forces de l'ordre et les services de santé mentale, l'engagement dans le suivi de santé mentale et la satisfaction pour les équipes traitantes et les usagers. Un partenariat a été créé entre deux postes de quartier policiers et le CIUSSS de l'Est-de-l'Île-de-Montréal et, depuis janvier 2022, le projet pilote ÉCHINOPS a mis en place une équipe d'intervention mixte composée d'infirmier(ère)s et d'un psychiatre, d'intervenants des organismes communautaires, et de policiers. L'objectif de notre présentation est d'explorer les stratégies de mise en œuvre et les retombées perçues de cette équipe d'intervention mixte selon la perspective d'intervenants, de policiers et des utilisateurs d'ÉCHINOPS.

## *Violence conjugale et santé mentale : L'évaluation criminologique des accusés à la Cour du Québec à Montréal*

Jonathan Lambert, *Institut national de psychiatrie légale Philippe Pinel*  
(jonathan.lambert.ippm@ssss.gouv.qc.ca)  
Thierry Webanck, *Institut national de psychiatrie légale Philippe Pinel*  
(twebanck@hotmail.com)

Le système judiciaire et pénal doit composer régulièrement avec des accusés qui présentent divers troubles psychosociaux et psychiatriques. Le service d'Urgence PsychoSociale (UPS), de l'Institut national de psychiatrie légale Philippe-Pinel, cherche à dresser un profil clinique et criminologique de ces accusés, à identifier ceux qui présentent des problèmes de santé mentale et à les orienter en fonction de leurs besoins, ainsi que du risque qu'ils représentent. L'objectif est de permettre aux différents intervenants (avocats, procureurs et juges) de la Cour, de prendre des décisions légales plus éclairées et adaptées, pour la mise en liberté provisoire des accusés ou pour leur détention. Dans le cadre de nos interventions quotidiennes à la Cour du Québec de Montréal, plusieurs dossiers de violence conjugale nous sont transmis pour évaluation. Cet atelier a pour but d'exposer notre modèle d'intervention criminologique et de décrire sommairement les situations judiciairisées ainsi que le profil des accusés impliqués dans des situations de violence conjugale. Nous examinerons les orientations suggérées, en fonction des principaux facteurs de risque retenus pour l'évaluation. Finalement, nous porterons notre regard sur les tendances actuelles relatives aux évaluations et à la gestion du risque en matière de violence conjugale.

## *Du contrôle thérapeutique des mères judiciairisées en protection de la jeunesse*

Delphine Gauthier-Boiteau, *Université d'Ottawa* (dgaut056@uOttawa.ca)

Le dispositif judiciaire des décisions de la Chambre de la jeunesse (Ch.J) comporte des conclusions de nature thérapeutique visant surtout les mères. Ces dispositifs thérapeutiques recommandent ou ordonnent aux mères de se conformer à des soins liés à la santé mentale, la consommation, leurs compétences parentales, ou la violence conjugale. Bien que la Ch.J ne soit pas un tribunal thérapeutique, la théorie de la jurisprudence thérapeutique influence la compréhension qu'a le tribunal de son rôle et l'action judiciaire. La dimension punitive de cette action accentue le rapport de force vis-à-vis des mères et de leur consentement à se conformer aux dispositifs. Alors que les mères font l'objet d'une surveillance intime, la psychologisation de leurs difficultés justifie leur inaptitude et leur normalisation. Prenant appui sur les concepts de surveillance thérapeutique (Moore) et de therapeutic policing (Stuart), cette présentation réfléchit les processus dont découle la fabrication des dispositifs. Je présenterai les résultats d'une analyse du discours de la Ch.J., où les données empiriques montrent que l'intervention sociale et judiciaire produisent des injonctions thérapeutiques comme mécanisme de contrôle social. Les rapports entre ces interventions organisent et façonnent des pratiques institutionnelles masquant la reproduction d'inégalités épistémiques et le projet de normalisation des mères.

### *Internement psychiatrique au Sénégal, qui protège-t-on ?*

Marie Hélène Anne Daba Ndiaye, *Université Cheikh Anta DIOP de Dakar*  
(mariehelenehannedaba.ndiaye@ucad.edu.sn)

Au Sénégal, l'internement psychiatrique obéit à des règles d'ordre administratif, judiciaire et médical. Il est encadré par une procédure où s'imbriquent tant bien que mal ces trois dimensions. La législation en vigueur depuis 1975 est marquée par l'influence de la gestion sécuritaire des malades mentaux héritée de l'administration coloniale dont l'arrêté général de 1938 créant le premier service d'assistance psychiatrique en Afrique occidentale française (AOF) était le principal instrument. Elle prévoit des conditions strictes d'admission et de prise en charge des « aliénés dangereux » en milieu fermé, comme exception au traitement en cure libre érigé en principe. L'internement psychiatrique est ordonné par une décision de justice lorsque le malade mental a commis une infraction, lorsque son comportement constitue un danger pour lui-même ou pour la sécurité publique et enfin s'il est rétif aux traitements prescrits. Dès lors, l'on peut s'interroger sur la nature de ce dispositif. Est-ce une mesure d'assistance ou de police ? Après tout, qui protège-t-on ? Devant ce qui semble être un jeu d'équilibre entre les intérêts de la société et ceux du malade mental considéré comme dangereux, une tentative de réponse permet de constater une volonté affichée du législateur d'assurer l'ordre et la sécurité publique tout en sauvegardant les libertés publiques. Toutefois, en raison de limites juridico-institutionnelles, la garantie des droits de la personne internée s'avère de plus en plus insuffisante face aux standards internationaux en matière de droits humains.



## **172. La judiciarisation des soins et des traitements psychiatriques : entre tensions normatives et contraintes cliniques**

*Perdre ses repères et préserver sa dignité : Mieux comprendre ce qui caractérise les expériences de soutien à l'exercice des droits lors d'hospitalisation et de traitement involontaire en psychiatrie.*

David Pelosse, *Université du Québec en Outaouais* (peld10@uqo.ca)

Pierre Pariseau-Legault, *Université du Québec en Outaouais* (pierre.pariseau-legault@uqo.ca)

La violation des droits fondamentaux des personnes vivant avec une problématique de santé mentale s'observe par le recours croissant à l'hospitalisation ou le traitement involontaire en psychiatrie. Les effets thérapeutiques de ces mesures coercitives sont pourtant contestés sur les plans clinique, éthique et juridique. Les pratiques de soutien à l'exercice des droits apparaissent primordiales dans ce contexte, mais sont actuellement informelles et peu documentées. Une étude qualitative a été réalisée au Québec (Canada) pour mieux comprendre la signification du soutien à l'exercice des droits à partir de l'expérience de personnes ayant vécu une hospitalisation ou un traitement involontaire en psychiatrie. S'appuyant sur un devis phénoménologique et interprétatif, des entrevues semi-dirigées ont été réalisées auprès de 11 participants. Les résultats de l'étude suggèrent que les participants vivent une perte de repères accompagnée d'une confusion identitaire et un sentiment d'injustice face à l'exercice de leurs droits et recours. Leur expérience se caractérise également par l'absence de soutien à l'exercice de leurs droits, malgré un idéal d'interventions valorisant leur reconnaissance. Première étude canadienne sur le sujet adoptant une perspective phénoménologique, sa diffusion favorisera le développement d'interventions sensibles au respect des droits humains et actualisera le rôle des acteurs qui accompagnent les personnes concernées.

*Consentir ou refuser l'électroconvulsivothérapie : illusoire?*

Emmanuelle Bernheim, *Université d'Ottawa* (emmanuelle.bernheim@uottawa.ca)

Audrey Ferron-Parayre, *Université d'Ottawa* (audrey.parayre@uottawa.ca)

Delphine Gauthier-Boiteau, *Université d'Ottawa* (delphine.gboiteau@gmail.com)

La controverse autour des risques et de l'efficacité de l'électroconvulsivothérapie (ECT) a été relancée en 2018 par la décision de la Food and Drug Administration d'en abaisser le niveau de risque. Or les recherches démontrent que certaines personnes qui en font l'expérience considèrent l'ECT intrusive et traumatisante, surtout lorsqu'elle a été imposée contre leur gré. Dans un tel contexte, des précautions concernant l'information et la procédure de consentement apparaissent essentielles. S'appuyant sur la littérature grise et la jurisprudence, cette présentation discutera de l'état des pratiques au Québec. La première partie de la présentation mettra en perspective le contenu du document d'information et du formulaire de consentement spécifique pour l'ECT avec

l'état actuel des connaissances et questionnera la validité du consentement ainsi obtenu au regard des critères juridiques. La seconde partie brossera un portrait de l'état de la jurisprudence concernant l'ECT forcée, mettant en lumière le profil des personnes concernées, les arguments soutenant la demande, la qualité de la preuve présentée à la cour et la nature des ordonnances, et interrogera la réelle possibilité de refuser l'ECT.

### *Invisibilité, exclusion ou partenariat ? Vers une meilleure compréhension du vécu et des besoins des proches lors d'épisodes coercitifs en psychiatrie*

Mélanie Laurelli, *Université du Québec en Outaouais* (laum31@uqo.ca)

Pierre Pariseau-Legault, *Université du Québec en Outaouais* (pierre.pariseau-legault@uqo.ca)

Il est reconnu que le rétablissement des personnes ayant une problématique de santé mentale est favorisé par l'inclusion des proches. Ceux-ci possèdent une expertise « de l'intérieur » provenant de leur vécu expérientiel et peuvent contribuer de façon significative au soutien de la personne. L'importance pour le proche d'être entendu et de participer aux soins est clairement documentée. Cependant, un grand nombre d'études suggèrent que les proches ont le sentiment d'être ignorés et exclus du processus de soins. Parmi les expériences vécues par les proches de personnes ayant une problématique de santé mentale, il y a celles liées à l'application de mesures coercitives légalement autorisées, telles que l'hospitalisation et le traitement involontaires. Les proches participent bien souvent à la mise en œuvre de ces mesures, directement ou indirectement, ce qui dans les deux cas influence leur bien-être. Bien que leurs expériences puissent parfois être négatives, les proches peuvent être d'excellentes sources d'information pour les équipes traitantes. Les résultats de recherche présentés dans cette allocution suggèrent que les services de santé mentale doivent en faire plus pour inclure les proches et répondre à leurs besoins, particulièrement en contexte de coercition légalement autorisée.

### *Accompagner les personnes dans l'exercice de leurs droits et recours en psychiatrie : lorsque les pratiques de soutien se heurtent aux conflits de loyauté*

Pierre Pariseau-Legault, *Université du Québec en Outaouais* (pierre.pariseau-legault@uqo.ca)

David Pelosse, *Université du Québec en Outaouais* (peld10@uqo.ca)

Jean-Daniel Jacob, *Université d'Ottawa* (jeandaniel.jacob@uottawa.ca)

En présence de coercition légalement autorisée, la psychiatrie répond à des exigences institutionnelles compétitives, requérant des intervenants qu'ils veillent au respect des droits des usagers et assurent leur sécurité ou celle d'autrui. Par voie de conséquence, bon nombre de dilemmes éthiques sont associés à l'existence, explicite ou implicite, de conflits de loyauté. Ces conflits sont provisoirement définis comme un conflit de rôle découlant d'obligations simultanées envers l'utilisateur et un tiers, souvent l'État. Cette présentation synthétise les résultats d'un récent

projet de recherche exploratoire dont l'objectif était de mieux comprendre comment le personnel soignant compose et s'adapte à la coercition psychiatrique. Cette analyse situationnelle regroupe 19 entrevues individuelles auxquelles ont été adjointes des observations in-situ, ainsi qu'une revue médiatique et jurisprudentielle. Les résultats de cette étude confirment que le double rôle attribué aux professionnels œuvrant en psychiatrie, celui de soigner et de contrôler, met à l'épreuve l'alliance thérapeutique. Malgré tout, certaines interventions inspirées de la justice procédurale seraient susceptibles d'instaurer un cadre thérapeutique plus favorable au rétablissement. En outre, la dissonance cognitive induite par ces conflits d'allégeance pourrait contribuer à un désengagement éthique, allant parfois jusqu'à la complicité morale, eut égard à la violation des droits humains en psychiatrie.

## **173. Victimisation, traumas, violences et désistance**

### *Traumas, criminalité et judiciarisation : les doubles trajectoires de rétablissement et de désistement du crime de jeunes adultes*

Isabelle F.-Dufour, *Université Laval* (isabelle.f-dufour@fse.ulaval.ca)

Natacha Brunelle, *Université du Québec à Trois-Rivières* (natacha.brunelle@uqtr.ca)

Béatrice Baillargeon, *Université Laval* (beatrice.baillargeon.1@ulaval.ca)

On tient compte depuis longtemps de l'expérience de victimisation et des traumas vécus par les femmes judiciarisées dans l'intervention pénale. Or, les études récentes montrent que les hommes judiciarisés sont également fortement exposés aux traumas. Dans cette optique, le but de la présentation est de mettre en exergue le point de vue de jeunes hommes judiciarisés sur les traumas subits dans l'enfance (ACE's) et leurs effets délétères sur leur santé mentale, mais aussi leurs trajectoires vers le rétablissement et le désistement du crime. La conférence se termine avec des pistes pour l'intervention inspirées des pratiques probantes destinées aux femmes judiciarisées, mais adaptées à la réalité spécifique des hommes judiciarisés et des besoins que ces derniers reconnaissent importants dans leur double trajectoire de rétablissement/désistement du crime.

### *Traumas, santé mentale et identité narrative*

Julie Marcotte, *Université du Québec à Trois-Rivières* (Julie.Marcotte@uqtr.ca)

Marie-Claude Richard, *Université Laval* (marie-claude.richard@psy.ulaval.ca)

Depuis une dizaine d'années, les études ont démontré que des changements importants dans les marqueurs sociaux balisent la transition à la vie adulte (TVA). Les jeunes dits « vulnérables » n'ont pas accès aux mêmes ressources ni aux mêmes opportunités qui leur permettent de jouir d'une transition graduelle et prolongée comme la plupart de leurs pairs. Malgré cela, des points tournants peuvent contribuer à les positionner favorablement en ce qui a trait au bien-être et à la qualité de vie. Il ne demeure pas moins que les jeunes qui ont été exposés de façon répétée aux traumas et qui sont aux prises avec de troubles de santé mentale peuvent rencontrer des défis importants dans

la construction de leur identité narrative. Le but de la présentation est de présenter les récits narratifs de ces jeunes adultes qui peinent à se désengager des étiquettes de ‘malades’; ‘victimes’; ‘déviantes’ pour développer une identité narrative qui leur correspond mieux et, surtout, qui leur permet d’envisager l’ensemble des soi possibles.

### *Les conséquences psychologiques du contrôle excessif des filles et des femmes issues de l’immigration victimes en contexte de violences basées sur l’honneur au Québec*

Estibaliz Jimenez, *Université du Québec à Trois-Rivières* (estibaliz.jimenez@uqtr.ca)

Les violences basées sur l’honneur (VBH), y compris le contrôle excessif, sont des violences multiples majoritairement commises à l’endroit des femmes et des jeunes filles. Ces violences interpellent des valeurs traditionnelles liées aux codes d’honneur. La présente communication vise donc à expliquer la problématique des VBH, notamment le contrôle excessif, ses manifestations ainsi que ses conséquences psychologiques et comportementales sur les adolescentes et femmes issues de l’immigration au Québec. Les résultats exposés dans cette contribution sont le fruit d’analyses effectuées sur le terrain. Ils représentent autant des cas signalés en protection de la jeunesse que des cas femmes victimes hébergées dans des maisons d’hébergement. Les résultats proviennent également des entretiens réalisés auprès des intervenant.e.s, gestionnaires et adolescentes. Le tout, dans le but ultime de mieux dépister et intervenir auprès des jeunes issues de l’immigration qui sont victimes du contrôle excessif en contexte de VBH et mieux comprendre les conséquences psychologiques de cette violence.

### *La réitération de la victimisation des femmes et ses liens avec l’itinérance et la judiciarisation*

Mathilde Moffet-Bourassa, *Université Laval* (mathilde.moffet-bourassa.1@ulaval.ca)

Isabelle F.-Dufour, *Université Laval* (isabelle.f-dufour@fse.ulaval.ca)

Les femmes en situation d’itinérance (FSI) forment un groupe de personnes marginalisées et vulnérables pour lequel peu de services d’aide sont adaptés. Cette insuffisance les conduit souvent à adopter des stratégies de survie alternatives. Conséquemment, elles sont plus à risque d’être (re)victimisées, de maintenir leur situation d’itinérance et d’être judiciarisées. Pour mieux comprendre cette problématique, les trajectoires de vie dans lesquelles elles s’inscrivent sont étudiées en réalisant l’analyse des stratégies adaptatives qu’elles arrivent à mettre en place afin de survivre en itinérance. Plus précisément, la comparaison de récits de vie de ces FSI qui présentent des comportements délinquants (n=4) avec d’autres ayant fait preuve de résilience prosociale (n=4) permet de déterminer les facteurs de protection et de risque aux comportements délinquants chez les FSI et de proposer des stratégies adaptatives favorables à leur soutien dans l’intégration d’un mode de vie prosociale qui leur permet de quitter la rue et se rétablir.

# Spanish Sessions

# Therapeutic Jurisprudence

## 174. Assessment in Forensic Psychiatric Investigations: Methodology and Subgroups

### *How Autism Spectrum Disorder is Related to the Concept Severe Mental Disorder in Swedish Forensic Psychiatric Investigations*

Malin Hildebrand Karlén, *University of Gothenburg* (malin.karlen@psy.gu.se)

Björn Hofvander, *Lund University* (bjorn.hofvander@med.lu.se)

Thomas Nilsson, *Sahlgrenska University Hospital* (thomas.nilsson@neuro.gu.se)

Ola Ståhlberg, *University of Gothenburg* (ola.stahlberg@rmv.se)

The study outlines under which circumstances could, vs. not could, autism spectrum disorder (ASD) meet requirements for exemption due to legal insanity within forensic psychiatric investigations (FPIs). The aim was to explore how neuropsychological functions in ASD were related to the SMD-concept and whether other circumstances were used as arguments for vs. against SMD. Using qualitative thematic analysis, a randomized sample of archived FPIs conducted between the years 2016–2018 (N=20) were analyzed separately for persons with ASD diagnosis who met requirements for SMD (n=10) vs. persons who did not (n=10). The degree of ASD was principally highlighted in FPIs – how pronounced and/or broad influence ASD-symptoms had on the person’s functioning in various areas. However, certain ASD-symptoms were more prominent in FPIs concluding SMD, for example a low degree of psychosocial functioning, strong stimulus sensitivity (often related anxiety) directly related to violent behavior and severely limited coping strategies. In comparison, the FPIs of the no-SMD subgroup focused more prominently on antisocial traits, complex and/or vague psychopathology, substance abuse and intact reality monitoring. Consequences of using a dimensional approach to ASD psychopathology in Swedish FPIs, both in severity degree of specific symptoms, but also to a “broader” symptom scope are discussed.

### *Lethal and Severe Violence: Characterizing Swedish Female Offenders With and Without a Severe Mental Disorder*

Karin Trägårdh, *University of Gothenburg* (karin.tragardh@neuro.gu.se)

Malin Hildebrand Karlén, *University of Gothenburg* (malin.karlen@psy.gu.se)

Thomas Nilsson, *Sahlgrenska University Hospital* (thomas.nilsson@neuro.gu.se)

Peter Andiné, *University of Gothenburg* (peter.andine@neuro.gu.se)

Studies on lethal and severe violence, male offenders have historically been in focus while female offenders have often been excluded. The aim in this study was to characterize female violent offenders and compare those with and without a severe mental disorder (SMD). All females charged with lethal or attempted lethal violence, who had undergone forensic psychiatric

investigations (FPI) in Sweden between 2000-2014 was included, constituting two groups: SMD (n=84), no SMD (n=91). Information from their FPI reports and court verdicts was collected regarding background and demographics, mental health, substance use, and crime characteristics. Results showed that overall, both groups were often unemployed, previously victimized within close relations, had psychiatric health issues, and more than half of them had previously attempted suicide. However, there were differences. For example, the SMD group more often had psychotic disorders, had attempted homicide-suicide (at the time of the crime), and had children or friends/acquaintances as victims. The no-SMD group more often instead manifested anxiety, personality- and substance use disorders compared to the SMD group, as well as more often having a previous criminal record. The results emphasize the necessity of developing nuanced interventions to meet rehabilitative needs as well as community protection.

### *Psychological Assessment of Personality, Psychopathy and Cognitive Function In Forensic Psychiatric Investigations*

Emma Bolund Lauenstein, *Forensic Medical Board, Department of Forensic Psychiatry, Gothenberg, Sweden* (emma.bolund.lauenstein@gu.se)

In Sweden, violent offenders, whose mental state corresponds with the medicolegal term ‘severe mental disorder’ (SMD) as established within a forensic psychiatric investigation (FPI), is often sentenced to forensic psychiatric care instead of prison. An investigation with such consequences requires an evidence-based procedure, and the underlying decision-making processes can today be considered unchartered. A psychological assessment is an integral part of an FPI in Sweden, and for the gathering of information, four primary data sources are commonly used. The aim of this project is to explore the relationship between occurrence of a SMD and results from various data sources and investigating if and how they may add incremental validity to these assessments. The different contributions of the four data sources (self-report, observer-report, test, life-outcome), will be explored within three studies, focusing on personality, psychopathy, and cognition, respectively. This presentation will outline initial results from the data collection, pertaining in particular to how results from different data sources used in personality assessment correspond.

## **175. Cultivating a Life in the Law and Beyond**

### *Teaching for a Balanced and Meaningful Life and Career*

Marjorie A. Silver, *Touro University* (msilver@tourolaw.edu)

The traditional law school curriculum in the United States is heavy on doctrinal courses, with some emphasis on developing practical skills. Only recently have some of us in legal education given attention to helping our students develop a life in the law that will sustain them in the long run by providing them with tools for their professional and personal well-being. I teach a civil practice externship seminar. My students work in a variety of placements, including private firms, corporations, government, and public interest offices. This has given me the privilege and the

responsibility to create a curriculum that supports their learning and development in all their practice settings. By focusing on relational skills such as emotional competence, stress management, and effective communication, I endeavor to equip them with what they will need—especially in these challenging times—to not only excel professionally, but also to live lives of meaning, personal satisfaction, and, hopefully, joy. This presentation will offer some of the tools and exercises I use to accomplish these goals, most, if not all, of which one might adapt for any simulation, clinical, or externship course.

## *Reframing Happiness*

Anne Gordon, *Duke University* (agordon@law.duke.edu)

Law students (and lawyers) are often taught that there is one way to succeed in life and the law; that path often involves making the most money, having the most impressive title, or arguing in front of the highest courts. The statistics on lawyer happiness, however, tell us that our profession is plagued by substance abuse, poor mental health, and unhappiness. What if, starting in law school, we taught that each attorney can have a different path to success? What if, in the process, we could help them increase their well-being and lessen stress? What if we re-aligned our concept of happiness away from external factors and toward our own authentic selves? Using material from across disciplines, including the neuroscience of happiness, design thinking, mindfulness, and more, this session will discuss how I teach students (and lawyers) to re-align their professional goals with their life goals. Attendees will learn practical exercises for how to synthesize one's talents with one's career goals, how to find personal fulfillment, and how to stay connected with one's own values and drown out the voices that push toward money, power, and prestige. While I employ this curriculum in a law school environment, this session would be useful for anyone seeking to learn more about how to find greater happiness, fulfillment, and connection in life and work.

## *Cultivating Multiple Identities*

Amy Sankaran, *University of Michigan* (aharwell@umich.edu)

In 2007, the Carnegie Foundation for the Advancement of Teaching issued a report on legal education. While it noted that law schools generally do a good job in teaching students the law and the skills necessary to practice law, it was generally deficient in focusing on law students' development of their identity and purpose. In response, the American Bar Association recently adopted rules mandating that all ABA-approved law schools provide substantial opportunities for "professional identity formation." As many have noted, PIF—or professional identity development, PID—is a broader concept than "professionalism," as traditionally understood. This presentation will explore what this broader concept should entail, and how we teachers can help our students develop a healthy, resilient professional identity. This includes an appreciation of their unique proficiencies, passions, and convictions that inform their lives both within and outside their lives in the law. We will discuss exercises to explore core values, define personal success, and build capacity for finding identities beyond lawyer. While this session is grounded in the work I do with



law students, the hope is that attendees will leave with tools to help themselves and those they interact with to find meaning both inside and outside a particular professional context.

## 176. Cutting Edge TJ Approaches

### *Insolvency, Financial Rehabilitation and Therapeutic Jurisprudence*

Karni Perlman, *The College of Management Academic Studies* ([karnip1@013net.net](mailto:karnip1@013net.net))

Itay Krayden, *The College of Management Academic Studies* ([itaykrd@gmail.com](mailto:itaykrd@gmail.com))

Rules relating to individual insolvency often take a legal approach that encourages the individual's financial rehabilitation, due to various reasons tied to economic and social interests. Nonetheless, the content given to the concept of "financial rehabilitation" and the way to implement it remains unclear and usually subject to the discretion of the judge, who needs to define the rehabilitation program and the suitable ways to apply it. Our lecture will offer to learn insights arising from the Therapeutic Jurisprudence ("TJ") in order to shape better norms and practices for financial rehabilitation: (1) The perception of the conflict as a complex and multidimensional; (2) The integration of multidisciplinary professionals in assessing the conflict; (3) Understanding and analyzing the rehabilitation procedure as an ongoing process; (4) The important role of therapeutic judging.

This perception may fill the concept of financial rehabilitation with meaningful content and provide effective and high-quality tools for the success of financial rehabilitation programs. Practical examples will accompany the lecture, with reference to the rehabilitation program implemented in the Israeli courts. The lecture will offer a new branch of law where TJ can be a central source for understanding the conflict and resolving it in a way that also fulfills the goals of the TJ movement.

### *Donor Conception, Direct-to—Consumer Genetic Testing, Choices and the Role of Law*

Caroline Redhead, *University of Manchester* ([caroline.redhead@manchester.ac.uk](mailto:caroline.redhead@manchester.ac.uk))

In the 1980s, gamete donor anonymity was considered to prevent legal complications and emotional difficulties. Elements of gamete donor anonymity (such as prohibiting access to information during childhood) remain a feature of the regulation of donor conception in the UK (and elsewhere), although cultural values have changed dramatically. However, the existence and affordability of direct-to-consumer genetic testing (DTCGT) now offers donors and the donor-conceived community the means to circumvent legal frameworks guaranteeing anonymity. Findings from the ConnecteDNA research project show that DTCGT has shifted knowledge about donor conception - who knows, who does not know, and how they know. Through DTCGT, people have discovered they are donor-conceived, and, using DTCGT and social media, have identified and contacted donor relatives. These events can cause psychological distress, and disruption to

family relationships. In this paper, using therapeutic jurisprudence as an analytic framework for our qualitative data, we consider how law reform in this area could be approached, and whether the promotion of positive therapeutic effects and ‘wellbeing’ should be a focus of the legal system.

### *Childhood Trauma as a Mitigating Factor in Sentencing*

Rachel Fusco, *University of Georgia, USA*, ([rachel.fusco@uga.edu](mailto:rachel.fusco@uga.edu))

There is substantial evidence that severe trauma in early childhood can change the structure and function of the brain. Traumatic stress can result in being hyperaroused and having an overactive stress response system, leading to impulsivity and aggression. This can lead to a greater likelihood of ending up in the criminal justice system in adolescence and early adulthood. While people need to be held accountable for their actions, especially when they perpetrate violence, this presentation puts forth the argument that traumatic histories such as child maltreatment, exposure to domestic violence, and experiences of community violence should be examined when considering sentencing. In many cases mental health care can make a big difference in improving well-being and reducing recidivism. The presenter worked with a U.S. public defender to provide a social history and assessment of three people with the goal of having their sentences re-examined. These cases will be presented to illustrate the importance of understanding the relationship between childhood trauma and criminal acts.

### *Do No Harm: Toward the Abolition of Carceral Clinical Care*

Jen Rinaldi, *Ontario Tech University* ([Jen.Rinaldi@ontariotechu.ca](mailto:Jen.Rinaldi@ontariotechu.ca))

The strategies used in carceral institutions to coerce, confine, and punish reach past prison walls to penetrate health services that should be providing care. Health systems therefore have necessary and pressing work to do to become more just, work which entails recognition and rectification of carceral care, or care that extends the criminalization of communities already over-policed and over-incarcerated, including and especially Black and Indigenous peoples who experience mental distress or receive a psychiatric diagnosis. Frequent forms of carceral care in clinical contexts include restraint use, especially chemical sedation; involuntary admission and treatment; but this presentation will focus on mandatory and discretionary reporting to legal authorities resulting in imprisonment and compromised child custody. The duty to report and its disproportionate impacts on historically disadvantaged populations bring patients to harm, separate families, produce moral injury for clinicians, and function as barriers to accessing adequate healthcare. This presentation will map the law and policy in the Ontario Canada context that implicate clinicians in carceral care, specifically related to the duty to report. This preliminary work informs a larger funded project that will engage clinicians and persons with lived experience on how to practice abolitionist healthcare.

## **177. Examining Legal System Impacts on Children and Youth**

## *Mental Health Implications of Immigration Policy on Unaccompanied Minors*

Lucila Ramos-Sanchez, *Santa Clara University* (lramossanchez@scu.edu)

Approximately 1/3 of all asylum seekers and migrants who enter the United States (US) are children. Of these children, half are considered unaccompanied minors (UAM). In 2022, UAM made up 15% of migrants and asylum seekers, which translates to 150,057 children and adolescents. An UAM is a child or adolescent under the age of 18 who enters undocumented in to the United States (US) without a parent or legal guardian. The majority of children and adolescents come from Central America and Mexico, with the majority coming from Guatemala (34%), El Salvador (27%), and Honduras (27%). Children and adolescents enter the US unaccompanied for a variety of reasons ranging from escaping dangerous circumstances in their home country to rejoining their parents in the US. Unfortunately, the experience of migration and familial separation can have deleterious effects on the mental health of UAM. The purpose of this paper is to explore immigration policy surrounding UAM, how policy practices at the point of entry impact UAM, the migration experience of UAM, and the mental health implications for UAM in the US. The author will provide recommendations for mental health practitioners who work with UAM.

## *Celebutant to Industry Disrupter: Paris Hilton Publicly Breaks the Code of Silence Within the Troubled Teen Industry*

Mark Burdick, *Consulting Forensic Psychologist, Amsterdam, Netherlands*  
(drburdick@gmail.com)

There is an economic and class division in today's world of the haves and have nots, particularly hitting hard today's youth and their families. The divide is deep and it is expanding at an alarming rate. Public resources are struggling to survive, while various private enterprises invested in addiction, mental health are profiting. Enter disruption of celebrity social media. Celebrity power of one individual combined with global social media threatens to take down private mental health enterprise. The social media attention is motivational reaction against private behavioral health that purportedly caused undue stress to a celebrity, Paris Hilton. The celebutant, Paris Hilton -- decades after her own experience in residential care, has taken to social media to "blow up" and push Washington D.C. legislators to openly take down the private enterprise, despite the help such mom-and-pop agencies have provided to countless individuals and their families. And all absent of proof of any alleged harm caused to her. The question we, as mental health professionals and legal representatives are left to answer: What is real and what is self-serving rhetoric? What are the legal balances to apply? Let's talk about this phenomenon of private residential care for at risk youth.

## *Decriminalising, But Not Legalising, the Possession and/or Use of Cannabis by Children: A Therapeutic Jurisprudence Analyses*

Annette Van Der Merwe, *University Of Limpopo* (annette.vandermerwe@ul.ac.za)

In *Centre for Child Law v Director for Public Prosecutions, Johannesburg and others CCT210/21* the use and/or possession of cannabis by South African children was decriminalised. The decision was based on the best interests of the child and children's right to dignity. It was held that criminalisation and/or prosecution of these offences have adverse effects for children and expose them to the harsh consequences of the criminal justice system, while imposing criminal sanctions for such conduct causes stigmatisation. As it is still illegal for a child to use and/or possess cannabis, appropriate responses are needed to address such conduct by implementing non-punitive, rehabilitative alternatives to prevent children from using cannabis. A Therapeutic Jurisprudence (TJ) approach encourages the legislature, courts, and all role-players to reach legal outcomes that advance psychological well-being and human dignity, while avoiding making laws and procedures, or reaching outcomes, that are harmful or anti-therapeutic. This paper investigates the synergy between human rights and TJ approaches. While both may influence the amendment of substantive legal rules and processes, it is submitted that the above suggested alternative measures for children who use and/or possess cannabis, can only be effectively implemented if the well-being of such children is indeed prioritised.

### *Child Sex Abuse: Investigation to Court-Then and Now*

Howard Sovronsky, *Chief Behavioural Health Officer, Connecticut Childrens, USA*  
([hsovronsky@connecticutchildrens.org](mailto:hsovronsky@connecticutchildrens.org))

Our understanding of how to approach alleged child sex abuse has significantly evolved over the past 30 years. As I experienced working on the notorious Friedman sex abuse case that occurred in 1987 in Nassau County, Long Island, New York, vital issues emerged that demanded our collective attention. The most critical are law enforcement's approach to interrogation and collection of evidence from young children, the admissibility of recovered memories derived from hypnosis and the reliability of child testimony. The pervasive community-wide panic that existed in the late 1980's was a critical factor shaping the way this case was understood and approached by the entire mental health and criminal justice system. These serious issues have challenged us for decades to find more effective, evidence based approaches that limit the trauma children experienced during the investigation and assessment of alleged abuse and establish a more effective, credible approach to the collection and presentation of evidence in court proceedings. This session will contrast past practices with current improvements as established by uniform standards, evidence based research delivered within a broader context of child health and development.

### *Safety and Security for Young people in 'Justice' Settings*

Diana Frances Johns, *University of Melbourne* ([diana.johns@unimelb.edu.au](mailto:diana.johns@unimelb.edu.au))

Current responses to children and young people who cause harm, to themselves and others, tend to emphasise safety and security. What do we mean when we talk about keeping children safe, and secure, or about public or community safety? What does the language of safety and security do in these different contexts? Through the lens of therapeutic jurisprudence, with attention to the use of language and how taken-for-granted concepts shape practices, I consider how criminalising

responses to children constitute harm and violence. In direct challenge to deficit narratives of ‘risky’ young people, and custodial emphases on physical and procedural security, I imagine safety and security otherwise: in terms of physical, emotional, spiritual, cultural, and relational wellbeing and flourishing. Drawing on First Nations scholarship on relationality and holding – in contrast to the metaphor of the hold – I envisage safety and security in the worlds of children and young people as ontological, and therefore worlding; that is, having metaphysical, relational qualities of intersubjectivity and interbeing. My aim is to open conceptual windows through which to see possibilities for thinking differently about our responses to children and young people.

## **178. Mental Health in Criminal Defense: A Case Comparison of Not Guilty by Reason of Insanity and Extreme Emotional Disturbance Defenses**

### *The Role of Mental Illness in Criminal Defense*

Melissa Ruot, *Social Worker, State of Connecticut Division of Public Defenders Services Psychiatric Defense Unit, USA* (melissa.ruot@pds.ct.gov)

William O’Connor, *Supervisory Assistant Public Defender, Psychiatric Defense Unit, Connecticut, USA* (william.oconnor@pds.ct.gov)

Jennifer E. Walters, *Senior Assistant Public Defender, Division of Public Defenders Services, Psychiatric Defense Unit, Connecticut, USA* (jennifer.walters@pds.ct.gov)

Carol Gonzalez, *Paralegal, Division of Public Defender Services, Psychiatric Defense Unit, Connecticut, USA* (carol.gonzalez@pds.ct.gov)

The consensus of mental health researchers is that the vast majority of people with a serious mental illness, such as schizophrenia, schizoaffective disorder and bipolar disorder, do not act violently, however a small percentage of people with such mental illness do. This presentation takes a look at those individuals, exploring the journey from the crime through the legal proceedings to court outcomes and ultimately incarceration or hospitalization. In criminal defense, mental health is looked at in general terms of competency, capacity and mitigation. Primary focus of this discussion will be looking at the role of the individual’s mental health at the time of the offense and how that impacts the legal defense and outcome – capacity and mitigation. This presentation will explore the legal defense options of not guilty by reason of mental disease or defect (insanity) and extreme emotional disturbance as used in criminal defense, particular to murder cases.

### *The Legal Perspective : Not Guilty by Reason of Insanity (NGRI) and Extreme Emotional Disturbance (EED)*

William O'Connor, *Supervisory Assistant Public Defender, Psychiatric Defense Unit, Connecticut, USA* ([william.oconnor@pds.ct.gov](mailto:william.oconnor@pds.ct.gov))  
Jennifer E. Walters, *Senior Assistant Public Defender, Division of Public Defenders Services, Psychiatric Defense Unit, Connecticut, USA* ([jennifer.walters@pds.ct.gov](mailto:jennifer.walters@pds.ct.gov))  
Carol Gonzalez, *Paralegal, Division of Public Defender Services, Psychiatric Defense Unit, Connecticut, USA* ([carol.gonzalez@pds.ct.gov](mailto:carol.gonzalez@pds.ct.gov))

It is an affirmative defense to a prosecution for any criminal offense that the offender lacked capacity, as a result of mental illness, to appreciate the wrongfulness of their actions or to control their actions within the requirements of the law. This presentation will examine when the “insanity” defense might be appropriate, the preparation of such a defense, and what to expect during the trial process when an insanity defense is raised.

We will also compare the insanity defense to the defense of “extreme emotional disturbance”, which in some cases may reduce a charge of murder to the lesser crime of manslaughter. This presentation will explore the potential availability of the extreme emotional disturbance defense, and the challenges associated with establishing it. Cases will be presented which illustrate the two mental health defenses and the decisions made regarding the use of both defenses. This presentation will discuss both defenses generally, with particular emphasis on the procedure in the State of Connecticut.

### *After the NGRI*

William O'Connor, *Supervisory Assistant Public Defender, Psychiatric Defense Unit, Connecticut, USA* ([william.oconnor@pds.ct.gov](mailto:william.oconnor@pds.ct.gov))  
Jennifer E. Walters, *Senior Assistant Public Defender, Division of Public Defenders Services, Psychiatric Defense Unit, Connecticut, USA* ([jennifer.walters@pds.ct.gov](mailto:jennifer.walters@pds.ct.gov))  
Melissa Ruot, *Social Worker, State of Connecticut Division of Public Defenders Services Psychiatric Defense Unit, USA* ([melissa.ruot@pds.ct.gov](mailto:melissa.ruot@pds.ct.gov))  
Carol Gonzalez, *Paralegal, Division of Public Defender Services, Psychiatric Defense Unit, Connecticut, USA* ([carol.gonzalez@pds.ct.gov](mailto:carol.gonzalez@pds.ct.gov))

In the State of Connecticut, when an individual is found not guilty by reason of mental disease or defect (insanity), they are placed under the jurisdiction of the Psychiatric Security Review Board (PSRB or the Board). These individuals are referred to as “acquittees.” The primary concerns of the PSRB are the overall well-being of the acquittee and the safety of society. The Board determines and orders the appropriate treatment, level of confinement or conditional release. With its unique requirements and parameters, the Board monitors participation and compliance through six-month reports and mandatory review hearings, as well as any necessary special reports. The Board approves any change in the acquittee’s status regarding confinement, modifications, recommendations for discharge or reintegration into the community. The many phases of treatment/ confinement for an acquittee, each with their own challenges and objectives, will be discussed as we examine the trajectory of an acquittee’s course through this process.

# 179. Moving to Safety: Offering Protection to Black and Brown Migrants through Jurisprudence

*Foundational Principle. How and why correct "Underlying Assumptions" Inform this Session's Topic Area*

Isaac David Romano, *Arts & Immigration Alliance* (admin@artswayhome.org)

Presentation will enunciate why we need to know the "Underlying Assumption" that appears to be the closest picture of reality, to know the consequence of the prejudice and stereotyping we all internalize, much of it as children at our mother and father's knee, when we were hoping to get correct information about other groups of people in society. This misinformation about other groups of people is also transmitted through all institutions we interfaced with: school, synagogue, church, mosque, etc. Presentation will focus on the articulation of this underlying premise, as spelled out and presented by leading diversity workshop presenters, who's diversity model is considered the most successful and is in-house at numerous universities in the U.S. Mr. Isaac Romano, MSc., session convenor has trained and co-presented and assisted at workshops with Director of NCBI (National Coalition Building Institute), Cheri Brown, MA. Harvard University (Director of NCBI; and professor at the Reconstructionist Rabbinical College, Philadelphia, PA. ), with Mr. Romano's facilitation at University of Montana, Missoula and Seattle University in three-day, "Training the Trainers" workshops and Romano has co-led with Dr. Reverend Theophus (Thee) Smith, Ph.D. (with NCBI; Professor Emeritus, Theology Dept. and former Director of African American Studies, Emory University, Atlanta, Georgia) in Atlanta, Georgia at a national educators conference. This session presentation lays the groundwork for the overall panel presentation, to follow.

*Exploring Remedial Reluctance in U.S. Immigration Litigation*

Andrew Siegel, *Seattle University* (siegelan@seattleu.edu)

This presentation explores a major theme in United State Supreme Court cases that touch upon immigration and border-control issues: a reluctance to accord remedies to potentially victorious litigants challenging government policies and actions. This caution draws on both jurisprudential and temperamental or culture sources and infects not only the Court's explicitly remedial holdings but also its choice of standards of review and levels of deference and even its assessment of the merits of various statutory and constitutional claims. This presentation will review various examples of this reluctance, analyze its sources, critique its appropriateness, and offer some measured alternatives that would assist in ensuring fair and liberty-enhancing practices and policies.

*Protecting Rights and Fighting Discrimination through Litigation: Opportunities and Challenges*

Jonathan Hafetz, *Seton Hall University School of Law* (jonathan.hafetz@shu.edu)

This presentation will examine the several key legal battles that have recently been waged over the rights of migrants along the U.S.-Mexico border in U.S. courts in the face of rising anti-immigrant sentiment. It will evaluate the possibilities and limitations of courts in protecting the rights of migrants and promoting a more human asylum and refugee policy, with particular attention to the challenges of overcoming past histories of racism and xenophobia.

### *The Role of Race in United States Immigration Law*

Matt Adams, *Legal Director, Northwest Immigrant Rights Project, Seattle* (matt@nwirp.org)

This presentation will compare the historical immigration regime, with limitations explicitly directed at racial categories, with the modern-day statutory regime which purports to reject race-based preferences yet permits policies and procedures that accomplish the same result. We will look at the original Chinese Exclusion Act, the National Quota system, and current examples of barriers and preferences such as the Trump administration's Muslim Ban and the Biden administration's contrasting treatment of Afghan and Ukraine refugee populations.

### *Legal Protections to Counter Racism Faced by Fleeing African and Indian Students at the Ukraine Border*

Taras Kulish, *Attorney-at-Law, Mills & Mills, Toronto, Canada* (taras.kulish@millsandmills.ca)

This presentation will examine the context of human rights protections and enforcement for Black and Brown migrants during a modern-day genocidal war in a European country, coinciding with the 75th Anniversary of the Universal Declaration of Human Rights. The presentation will review the various international human rights treaties, accords and declarations to which Ukraine is a signatory, the current internal laws protecting minorities in Ukraine, the practical applications and implications of these protections in the context of the Russian war in Ukraine, and the implications for Ukraine, its immediate European neighbours and Europe in general in terms of fair treatment of Black and Brown migrants and reciprocal treatment by other states of Black and Brown migrants fleeing Ukraine who previously came under the sovereign protection of Ukraine. This presentation will also review Ukraine's historical refugee policy and discuss the challenges of overcoming past histories of racism and xenophobia, and resulting trauma, with respect of Jewish and Crimean Muslim populations and steps towards modern-day reconciliation.

## **180. Reconceptualizing U.S. Health Law Toward Health Equity**

*Research Handbook on Health Equity and the Law*



Elizabeth Pendo, *University of Washington* ([ependo@uw.edu](mailto:ependo@uw.edu))

The panelists are coauthors of a leading casebook used to teach U.S. health law and policy and bioethics at U.S. law schools and other graduate programs, *HEALTH LAW: CASES, MATERIALS AND PROBLEMS*, American Casebook Series, West (2022). The panel will highlight ideas for the next edition of the casebook, and new collaborative projects informed by the reframing of the casebook on the broader goal of a more just and equitable health care system. Panelist Elizabeth Pendo will discuss her work on chapters of the casebook addressing: the reframing of health law and policy as part of a larger framework that encompasses justice and equity movements and reimagine traditional concerns of cost, access, quality, and choice in this framework; discrimination and unequal treatment in health care and health insurance; labor and employment law in health care settings; organ transplantation and the legal definition of death, life-and-death decision making, and medically assisted death. She will also discuss a new scholarly book, co-edited with Brietta Clark, that will provide a current overview of research and future directions in global health equity and the law, and how a disability justice lens has informed both projects.

### *Research Handbook on Health Equity and the Law: Better Understandings of Structural Discrimination in Health Law and Policy*

Brietta Clark, *Loyola Marymount University* ([brietta.clark@lmsu.edu](mailto:brietta.clark@lmsu.edu))

The panelists are the coauthors of a leading casebook used to teach U.S. health law and policy and bioethics at U.S. law schools and other graduate programs, *HEALTH LAW: CASES, MATERIALS AND PROBLEMS*, 9th ed., American Casebook Series, West (2022). The authors centered the 2022 edition on the broader goal of a more just and equitable health care system. Panelist Brietta Clark will discuss her work on chapters of a health law casebook and a new scholarly book she is co-editing on health equity and the law. The edited volume will provide a broad overview of research in health equity and the law as well as a forum for a more challenging, critical examination of complex and often under-explored issues within that field. Brietta's presentation will focus on one example of this: the current and emerging research shining a light on the role of structural racism in health law and policy and the challenges in attempting to document its effects.

### *The Effects of Private Equity Investment in Behavioral Health on Access, Quality, and Health Equity*

Erin Fuse Brown, *Georgia State University* ([efusebrown@gsu.edu](mailto:efusebrown@gsu.edu))

The panelists are the coauthors of a leading casebook used to teach U.S. health law and policy and bioethics at U.S. law schools and other graduate programs, *HEALTH LAW: CASES, MATERIALS AND PROBLEMS*, 9th ed., American Casebook Series, West (2022). The authors centered the 2022 edition on the broader goal of a more just and equitable health care system. The

panel will discuss health law and policy as part of a larger framework that encompasses justice and equity movements, and reimagines traditional concerns of cost, access, quality, and choice in this framework. The panel will highlight ideas for the next edition of the casebook, and new collaborative projects informed by the reframing of the casebook. Panelists Erin C. Fuse Brown and Robert Gatter will discuss a project that describes the trend of private equity investment in behavioral health care service providers, what is driving the trend, and what its effects are on health care access, quality, and health equity. The project will analyze the normative implications of the financialization of behavioral health care and posit legal or policy responses to address risks to patients and society at large.

### *The Effects of Private Equity Investment in Behavioral Health on Access, Quality, and Health Equity II*

Robert Gatter, *Saint Louis University* ([robert.gatter@slu.edu](mailto:robert.gatter@slu.edu))

The panelists are the coauthors of a leading casebook used to teach U.S. health law and policy and bioethics at U.S. law schools and other graduate programs, *HEALTH LAW: CASES, MATERIALS AND PROBLEMS*, 9th ed., American Casebook Series, West (2022). The authors centered the 2022 edition on the broader goal of a more just and equitable health care system. The panel will discuss health law and policy as part of a larger framework that encompasses justice and equity movements, and reimagines traditional concerns of cost, access, quality, and choice in this framework. The panel will highlight ideas for the next edition of the casebook, and new collaborative projects informed by the reframing of the casebook. Panelists Erin C. Fuse Brown and Robert Gatter will discuss a project that describes the trend of private equity investment in behavioral health care service providers, what is driving the trend, and what its effects are on health care access, quality, and health equity. The project will analyze the normative implications of the financialization of behavioral health care and posit legal or policy responses to address risks to patients and society at large.

### *Employers and Equity*

Elizabeth McCuskey, *Boston University* ([mccuskey@bu.edu](mailto:mccuskey@bu.edu))

The panelists are the coauthors of a leading casebook used to teach U.S. health law and policy and bioethics at U.S. law schools and other graduate programs, *HEALTH LAW: CASES, MATERIALS AND PROBLEMS*, 9th ed., American Casebook Series, West (2022). The authors centered the 2022 edition on the broader goal of a more just and equitable health care system. The panel will discuss health law and policy as part of a larger framework that encompasses justice and equity movements, and reimagines traditional concerns of cost, access, quality, and choice in this framework. The panel will highlight ideas for the next edition of the casebook, and new collaborative projects informed by the reframing of the casebook. Panelist Elizabeth McCuskey will discuss the responses of employers to regulations requiring parity in mental and behavioral health coverage, and also to social, political, and financial pressures to either expand the funding and provision of mental health coverage, or to economize on it. This project uses the experience

of various “parity” regulations over the past four decades to interrogate the ramifications that reliance on employer-sponsored coverage has on health equity.

## **181. Reimagining Law and Policy Affecting Individuals with Substance Use Disorders and Pain Conditions**

### *Prescribing Algorithmic Discrimination*

Jennifer D. Oliva, *Indiana University* ([jenoliva@iu.edu](mailto:jenoliva@iu.edu))

The panel includes experts in law, nursing, drug policy, disability rights, and bioethics who will examine issues affecting individuals with substance use disorders (SUDs) and individuals with chronic pain and other conditions who require treatment with opioids and other highly-regulated pain medications. Panelists Elizabeth Pendo and Jennifer D. Oliva will discuss their research at the intersection of American prescription drug surveillance and disability antidiscrimination law. In response to our country’s decades-long and ever escalating drug poisoning crisis, the federal government has funded prescription drug monitoring programs (PDMPs), databases which use proprietary algorithms that purport to determine a patient’s risk for prescription drug misuse, drug diversion, and substance use disorder. Clinical over reliance on the risk scores generated by PDMP algorithms motivates clinicians to refuse to treat—or to inappropriately treat—marginalized and stigmatized patient populations, including individuals with, or perceived of suffering from, substance use disorder and patients with chronic, complex disabilities. The panelists will discuss their framework for challenging such PDMP algorithmic discrimination as disability discrimination under U.S. antidiscrimination law.

### *Disability Algorithmic Discrimination in Healthcare*

Elizabeth Pendo, *University of Washington* ([ependo@uw.edu](mailto:ependo@uw.edu))

Panelists Jennifer D. Oliva will discuss her research with Elizabeth Pendo at the intersection of American prescription drug surveillance and disability antidiscrimination law. In response to our country’s decades-long and ever escalating drug poisoning crisis, the federal government has funded prescription drug monitoring programs (PDMPs). PDMPs use proprietary algorithms to determine a patient’s risk for prescription drug misuse, diversion, and overdose. The proxies that PDMPs utilize to calculate patient risk scores that disproportionately disadvantage marginalized patients, including people who have or who are thought to have substance use disorder (SUD), and patients with chronic complex disabilities. Professor Oliva will describe how PDMP risk scoring appears deeply flawed, and encourages health care providers to deny health care or deny needed medications, force medication tapering, discontinue prescriptions, and even abandon patients without regard for the catastrophic collateral consequences that attend to those treatment decisions. PDMPs, therefore, have the potential to exacerbate discrimination against patients with complex

and stigmatized medical conditions by generating flawed, short-cut assessment tools that incentivize providers to deny these patients indicated treatment.

### *The Future of Criminalized Care for Prescribing Practitioners in the US*

Kelly K. Gillespie, *Saint Louis University* ([kelly.gillespie@slu.edu](mailto:kelly.gillespie@slu.edu))

Panelist Kelly K. Gillespie will discuss the impact of recent U.S. legal changes that impact controlled substances prescribing. For example, in 2022, the Supreme Court clarified the mens rea requirement for prescribing practitioner convictions for drug distribution under the Controlled Substances Act. In *Ruan v. U.S.*, the Court rejected approaches that applied negligence standards in favor of a strong scienter requirement of actual knowledge, holding the government must prove the practitioner knowingly departed from the bounds of legal authorization to prescribe controlled substances to secure a conviction. In December 2022, the Substance Abuse and Mental Health Services Administration removed the X-waiver requirement for buprenorphine prescribed as medication for opioid use disorder. After proposed regulations in March 2023 that drew widespread comment and criticism as overly complicated and unsupported by evidence, The Drug Enforcement Agency and the Department of Health and Human Services chose to extend COVID era flexibilities for controlled substances prescribing via telehealth. However, new regulatory action is required in late 2023. This presentation will explain these and other changes, explore their legal and clinical sequela, and suggest future action to improve care for people with pain, substance use disorder, or both.

### *The Law and Ethics of Retrievals*

Seema Mohapatra, *Southern Methodist University* ([smohapatra@smu.edu](mailto:smohapatra@smu.edu))

Panelist Seema Mohapatra will discuss focus on the millions of people in the US who suffer from chronic and undertreated pain through the lens of her research around health care equity, the intersection of biosciences and the law, assisted reproduction and surrogacy, reproductive justice, and public health law. Although there are many effective kinds of pain medications available, physicians are increasingly hesitant to prescribe opioids and narcotics. Doctors often distrust patients who say they are in pain, especially when they do not have obvious physical reason for the pain. Therefore, it is necessary for a physician to trust a patient in order to believe their reports of pain. However, the distrust that physicians feel about pain complaints is heightened when the complaints are coming from members of marginalized groups. Professor Mohapatra will expand on her work in this area and examine the undertreatment of women's pain during assisted reproduction procedures.

### *I've Been There Too: Employing Mentors Who Are Experts Through Experience for Those Using Substances in Prison*

Mark Jones, *University of South Wales* ([mark.jones2@southwales.ac.uk](mailto:mark.jones2@southwales.ac.uk))  
Mike Vigar, *G4S* ([mike.vigar@uk.g4s.com](mailto:mike.vigar@uk.g4s.com))

Caryl Watkins, G4S ([caryl.watkins@uk.g4s.com](mailto:caryl.watkins@uk.g4s.com))  
Jenni Clifford, G4S ([jenni.clifford@uk.g4s.com](mailto:jenni.clifford@uk.g4s.com))

There is a strong evidence base for the use of mentoring approaches within criminal justice environments. Mentoring approaches because can support the development of positive and pro-social identities (Buck, 2021; Nixon, 2020 and 2023), for both mentor and mentee (Kirkwood, 2023), as well as hope, all of which are so important for desistance (Murphy, 2023). Emerging Literature also indicates that using mentors to support recovery from addiction can be a powerful model and approach (Best, 2019). This research captures the experiences of mentors, mentees, and support staff in Parc Prison in Wales, UK on a project that employs mentors, who are experts through experience of substance use mentoring other people who live in prison who are addicted to substances. The research also explored how such a mentorship model could be used within a community setting to support more effective transition from prison to the community and reduce reoffending but more importantly better support the holistic needs of people who are engaged within the criminal justice system.

## **182. Remand Prisoners with Severe Mental Illness In Ireland 2006-2019: Penrose People?**

*Men with Major Mental Illness Presenting Repeatedly Through Ireland's Main Male Remand Prison Over Nine Years from 2006-2014. Penrose People?*

Conor O'Neill, Trinity College Dublin ([cjoneill@irishprisons.ie](mailto:cjoneill@irishprisons.ie))

The “Penrose Effect” describes an inverse relationship between psychiatric beds and prison places has been shown for multiple countries using serial cross-sectional data. We have previously shown a similar relationship between prison committals and hospital admissions for a true longitudinal national sample over 25 years in Ireland. Persons with severe mental illness and persons experiencing homelessness are over-represented in prison studies. It would be helpful to know if there is a subgroup of people repeatedly presenting at times when they are both actively psychotic, homeless and in need of psychiatric hospitalisation. If such a group could be enumerated this could assist with healthcare planning. We screened all 26,261 remands to Ireland’s main remand prison during the years 2016-2014 inclusive (a majority of male remands nationally). We describe all 4304 committal episodes taken onto the caseload of the Prison Inreach and Court Liaison Service, and compare “frequent fliers” with those less frequently committed. “Frequent fliers” were more likely to be homeless, psychotic and to be diverted to psychiatric inpatient care. Importantly this group were countable, with a small number of individuals accounting for a disproportionately high number of committals. Implications for criminal and healthcare service workloads are discussed.

## *Psychiatric Court Reports Prepared at Ireland's Main Remand Prison: Clinical Characteristics and Diversion Outcomes over a Three-Year Period*

Kezanne Tong, *National Forensic Mental Health Service, Portrane, Co Dublin*  
(kezanne.tong@hse.ie)

There has been a notable increase in psychiatric report requests from District Courts regarding persons remanded to Ireland's main remand prison, Cloverhill. We aimed to identify if reports were prepared for persons with severe mental illness and if they led to therapeutic benefits such as diversion to healthcare. Of 236 cases, over half were diverted to inpatient or outpatient psychiatric care. One-third of remand episodes were admitted to a psychiatric hospital, mainly in non-forensic settings. Nearly two-thirds had major mental illness, mainly schizophrenia and related conditions. Almost half had active psychosis. Cases in Cloverhill District Court and other District Courts were similarly likely to have active psychosis (47% overall) and hospital admission (33% overall). Voluntary reports were more likely to identify active psychosis, with over 90% diverted to inpatient or outpatient community treatment settings. This is the first large scale study of diversion outcomes following requests for psychiatric advice from District Courts in Ireland. Over half led to diversion from the criminal justice system to healthcare settings. There is a need for a complementary network of diversion initiatives at every stage of the criminal justice system to effectively divert mentally ill individuals to appropriate settings at the earliest possible stage.

## *Transfer of Care from Prison Mental Healthcare: Outcomes for 911 Consecutive Discharges from a Remand Prison*

Jamie Walsh, *National Forensic Mental Health Service, Portrane, Co Dublin*  
(jamie.walsh@hse.ie)

Studies have identified deficits in pre-release planning for mentally ill prisoners. We aimed to determine the proportion of mentally ill remand prisoners referred to community mental health teams and prison in-reach mental health services who achieved contact within one month of discharge. Outcomes were recorded for all 911 prisoners discharged from the prison in-reach service at Ireland's main remand prison during a three-year period. Of these, 39.5% had a diagnosis of severe mental illness and 37.5% were homeless. Within one month of discharge, transfer of care was confirmed for 68% of the 524 prisoners referred for mental healthcare follow up. Comparing those who achieved transfer of care with those who did not, it was found that those with an ICD diagnosis of F20-31 and active psychotic symptoms were significantly more likely to achieve transfer of care. We will describe the impact of adding a housing support worker to the team over an extended period. Successful transfer of care for mentally ill prisoners can be achieved following release from remand prisons to community treatment using a systematic approach with an emphasis on early, sustained interagency liaison and clear pathways.

## *Men Placed on Waiting Lists for Psychiatric Admission from Irish Prisons over Five Years: Clinical Outcomes During A Forensic “Bed Crisis”*

Margaret Gallagher, *University College Dublin* (margaret.gallagher2@ucd.ie)

Ireland has low provision of general and forensic beds compared with other western countries. In recent years there have been difficulties and delays in accessing forensic beds for prisoners with severe mental illness. We measured clinical outcomes for all male prisoners placed on psychiatric admission waiting lists in Ireland during 2015–2019, with times to admission and other outcomes, and whether admissions were risk-appropriate. Security requirements and clinical urgency were assessed using the DUNDRUM Toolkit. 541 male prisoners spent over 114 years on admission waiting lists during 2015–2019. 23% improved with voluntary treatment while 77% did not. Admission was achieved for most, albeit after lengthy delays for some. Diversion from remand to non-forensic inpatient settings arranged by the Prison Inreach and Court Liaison Service (PICLS) at Ireland's main remand prison contributed 54% (179/332) of all admissions achieved. Median delay to admission was 59 days for forensic admissions and 69 days for admissions to non-forensic hospitals from sentenced settings, compared with 16.5 days for admissions to non-forensic hospitals from remand. Long delays for admission were partly mitigated by transfers to non-forensic hospitals, mainly diversion of minor offenders from remand settings.

## **183. Restorative Justice in Cases of Sexual Violence: A TJ Lens**

*When a Boy Hurts a Girl in Cyberspace: Mapping Challenges and Successes in Restorative Justice*

Ronen Shehman, *University of Haifa* (ronens176@gmail.com)

Recent years have seen a significant increase in Cyber Sexual Offenses (CSO) committed through the creation and distribution of intimate images and videos of others without their knowledge or consent, oftentimes by minors against minors. Restorative justice (RJ) offers a platform to conduct an open, direct, and safe dialogue between those who commit criminal offenses and those who are victimized by these actions. This explorative study aimed to identify the central characteristics of RJ processes conducted following CSO by and against youths and to explore their potential benefits and pitfalls. The study involved in-depth interviews with ten RJ facilitators and mediators in Israel and Belgium, who led RJ processes following CSO among minors. In addition, content analysis of documents describing these processes was conducted. Four themes emerged: 1) A highly-intense process with a courteous and restrained ambiance; 2) Shame and fear among all youths as the dominant feelings; 3) A need for significant preparation with parents of both parties before they are ready for dialogue; and finally, 4) A recurring challenge in identifying the appropriate quorum for an apology.



## *The Paths of Compassion in Restorative Justice Following Sexual Violence*

Natalie Hadar, *University of Haifa* (nataliehadr@gmail.com)

Recent years have seen a gradual expansion in the use of restorative justice (RJ) as an alternative or an additional response to sexual violence (SV). One of the values of RJ is compassion, defined as a "deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it" (Gilbert, 2009). In Israel, the Betsedek program facilitates RJ processes following SV between survivors and responsible persons (RP), and sometimes with supporters. The study aimed to examine the compassion dynamics during and following RJ processes in cases of SV from the perspective of the survivor and RP. Data collection included semi-structured in-depth interviews with 23 survivors, 10 RPs, 12 supporters, and five facilitators - a total of 50 interviews that captured the stories of 24 RJ processes. The findings reveal the contagiousness of compassion. It begins with the survivors' self-compassion and develops into mutual compassion. During the dialogue, the survivors' anger and RPs' subservience generate a new balance of vulnerability, through mutual gestures of humanization, gratitude, and grieving. Post-process, interviewees described increased self-compassion that may improve the survivor's and RP's well-being.

## *The Needs, Interests, and Expectations of Victims and Perpetrators in Legal Proceedings Following Sexual Assault*

Rotem Aloni Davidov, *University of Haifa* (rotem@adt-law.co.il)

The concept underlying formal legal procedures is that the interests, needs, and expectations of the parties are opposed to each other; in fact, it is a battle between two positions that only one can win. This study sought to examine the justice-related needs, interests, and expectations of survivors and perpetrators of sexual assaults. It included 33 in-depth interviews with survivors and perpetrators, lawyers, and other professionals involved in the legal processes following such crimes. The findings reveal a complex picture in which the needs, expectations, and interests of opposing parties meet. Formal legal procedures often distort the parties from each other, whether by forcing them to meet against their wishes or preventing them from meeting when they wish to do so. Legal procedures also limit or regulate the possible solutions the parties wish to achieve. An analysis of the findings through the therapeutic jurisprudence lens indicates that the legal process does not improve the mental and emotional state of those who come into contact with it, does not allow them to move on with their lives, deepens and intensifies harm, and prevents both sides from receiving their emotional needs and interests.

## *Enhancing Access to Justice for Maltreated Youth Through Child-Inclusive Restorative Justice*



Tali Gal, *Hebrew University* (tali.gal@mail.huji.ac.il)

Childhood victimization occurs everywhere: in homes, kindergartens and schools, in state-care institutions, neighborhoods, workplaces, and online. The most vulnerable children are least likely to disclose their victimization and see their cases prosecuted. Restorative justice (RJ) offers an alternative way for addressing criminality. It promotes accountability and reparation, without the debilitating effects of incarceration. RJ places victims at the center and enables them to communicate with perpetrators, usually with state monitoring. Recent decades have seen the widespread use of RJ worldwide. Yet, despite indications that RJ reduces violent crime, most programs target cases involving misdemeanors, juveniles, and first-time offenders. Childhood victimization has generally been left outside the scope of RJ programs, apart from juvenile offending, where the main goal is offender rehabilitation. Consequently, when the victim is a child, the promise of RJ to give victims a voice is often unfulfilled. The high rates of childhood victimization and the shortcomings of criminal justice systems in prosecuting such crimes highlight the need for child-inclusive RJ programs targeting crimes against children. The present article reviews findings from the fields of RJ, children's rights, psychology, and victimology. Through integrating these practices and approaches, it proposes a set of standards for developing child-inclusive RJ programs.

## **184. Tension in Legal System Treatments and Processes**

### *Parent-Child Contact Problems: Theoretical Differences and Therapeutic Interventions*

Marcy A. Pasternak, Forensic Psychologist, *Watchung, New Jersey, USA*,  
(marcypasternak@gmail.com)

Sharon Ryan Montgomery, Forensic Psychologist, *Morristown, New Jersey USA*,  
(sharonrmpsy@gmail.com)

Parent-Child Contact Problems (PCCP) are perhaps the most toxic situations for a separating/divorcing family to experience, and in addition are extremely difficult to treat. There is a theoretical divide in the field with regard to understanding the etiology of such problems, which leads to a difference in how to approach and treat this family dynamic. There are those who view this dynamic as resulting from a single cause, stemming from either domestic violence/abuse or alienating behavior on the part of one parent. These two uni-dimensional causes are often juxtaposed within the same case. On the other hand, there is the multi-faceted view regarding etiology, espousing that the situation is very complex, there are multiple contributing factors, and all family members contribute in some way to the problem. The treatment/intervention for PCCP varies based upon this theoretical divide. We will be exploring the different types of approaches and focusing upon the multi-faceted model and family systems interventions that can address the

problem. Both outpatient Family/Reunification Therapy as well as Family Intensive Interventions will be explored.

### *Surveil To Transform: The Therapeutic Control of Mothers in Quebec's Youth Protection Case Law*

Delphine Gauthier-Boiteau, *Université d'Ottawa* (dgaut056@uottawa.ca)

The operative part of judicial decisions made by the Court of Quebec Youth Division, in youth protection cases, includes therapeutic mechanisms aimed particularly at mothers. The therapeutic nature of these conclusions either “recommend” or “order” that mothers comply with mental health, substance use, parental capacities, or domestic violence related care. Although not a therapeutic court per se, this study suggests that the principles on which therapeutic jurisprudence rests influence judicial action. Thus, punitive measures made in protection cases—such as losing care of a child—increases the preexisting power dynamics between mothers and State agents, therefore affecting their possibility to give informed consent. The present study employed a discourse analysis of youth protection case law. Drawing on the concepts of therapeutic surveillance and therapeutic policing, this presentation aims to reflect on the processes through which therapeutic injunctions are fabricated. As mothers are subjected to intimate surveillance, the psychologisation of their difficulties further justifies their unfitness and normalization. Empirical data suggests that the entanglement of social and judicial interventions produce therapeutic injunctions as a form of social control. The relationship between these interventions organizes and shapes institutional practices that reproduce epistemic injustices and the therapeutic control of mothers.

### *Bipolar Disorder: The Intersection of Culture, Law and Psychology*

Linda Fleming McGhee, *George Washington University* (drlinda@drlmcghee.com)

As highlighted in the chapter I authored in the book "Psychological Assessment of Bipolar Spectrum Disorders," culture plays a significant role in the assessment, diagnosis, treatment and prognosis for those with bipolar disorder. Race is a significant cultural factor in the diagnostic efficacy of bipolar. The tendency to misdiagnose Black people who have bipolar disorder has far-reaching implications that often results in treatment and pharmacological misalignment, delayed treatment, and even negatively impacts life trajectory and expectancy. Unfortunately, these treatment disparities carry over to the legal system as the law often highlights the risks Black people with bipolar disorder face in the criminal justice environment including the areas of risk factors for criminality. A person with bipolar in the criminal system are more likely to face incarceration and face negative post-release trajectories. This presentation will capture the discrepant treatment Black people with bipolar face across the psychological treatment structures and the legal system. We will also address systemic solutions to improve treatment, well-being and legal barriers.

### *Challenges for Mental Health Professionals' Participation in Parenting Matters*

Shelley Kierstead, *Osgoode Hall Law School York University*, ([skierstead@osgoode.yorku.ca](mailto:skierstead@osgoode.yorku.ca))

Mental health professionals constitute an integral part of the family law system - specifically in situations of separation/divorce involving complicated parenting issues. However, there are reported concerns that these professionals have increasingly become the subject of online harassment, media disparagement, and professional college complaints by individuals who are dissatisfied with the approach that these professionals adopt in their counselling and parenting assessment work. In addition, in at least some jurisdictions, a complaint (by one disgruntled parent without the knowledge or consent of the other) will lead automatically to the professional becoming ineligible to continue working with the family. It appears, anecdotally, that some lawyers are facilitating problematic behaviours on their clients' behalf. There are several alleged negative outcomes associated with this phenomenon: (1) mental health professionals experience a lack of respect from other professionals within the family law system; (2) online harassment and complaints to professional colleges are wreaking emotional and financial havoc on mental health professionals, many of whom have, consequently, withdrawn from conducting parenting assessment and reunification therapy services; and (3) as a result of (2), fewer professionals are available to provide required services for children and their families. This research is the beginning of a larger project aimed at formulating recommendations for changes to family law and college complaints procedures. The presentation will report on initial findings of focus group research with mental health professionals who either currently engage in, or have in the past engaged in parenting assessments and/or therapeutic services within Ontario's family law system.

### *Credibility on Trial: Sexual Assault Victims' Experiences of a Criminal Legal Trial*

Hiyat A. Mitchell, *University of Calgary*, ([hiyatmitchell@gmail.com](mailto:hiyatmitchell@gmail.com))

Determining credibility for victims of sexual assault victims who testify during a trial remains complicated, problematic, and nearly impossible to prove. Yet credibility assessments remain pivotal in determining whether a sexual assault crime has been committed when there is often no corroborating evidence. Because victims' willingness to enter the legal system remains disproportionate to the number of assaults committed, the crime of sexual assault remains largely unseen, unknown, and underrepresented, leaving women and their stories to remain invisible while simultaneously experiencing gaps in justice. My presentation discusses female sexual assault victims' experiences in a criminal trial to learn how their testimony is deemed credible. I will discuss how assessing legal credibility affects and impacts one's meaning-making of self, one's sexual assault, and one's experiences of testifying. My research asks: What can credibility assessments teach us to make them less harmful? How would less harmful attacks on credibility contribute to reporting rates? Can incorporating a therapeutic jurisprudence (TJ) approach to teaching help law students address gaps in justice?

# 185. Therapeutic and Culturally Sustaining Conflict Transformation: Perspectives from Three Continents

## *Trauma-Informed and Healing Centered Conflict Transformation*

Susan L Brooks, *Drexel University Kline School of Law* (susan.brooks@drexel.edu)

This presentation will outline a framework I have developed as an extension of my earlier work connected to exploring therapeutic approaches to Family Law/Family Policing and Legal Education. It draws heavily on a chapter I am developing for a forthcoming set of volumes called the 'International Encyclopedia On Restorative Justice'. My current project encompasses work undertaken in West Philadelphia, Hawai'i, Israel/Palestine, and New Zealand/Aotearoa, specifically around facilitation of conflict transformation processes in situations of deep cultural divides. A prominent theme that emerged across all these contexts is the omnipresence of trauma and both its historical and ongoing impacts on all participants in these processes at the personal, interpersonal, and systemic levels. The framework focuses on three core features of healing-centered restorative justice: (1) contextualized, multi-dimensional understandings of trauma; (2) a strengths orientation toward human behavior; and (3) a relational worldview that emphasizes interconnectedness, mutuality, and shared humanity and responsibility. By contextualizing trauma using a multi-dimensional lens which includes greater emphasis on the systemic aspects of trauma, shifting the emphasis toward strengths, and incorporating a relational worldview, conflict professionals in fields such as restorative justice and mediation can seek to develop effective and culturally sustaining approaches that promote healing.

## *Transforming Interpersonal Conflict in Israel: Insights from Three Mechanisms*

Tali Gal, *Hebrew University of Jerusalem* (tali.gal.@mail.huji.ac.il)

This presentation will bring together insights from three distinct research projects which examined conflict transformation in diverse ethnic, national and cultural communities in Israel. The first study focused on community-based restorative justice sessions held by the Mosaica program, and examined the role of community representatives in these processes. Particular attention was placed on the ways community representatives were able to act as cultural mediators in cases of inter-religious conflicts. The second research project focused on the Sulha – an Arab tradition of mediation and reconciliation – and its implementation in Israel. Insights drawn from interviews with families of victims and perpetrators who participated in Sulha gatherings highlight the tensions between traditional and modern, and community-based and state-based mechanisms. The third project examined the manifested cultural behaviors, perceptions and norms in Family Group Conferences which included children and youth from Arab and Israeli-Ethiopian communities in Israel. An integrative analysis of the findings from these three research projects highlights the need

for restorative justice to be self-reflective and critical about cultural differences, power, and the various meanings of justice.

### *Promoting Therapeutic and Culturally Sustaining Transformation Inside Courts: Māori-Led Youth Court and Drug Court in New Zealand/Aotearoa*

Helen Bowen, *Auckland University of Technology* (helen@bowen.org.nz)

This presentation will offer illustrations of therapeutic and culturally sustaining approaches and practices from two innovative court programs in New Zealand/Aotearoa. The presenter is an experienced attorney and restorative justice facilitator who works regularly in these courts and will share stories and observations highlighting core elements that contribute to the court programs' effectiveness and positive impact on participants, court staff, and community members. Perhaps the most important element is strong Māori leadership, including judges and key court personnel who are part of Māori communities and bring with them familiarity with Māori language and cultural traditions. The effectiveness of Māori leadership and influence in these contexts also extends to the inclusion of Māori cultural and spiritual rituals and other cultural practices. The presentation will conclude by offering a separate example of a post-conviction restorative justice program currently under development to demonstrate how these same core elements can be transferable to other contexts, both within and outside traditional court systems.

## **186. TJ and Public Policy**

### *Therapeutic Jurisprudence and Public Policies*

Daniel Pulcherio Fensterseifer, *Integrated Regional University of Alto Uruguai e das Missões*, Rio Grande do Sul Brazil, (danielpulcherio@uri.edu.br)

This research involves the possibility of adopting the Therapeutic Jurisprudence perspective in the public policies field. It is known that public policies are implemented and developed based on laws and norms and that these documents cause important impacts on all people affected by the public policy. As already verified in other Therapeutic Jurisprudence application fields, this impact can bring therapeutic and anti-therapeutic effects. In addition, the implementation of public policies directly or indirectly are relate to the search for a good happiness index in a country, being here the link between the application of the law and the psycho-emotional consequences that the law can generate on the person or on the society. This is an exploratory, qualitative, bibliographical and documentary research whose general objective is to verify the possibility of adopting the Therapeutic Jurisprudence perspective in the public policies field. Among the expected results, it is expected to find the possibility of combining Therapeutic Jurisprudence with Stephen Ball's public policy cycles.

### *A Call to Action, Trans Mental Health and Legal Protections in Massachusetts*

Eunice Veronica Aviles, *Transcending Identities*, ([doctor@euniceaviles.net](mailto:doctor@euniceaviles.net))  
Dallas Ducar, **MSN, APRN; Transhealth**, ([dallas@transhealth.org](mailto:dallas@transhealth.org))

This presentation will delve into the intricate relationship between the legal environment and mental well-being, starting with case studies of how transgender and gender-diverse patients could have benefited from stronger legal protections. It will then focus on the pioneering initiatives in Massachusetts that have had an impact and their potential application on a larger scale. Recognizing the interconnectedness of individual efforts and systemic change, this presentation will underscore the actionable strategies that have succeeded in Massachusetts and outline a roadmap to extend this progress. It aims to empower participants by illustrating how legal frameworks can be both a reflection of and a catalyst for a compassionate approach to affirming mental health. By analyzing the achievements, identifying opportunities for a larger roadmap, and providing a concrete pathway to impact, this presentation invites reflection on how individual and systemic initiatives can foster a broader impact. The goal is not only to enhance individual well-being but also to inspire a cohesive movement grounded in advocacy that uplifts the mental health and overall welfare of transgender and gender-diver individuals and others who have faced systemic discrimination.

### *Designing Trauma-Informed Law and Public Policy*

David C Yamada, Suffolk University Law School ([dyamada@suffolk.edu](mailto:dyamada@suffolk.edu))

Currently, the dominant paradigm of trauma-informed law pertains to how insights about psychological trauma and traumatization can be applied by attorneys and judges. The primary focus is client-based, starting with the understanding that psychological trauma can negatively affect clients in significant ways that may impede their ability to participate effectively in legal matters. This work is invaluable, helping us to foster discussions about how to support traumatized clients in effectuating their legal rights. However, considerations of how insights about psychological trauma can shape the design and substance of law and public policy have taken a distant back seat to practice applications. We need to encourage conversations about the trauma-informed design of legislation, regulations, legal processes, and legal institutions. This presentation, based on the presenter's forthcoming law review article, will propose a general framework for considering when and how new (or amended) laws and policies may be appropriate responses to events and behaviors that cause psychological trauma, using the lens of therapeutic jurisprudence. Examples from employment law will be provided to illustrate practical applications of the framework.

### *Creating Roots for Well-Being and Desistance Through Art*

Mark Jones, *University of South Wales* ([mark.jones2@southwales.ac.uk](mailto:mark.jones2@southwales.ac.uk))

There is a growing understanding of the power of art as a transformational experience that can support rehabilitation and the desistance journey of those who have offended and are resident in prison (Atherton et al, 2022) and that supporting the development of positive overall well-being is an important element of successful desistance (Link et al, 2019; & Wallace & Wang, 2020). This

research captures the impact of an arts project called ‘Creative Roots’ that was facilitated in Parc Prison, Wales, UK from September 2022 to May 2023. The research used the CHIME recovery model for mental health to better understand the overall narratives and the well-being of the men during and following their engagement with the project. Ultimately, the project did increase the feelings and experiences of connectivity, hope, identity, meaning, and empowerment with all residents that engaged with it. It gave those involved an opportunity to take off the prisoner mask and be more relaxed, more open, and creative, and in doing so the experiences and outcomes were positive and transformational.

## 187. TJ Focused Courts and Judging

### *Judging in a Therapeutic Key - Judicial Supervision of People with Mental Impairment in Both Mainstream and Specialist Courts*

Pauline Therese Spencer, *Magistrates' Court of Victoria* (jso@courts.vic.gov.au)

People with lived experience of mental impairment - intellectual disability, brain injury, neurodiversity, and mental ill health - commonly appear in criminal courts. Therapeutic jurisprudence, with its emphasis on wellbeing, can facilitate rehabilitation and improve community safety. In this presentation judicial officer Pauline Spencer, Head of Division, Specialist Courts and Programs of the Magistrates' Court of Victoria will discuss how therapeutic jurisprudence is being given practical effect through the implementation of a suite of mainstream court support programs and specialist courts in Victoria Australia. Magistrate Spencer will discuss the practice of judicial supervision whereby the person appears before the same judicial officer over time. She will explore the legislative basis, the social science knowledge base, and the techniques of judicial supervision. She will also discuss how this therapeutic jurisprudence practice of judicial supervision can be targeted to best effect in busy mainstream courts and its key role in the specialist courts that are designed to meet the needs of people with more complex needs.

### *Technology, Empathy and Judges*

Tania Michelle Sourdin, *University of Newcastle* (tania.sourdin@newcastle.edu.au)

Technological tools can assist to support empathic responses by judges. From the use of the controversial micro expression tracking tools to more recent developments in neuro tech, technological approaches can support judges in terms of their development and approaches in restorative settings. Whilst there are risks with many tech tools, there are also opportunities to support more empathic judicial responses. The risks include using tech tools to determine whether a judge is focused on a matter (which raises potential appeal points) and using tools to manipulate judges as well as participants involved in judicial activities. The opportunities include the potential reduction of judicial stress as well as enabling and supporting the development of judicial skills and attributes. Initially, the presentation will focus on what the characteristics of a responsive judge are before turning to how technology can support judicial development.

## *Straight-Talking, But From the Heart: Exploring Judicial Court-Craft in Sentencing Offenders for Intimate Partner Violence – A Framework For Applying A TJ Lens*

Christina Hudson, *University of Tasmania* (nina.hudson@utas.edu.au)

Conventional paradigms for understanding family violence (FV) sentencing, underpinned by the ‘justice model’, have tended to prioritise the sentence itself as the most important mechanism for offender behaviour change. However, research has identified problematic practices under this model and highlighted a disjuncture between traditional and contemporary conceptualisations of FV. This has cast doubt on the wisdom and effectiveness of strictly traditional approaches to sentencing, given its significance as a tool for communicating with the offender. Therapeutic jurisprudence (TJ) offers an innovative lens for understanding FV sentencing. This presentation is based on Dr Hudson’s PhD thesis, an empirical study addressing a research gap on TJ’s potential to be harnessed in the moment of judicial communication of sentence to intimate partner violence (IPV) offenders, amid efforts to increase perpetrator accountability and improve community safety. The study employed quantitative and qualitative analysis of sentencing comments by Tasmanian and Victorian magistrates and judges. The presentation explains the original ‘TJ lens framework’ to conceptualise sentence delivery as ‘communicative court-craft’, articulating three ‘dimensions’ aligned with potential effects of judicial practice on offender psychology and emotional wellbeing.

## *What Does ‘Success’ Look Like? Findings From a Mixed-Methods Evaluation of an Australian Drug and Alcohol Court*

Lorana Bartels, *Australian National University* (lorana.bartels@anu.edu.au)

Meredith Rossner, *Australian National University* (meredith.rossner@anu.edu.au)

In this presentation, we introduce the Drug and Alcohol Sentencing List (DASL) in the Australian Capital Territory, which was established in 2019. As independent evaluators of the program, we undertook a developmental and mixed-methods approach, examining a range of qualitative and quantitative indicators, including fidelity to global best practice standards, program outcomes such as attrition and cost savings, social integration outcomes, and recidivism. We found a range of positive outcomes, including substantial savings, in terms of prison costs, improved community safety, in the form of reduced recidivism, and improved family relationships, mental and physical health, and employment outcomes for participants. We engage with debates over the use of recidivism as a performance measurement, and consider method, measurement, and culture in developing a holistic evaluation framework. In particular, we consider the use of the 10 key components of drug courts and 10 best practice standards for adult drug courts to measure success. Our paper will highlight key findings and future directions to inform the development of and research on gambling courts.



## *Achieving Therapeutic Justice Through Mediation: The Challenge of Medical Treatment Disputes*

Jaime Lindsey, *University of Reading* ([j.lindsey@reading.ac.uk](mailto:j.lindsey@reading.ac.uk))

This presentation analyses the use of mediation as a dispute resolution mechanisms to resolve in healthcare disputes concerning adults and children, an area which has been fraught with high-profile conflict in recent years. Drawing on the emerging empirical research findings from our ESRC funded project ‘Mediation of Medical Treatment Disputes: A Therapeutic Justice Model’, we argue that there is some evidence emerging that mediation may be able to provide improved opportunities for supporting families and healthcare professionals through these difficult cases, particularly given the increased process and outcome flexibility, understanding, collaboration and improved participation it can provide. However, mediation also poses several challenges for ensuring that families are effectively supported to achieve a therapeutically just outcome. In particular, we consider the potential anti-therapeutic consequences, including that mediation is difficult to use in cases of closedness and entrenched positions, that it might be used as a tool to persuade families and that it may not have sufficient safeguards built in to protect the patient's best interests.

## **188. TJ - Measurement and Evaluation Methods (I)**

### *The Use of Therapeutic Jurisprudence In Gambling Courts: A Systematic Review*

Lorana Bartels, *Australian National University* ([lorana.bartels@anu.edu.au](mailto:lorana.bartels@anu.edu.au))

Aino Suomi, *Australian National University* ([aino.suomi@anu.edu.au](mailto:aino.suomi@anu.edu.au))

Meredith Rossner, *Australian National University* ([meredith.rossner@anu.edu.au](mailto:meredith.rossner@anu.edu.au))

Amanda Roberts, *University of Lincoln* ([ARoberts@lincoln.ac.uk](mailto:ARoberts@lincoln.ac.uk))

Pathological gambling, or gambling disorder, is a mental health disorder included in the Diagnostic and Statistical Manual (DSM), under the Substance-Related and Addictive Disorders category. There is an established relationship between crime and problem or disordered gambling. To address the causal pathway from problem gambling to criminal offending, specialised gambling courts have been established in the United States and, more recently, in Australia. Where available, gambling court interventions operate as an alternative to mainstream criminal court proceedings and can include a number of mandated solution-focused components, such as financial counselling and/or planning; psychoeducation; gambling-specific therapeutic treatment and/or peer support; housing support; welfare assistance; practical and family support; and employment services. This paper will present the findings of the first systematic review of gambling courts, as well as qualitative research on the processes and protocol underpinning such courts.

## *Social Media, AI, the Metaverse, and a Set of Models to Help Forensically Evaluate Undue Influence*

Steven Alan Hassan, *The Program in Psychiatry and the Law* (center@freedomofmind.com)

Using Artificial Intelligence (AI), supercomputers, and citizens' data, bad actors unduly influence millions of minds through digital content (e.g., social media) on digital portals (e.g., phones, virtual reality headsets). A framework for evaluating undue influence will be crucial in the years ahead. The DSM-5 identifies this group of patients under a special category: Other Specified Dissociative Disorder 300.15 (F44.9). "Identity disturbance due to prolonged and intense coercive persuasion: Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity." I am a clinician, having worked 48 years to reprogram minds from authoritarianism. Online hypnosis and NLP remain unregulated, causing lost time, off-lined critical thinking, and radicalization from values and beliefs toward extremist positions, violence, and treason. Law professor emeritus Alan Schefflin's The Social Influence Model explains influencee unique traits and situational vulnerabilities, and influencer characteristics, including malignant narcissism. My doctoral dissertation, The BITE Model of Authoritarian Control: Undue Influence, Thought Reform, Brainwashing, Mind Control, Trafficking and the Law, offers to update the legal system with a framework to evaluate Undue Influence.

## *Implementing Therapeutic Jurisprudence: A Developmental Paradigm for Assessing Youth Who Are Sexually Abusive*

L. C. Miccio-Fonseca, *Clinical Psychologist, Clinic for the Sexualities, San Diego, United States of America* (lcmf@cox.net)

Youth who engage in persistent coarse sexual improprieties and/or, sexually abusive behaviors are too often viewed primarily through an adult criminological lens, regardless of their age, gender, judicial status, and/or experiences of past trauma/victimization, is contrary to the principle of therapeutic jurisprudence. A new holistic, idiosyncratic assessment paradigm is advocated, considering numerous multiplex developmental variables (i.e., overall human sexual development, gender identity, sexual identity, sexual orientation, erotic development, intimacy deficits, adverse childhood experiences/trauma), as well as sociological and anthropological fundamentals. The paradigm is in tandem with principle of therapeutic jurisprudence, grounded on the Family Lovemap model, a conceptual framework for assessing the youth's bio-physio-psycho-social-sexual and erotic development. Supporting the paradigm are empirical findings from the combined cross-validation studies (N = 3,901 and 2,717) on the risk assessment tool, MEGA♫. Samples were comprised of male and female youth, ages 4 to 19 (including youth with low intellectual functioning), drawn from research sites in several states in the USA and other countries (i.e., Canada, England, Scotland, Ireland, and Australia). The presentation will discuss salient risk and protective factors found to be significant in the MEGA♫ research, and the implications of these findings on clinical practice and policy.

## *Longitudinal Study of Adolescents Adjudicated for Sex Crimes and Later Located as Adults on a State Sex Offender Registry*

Lucinda Lee Rasmussen, *San Diego State University* (rasmuss2@sdsu.edu)

This presentation focuses on a longitudinal study (15.76 years, mean follow-up = 12.68 years, SD = 1.71) of 145 adolescents who were adjudicated for sex crimes and placed in a secure residential facility in California, USA. This was the first USA study to follow a cohort of youth adjudicated for sex crimes and examine if they were located as adults on a state sex offender registry (i.e., the predictive variable for recidivism). Recidivism, defined as being located on the California Megan's Law Sex Offender Registry website, was 6.2%. Presented are common denominators of recidivists and non-recidivists (i.e., history of physical abuse and/or neglect/emotional abuse, history of exposure to domestic violence, having few protective factors), as well as variables that differentiated the groups. Implications for trauma-informed practice with the transition-age (18 to 25) population of sexually abusive individuals are discussed. Policy considerations related to therapeutic jurisprudence and sex offender registries are highlighted.

## **189. TJ - Measurement and Evaluation Methods (II)**

### *Trauma Mental Health Treatment By Virtual Platforms*

Jennifer A. Bourassa, *TVB Trauma Experts* (TVBtraumaexperts@gmail.com)

Conducting evidenced based mental health trauma treatment modalities such as Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT) on a virtual platform with Veterans and RCMP; some of the challenges and successes during the pandemic. Outcome measurements were captured with the use of the Posttraumatic Stress Disorder Checklist (PCL-5) and the Patient Health Questionnaire for Depression (PHQ-9).

### *Emotion Dysregulation – A Bridge Between ACE and Aggressive Antisocial Behavior*

Adam Meddeb, *Lund University* (adam.meddeb@med.lu.se)

Märta Wallinius, *Lund University* (marta.wallinus@med.lu.se)

Carlo Garofalo, *University of Perugia* (carlo.garofalo@unipg.it)

Malin Hildebrand Karlén, *University of Gothenburg* (malin.karlen@psy.gu.se)

Aggressive and antisocial behaviors (AAB) are common amongst forensic psychiatric patients who also report a disproportionately high exposure to adverse childhood experiences (ACE). The link between ACE and AAB is well validated across forensic populations and has in the literature

between termed the “cycle of violence”. However, less is known about what specific mechanisms that might explain this vicious cycle. Available research suggest that emotion regulation (ER) might act as a mediator between ACE and AAB. In this study we examined associations between ACE, AAB and ER in a forensic psychiatric inpatient sample and the mediating role of ER on different forms of AAB. A cohort of 97 inpatients were recruited at a maximum-security hospital in Sweden 2016-2020. Data was collected through file reviews and self-reports. Widespread zero-order associations among the study variables emerged, with small to moderate effect sizes. No mediation was found between overall ER and AAB. However, results showed that the specific difficulty to act in accordance with long-term goals under emotional pressure mediates the link between ACE and Aggression. In line with previous research, ACE was found to be a significant predictor of AAB across models which emphasises the importance of early prevention.

### *Constructing a Measure of Therapeutic Jurisprudence Through Consensus-Building: A Delphi Approach*

Daniel James Gibbs, *University of Georgia* (dangibbs@uga.edu)

Allison Dunnigan, *University of Georgia* (allison.dunnigan@uga.edu)

Therapeutic Jurisprudence, as a legal theory and approach, is considered a guiding principle for the many problem-solving courts that have been founded in jurisdictions around the world. To date, there is no generally-accepted measure of Therapeutic Jurisprudence that can be employed in developing and evaluating such courts. Using a consensus-building method known as the Delphi approach, the presenters are part of a research team that is consulting with and surveying subject area experts in this field to identify and synthesize key components of Therapeutic Jurisprudence. This process will culminate in the development of a measure that can be used by professionals, court programs, and researchers to determine whether these components are present in court policies and practices. This presentation will detail the importance of measurement and evaluation in demonstrating the effectiveness of court processes, outline and share preliminary results of the study, and allow participants to provide feedback on the ongoing development of the Therapeutic Jurisprudence measure.

### *Therapeutic Jurisprudence and Public Policies*

Daniel Pulcherio Fensterseifer, *Integrated Regional University of Alto Uruguai e das Missões*, Rio Grande do Sul Brazil, (danielpulcherio@uri.edu.br)

This research involves the possibility of adopting the Therapeutic Jurisprudence perspective in the public policies field. It is known that public policies are implemented and developed based on laws and norms and that these documents cause important impacts on all people affected by the public policy. As already verified in other Therapeutic Jurisprudence application fields, this impact can bring therapeutic and anti-therapeutic effects. In addition, the implementation of public policies directly or indirectly are relate to the search for a good happiness index in a country, being here the link between the application of the law and the psycho-emotional consequences that the law can generate on the person or on the society. This is an exploratory, qualitative, bibliographical and documentary research whose general objective is to verify the possibility of adopting the

Therapeutic Jurisprudence perspective in the public policies field. Among the expected results, it is expected to find the possibility of combining Therapeutic Jurisprudence with Stephen Ball's public policy cycles.

## 190. TJ-Related Pedagogy and Practice

### *TJ Preparation for Practice*

Bree Williams, *Monash University* (bree.williams@monash.edu)

Legal education that is informed by Therapeutic Jurisprudence (TJ) has the potential to equip future lawyers to integrate therapeutic concerns and foster a problem-solving orientation. This presentation will explore how TJ can enhance preparation for practice, by teaching students explicit TJ methods, or by using a TJ-informed legal education framework. The possible use of TJ practices and techniques can only be deeply understood when it is grounded in a more complete, humanised understanding of laws. TJ-friendly techniques can be infused in any legal landscape through humanised legal education. The impact for learners will be to change the orientation of lawyering toward something more intentional, aware and humane. A TJ-informed approach to legal education will produce lawyers who give voice to community members and empower them to participate in solving their legal problems. A more humanised understanding and application of the law follows. This way legal education can enable the creation of new techniques and avoid a narrow conception of practice.

### *Professional Identity Formation through Therapeutic Jurisprudence (TJ)*

Sofia Lizzio, *University of Puerto Rico* (s.lizzio@foutsislaw.gr)

David B. Wexler, *University of Puerto Rico* (davidbwexler@yahoo.com)

Therapeutic Jurisprudence (“TJ”) is an approach to law which highlights “*wellbeing*” as an important component of the legal system. The aim of this blog is to prove that applying law in a TJ manner is a simple and “*ready to use*” tool to fulfill the revised ABA Standards for the development of a professional identity in the legal profession. In fact, professional identity formation is now not only encouraged, but required by the American Bar Association. Its accreditation standards - specifically, Standard 303, which governs the law school curriculum - have now been formally revised to that effect. As a result, many schools will opt to create and mandate courses or programs to meet this requirement. We have realized that the core insights of TJ are at the heart of such renewed interest of the ABA to create the space for, and support, the development of a legal professional identity at an early stage of one’s curriculum. To this purpose we will present a set of TJ legal values creating the “*lens*” through which professionals can apply the law in a “*better and more fulfilling way*” and a collection of examples of different legal roles that can give tangible ideas of professional identity formation. The hope is that bringing an explicit ethic of care into law practice will better serve clients, humanize law practice for clients and lawyers, contribute to lawyer satisfaction and decrease lawyer distress.

## *Aligning student experience with TJ threshold learning outcomes.*

Cate Banks, *Monash University* (cate.banks@monash.edu)

Adopting a therapeutic jurisprudential ('TJ') approach to legal education can assist in the development of technical and relational skills which are essential to humanised, client-oriented legal practice. This article aligns therapeutic jurisprudence threshold learning outcomes, with self-reported student experiences in an established health justice partnership clinical placement in an Australian university. Doing so allows us to evaluate the extent to which a TJ approach is achieved by this health justice partnership clinical placement. Many tenets of a TJ approach are intuitively part of the teaching and practice approach of a health justice partnership; however, by looking at student feedback and reflections, we hope to better understand whether, practically, the clinic's pedagogy has achieved its therapeutic aims. Additionally, we take the opportunity to challenge assumptions that technical skills and knowledge, and professional compliance obligations, are 'objective' and immovable factors of professional identity. As such, we note an important opportunity for clinical settings to challenge assumptions of objectivity in legal structures, actors, and behaviours, as an element of a TJ framework, but more broadly as a mode of promoting responsible, conscientious lawyering.

## *Becoming a Lawyer Healer*

John Vincent McShane, *Attorney-at-Law, Collaborative Divorce, Texas, United States of America* (john@johnvmcshane.com)

A lawyer healer is involved in a traditional lawyer/client relationship but also seeks (when appropriate) opportunities to assist the client with increased wellbeing physically, mentally, emotionally, or spiritually. There are four benefits to being a lawyer healer: 1. Infuses work with meaning and purpose. 2. Significantly greater career satisfaction. 3. Enhances lawyer's overall happiness (neuroscience proves service to others stimulates brain pleasure centers). 4. Lawyers who practice with this ethos of concern for the client usually attract more clients and make more money. To become a lawyer healer: 1. Develop strong intentionality toward achieving that goal and visualize it as clearly as possible. 2. Develop listening and creative problem-solving skills. 3. Learn to "lead from behind," e.g., don't provide solutions in a "top-down" manner to clients. 4. Facilitate process to allow the clients to discover their best course of action. Remarks of two to three minutes will be provided to establish the "basics" of these four skills. These verbal suggestions will be supplemented by extensive handouts and bibliographies relating to the acquisition of each skill.

## *Generational Trauma and the Pathology of the Survivor*

Traci Owens, *Attorney at Law, affiliation, missing city, missing country*  
(contacttraciowens@gmail.com)

Proper representation requires a thorough examination of a client's social history. What appears to be pathological behavior is often, upon closer examination, adaptive behavior. Criminal defendants who manage addictive and neurodiverse features are often a reflection of generational trauma that manifests in the family member who is conveniently scapegoated. This presentation will define generational trauma and look at the contributing factors that assist in presenting mitigation and defense evidence.

## **191. Training Mental Health Professionals for Working in The Court System**

### *The Role of the Psychologist and Psychological Testing for Forensic Evaluations*

Janet Schrager, *Clinical Psychologist, Clinical Associates of Greater Hartford, United States of America* (jschragerphd@comcast.net)

The court system, in dealing with children and families, has a tremendous need for mental health professional expertise. In order to be useful to the court, clinicians must get comfortable with explaining their opinions and having them challenged. Forensic seminars can be helpful in training professionals treating families and children. We will present ideas for seminars that have been proven to be useful for this work. Examples include preparing for expert witness testimony, report writing, and assessing complex issues in custody evaluations. Other topics include special education, assessing allegations of child abuse and neglect, and the use of psychological testing. Our presentations are enhanced by case studies, reviewing reports, and participating in mock trials. Real life cases in the news are sometimes used to make these topics relevant. We will include a few examples. We would welcome experiences of professionals in other countries in this area.

### *Parental Alienation in the Family Courts - What Mental Health Professionals Need to Know*

Bruce Freedman, *Clinical Psychologist, Freedman and Connolly Psychologists, Bloomfield, United States of America* (brushrink@gmail.com)

Handling cases of parental alienation is one of the most challenging practice areas for the family court system. Experienced mental health professionals, attorneys, and judges grapple with how to train young professionals to handle such cases. Without adequate expertise, these professionals can be used and manipulated to perpetuate a problem they are asked to remediate. Mental health professionals without adequate knowledge and training can be used to "validate" signs of alienation which may not in fact be real. Attorneys and the court can be used to delay corrective action in cases for which prompt correction is necessary to prevent long-term exclusion of a capable parent from the life of their child. I will outline some essential areas of training and experience necessary to handle these difficult cases. These include: understanding the different

types of family dynamics which fall under the “alienation umbrella,” recognizing appropriate developmental factors in children, and understanding the role of mental health professionals in working with parents and children in these cases.

### *An Overview of Forensic Psychiatric Education to Child and Adolescent Psychiatry Trainees Who Will Primarily be Engaged in Clinical Work in Their Careers*

Jonathan Raub, *Clinical Psychiatrist, Hartford Hospital, United States of America*  
(jonathan.raub@hhchealth.org)

For the past four-to-five years I have organized a forensic seminar for our child and adolescent psychiatry fellows, here at the Institute of Living in Hartford, Connecticut. The goal of the seminar are twofold: 1. To inspire potential interest amongst our trainees in pursuing formal forensic psychiatry training, and 2. To introduce forensic concepts so that there is familiarity with such when encountered in clinical practice. Core subjects include: “Introduction to the United States Legal System,” “Ethics of Forensic Psychiatry,” “Expert Witness Testifying and Report Writing,” “Landmark Legal Cases,” “Child Custody,” and with a mock custody trial completing the academic year as trainees serve as opposing experts. “Non-core” subjects (those that occur in one of the years of training but not both) include: “Legal Issues in the Treatment of Minors,” “Psychological Autopsy and School Shootings,” “Risk of Violence in Youth,” “Sexual Abuse,” “Psychological Testing in Forensic Evaluations,” “Special Education,” and “Defensive Documentation and Malpractice.” Participants and guest discussants in the forensic seminar include family attorneys, attorneys specializing in healthcare, psychologists, and social workers. The goal of my presentation is to provide an overview of forensic psychiatric education to child and adolescent psychiatry trainees who will primarily be engaged in clinical work in their careers.

### *The Training of Forensic Professionals to Appear in Court and Understand the Nuances of Direct and Cross Examination*

Robert Katz, *Attorney-at-Law, Loudon, Katz, and McGrath, Hartford, United States of America*  
(bob@lkmfamilylaw.com)

While litigating family law cases over a 40-year career, I considered cases involving experts (their reports and their testimony) the most challenging and interesting. In my presentation, I will discuss expert reports and testimony in child welfare and custody cases, focusing on the elements of a well-written report and persuasive testimony. I will also discuss the elements of direct vs. cross-examination and a lawyer advocating for or against the opinions of the expert. My presentation will include the training of new forensic experts through discussion and role playing - a program I participated in at the Institute of Living in Hartford, CT. Training at the Institute of Living also focused on the what constitutes a well written, persuasive report and defending same in a court room setting. Specifically, writing expert reports and appearing in court related to child welfare and custody cases.



## *Forensic Practice: A Common Definition*

Howard Sovronsky, *Child Behavioural Health Officer, Connecticut's Children, Hartford, United States of America* (hsovronsky@connecticutchildrens.org)

Our understanding of how to approach alleged child sex abuse has significantly evolved over the past 30 years. A case in which I was involved on child sexual abuse in 1987 for e gave rise to vital issues that demanded collective attention of the fellow professionals and the public at large. The most critical was the law enforcement's approach at that time to the interrogation and collection of evidence from young children, i.e. the admissibility of recovered memories derived from hypnosis and the reliability of child testimony. During that period there was an apparent community-wide panic that impacted seriously on the manner in which the case was understood and treated by both the mental health and criminal justice system at large. The challenge has remained for decades to identify more credible and effective evidence based techniques to limit the trauma of children during the investigations and assessments of alleged abuse, as well as the manner of presentation in court proceedings. The state of current improvements will be analyzed with regard to the attempt to establish uniform standards. This will be accompanied by a reflection on evidence-based research occurring within the broader context of child health and development.