

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

Rome  
July 21<sup>st</sup> – 26<sup>th</sup>, 2019

*Under the auspices of*

International Academy of Law and Mental Health

*Sponsors*

Università degli Studi Internazionali di Roma

Università di Roma “Sapienza”, Dipartimento di Medicina Legale

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

International Society for Therapeutic Jurisprudence

# Abstracts of the XXXVI<sup>th</sup> International Congress on Law and Mental Health

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

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# **ABSTRACTS**

## **English Language Sessions**

# 1. Pre-Conference: Medical Conscience/Medical Rights

## *Resisting Complicity: Medical Ethics Under Totalitarian Regimes*

Paweł Łuków, *University of Warsaw* (p.w.lukow@uw.edu.pl)

Totalitarian regimes, such as the former Eastern bloc, aimed at the transformation of whole societies. Part of this project was to create “the new man” in general and “the new doctor,” in particular. The “new doctor” was to participate in the transformation and endorse the official ideology. Standards of medical ethics were to be adjusted accordingly and professionals’ conduct was expected to comply with this ideology. Some of these standards deviated significantly from the ethical standards of professional oaths, codes of ethics, and the ethos of the earlier periods. The “new physician” was expected to report on, or seize in a medical facility, a politically defiant patient; the “new psychiatrist” should diagnose a political dissident with “sluggish schizophrenia”. While such actions did occur and had tragic consequences, the percentage of physicians who participated in this transformation of medical ethics was rather low and varied in different countries of the Eastern bloc. The presentation will attempt to understand why the majority of doctors were able to resist the project of transformation of medical ethics and avoided large-scale complicity with evil by remaining faithful to traditional ethical standards. Drawing on examples from Poland, the former GDR, and the Soviet Union, two complementary kinds of response to the project will be identified and explored. One approach relied on the medical tradition and interactions with the earlier generations of doctors. It was available in countries in which totalitarian change was relatively recent or not comprehensive. The other approach involved a continuing reflection on, and discussions of, the internal goals of medicine. Such deliberations and debates helped doctors examine and re-examine both the traditional ethical standards of their profession and those which were created by the totalitarian regime. By exchanging ideas, doctors were able to identify standards of medical decency and gather around them. The presentation will conclude by recommending that in order to prevent complicity with evil, doctors should rely on the two strategies today, too. They should continue intellectual conversation with the past of their profession and critically engage in debates on the internal goals of medicine.

## *Complicity in Vienna: Psychiatry, Science, and Medicine After 1938*

Elizabeth Ann Danto, *City University of New York* (edanto@hunter.cun.edu)

Despite over 70 years of denazification, independent inquiries and institutional investigations, extensive government involvement at the local and federal levels, and on-going scholarship in contemporary history, Austria continues to uncover tangible evidence that members of their medical and scientific communities shielded their own genocidal activities until the end of the twentieth century. To what extent has this extended process implied complicity? A whole new generation of mostly Austrian researchers have challenged the “avoidance imperative” with increasing determination though often under international pressure. Yet the intransigence with

which the Viennese academy safeguarded Nazi murderers in their midst after 1945 and until today, compels us to examine what is known – and what is not. The tacit amnesty of Austrian Nazi scientists, whose story is less well-known than their German counterparts, may speak to a deeper malaise in the construction of Austrian national identity.

## *Is the Use of Data from Nazi Medical Experiments Moral or Immoral?*

David Novak, *University of Toronto* (david.novak@utoronto.a)

Throughout the 12-year Nazi regime in Germany and conquered countries, licensed medical doctors and other health care personnel performed often ghastly medical experiments on unwilling concentration camp prisoners. The stated purpose of these experiments was to gain information deemed valuable for the saving of human lives. As to the question of whether this procedure is moral or immoral, two answers were usually given. One, it was argued that since these mostly non-Aryan prisoners were deemed “nonhuman,” the right of truly human beings to even possibly benefit from data derived from these experiments trumped any consideration of the rights of nonhuman beings to be harmed involuntarily, since according to Nazi logic they could not be rights-holders anyway. Moreover, insofar as these nonhuman beings were not only non-persons but also judged to be dangerous to the welfare of the German Volk, that they could be useful to Nazi regime on behalf of the German Volk was seen as providing some justification for their existence, i.e., their bodies were useful to the regime. Two, it was argued (using utilitarian or consequentialist logic) that the moral principle of doing the greatest good for the greatest number of persons means that the end justifies the means, no matter how immoral those means would be when not done for the sake of some greater good. So, even if these prisoners were considered to be full human persons, their individual “sacrifice” for even a possible social benefit could be justified nonetheless. In fact, using this logic, the Nazis sent fully Aryan citizens of the Reich to their certain death in World War II, if for no other reason than to possibly stop or even delay the advances of the armies of their enemies. Most rational, morally sensitive people have rejected the spurious moral reasoning used to justify the experiments themselves *ab initio*. However, the question of whether data from these experiments possibly valuable in saving human lives in the present may be used does not employ the spurious moral reasoning used to justify these practices in the past. After all, nobody is being harmed by the use of data from experiments on persons who are long dead anyway. The question here is whether the use of this data somehow, even partially, “redeems” the policy of Nazi medical experimentation on unwilling subjects *post factum*. This presentation will explore the pros and cons of arguments for the moral permission or the moral prohibition of the use of this data. The presentation will conclude by preferring the prohibition by examining the quasi-theological reasoning used by both sides of this moral debate, and why arguments for the prohibition are more theologically persuasive.

## *Medical Complicity and the Legitimacy of Practical Authority*

Kenneth Ehrenberg, *University of Surrey* (k.ehrenberg@surrey.ac.uk)

If medical complicity is understood as compliance with a directive to act against the professional's best medical judgment, the question arises whether it can ever be justified. This presentation will trace the contours of what would legitimate a directive to act against a professional's best medical judgment (and in possible contravention of her oath) using Joseph Raz's service conception of authority. To say that a directive is legitimate is to say that it carries a genuine moral duty to comply. The question is then whether a government can ever give a medical professional a duty to act against her best medical judgment. The service conception is useful for basing the legitimacy of authoritative directives on the ability of the government to enable subjects to comply better with reasons that already apply to them. Hence the service conception is basing the legitimacy of practical authority on a certain kind of expertise. This helps to focus the conundrum regarding complicity on the clash of expertise between the medical expert and the governing body tasked with coordinating behaviour and otherwise devising rules for the social good. The ethical dilemma presented by a hypothetically legitimate directive to act against a professional's best medical judgment also serves to highlight the moral dimension of one's duty to obey a legitimate authority.

## *Medicalization and the New Civil Rights*

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In the last several decades, individuals have advanced civil rights claims that rely on the language of medicine. This Article is the first to define and defend these “medical civil rights” as a unified phenomenon. Individuals have increasingly used the language of medicine to seek rights and benefits, often for conditions that would not have been cognizable even a few years ago. For example, litigants have claimed that discrimination against transgender individuals constitutes illegal disability discrimination. Others argue that their fatigue constitutes chronic fatigue syndrome, a novel and contested diagnosis, to obtain social security disability benefits. Recently, progressive states have used Medicaid funds to address homelessness, claiming that homelessness is a medical problem, complete with a diagnosis code. Recent scholarship has even analogized race to disability. While some scholarship focuses piecemeal on specific areas—such as obesity or trans rights—I use qualitative and quantitative evidence to show that these claims, which rely on their medical pedigree for their power, are part of a larger phenomenon, which I term “medical civil rights.” After defining the phenomenon and its scope, the core of the Article departs sharply from existing legal scholarship by defending medical rights-seeking. The piecemeal legal scholarship that explicitly addresses the question of medicalization uniformly critiques the use of medical civil rights. However, this siloed perspective has obscured the broad benefits these rights can provide. The legal protections that accompany medical status are more robust than those other vulnerable groups receive, such as the poor, unemployed, or even racial minorities. Further, compared to disadvantaged groups such as the unemployed or the poor, society holds the medically disadvantaged as relatively blameless for their misfortune. Finally, medical language create a sense of objectivity, and legitimacy for those invoking them. These underappreciated benefits may far outweigh the disadvantages of medical rights-seeking. As it is invoked to liberate rather than oppress, medicine itself might become a site of jurisgenesis through which those invoking them conceive of themselves as rightholding individuals.

## 2. Access to Justice I

### *Justice for Vulnerable Older People: A Critical Evaluation of Access to Justice in the Context of Enduring Powers of Attorney*

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Incidents of elder abuse are increasing exponentially. Elder abuse can present in a number of forms but one of the most common is elder financial abuse. In Australia, enduring powers of attorney offer an estate planning tool to plan for the future loss of capacity. However, there is evidence that these tools are being used to perpetrate rather than protect against abuse of vulnerable older people. The question then arises as to what pathways to justice exist for sufferers of elder financial abuse and how accessible these pathways are. The purpose of this presentation is to critically evaluate access to formal justice processes where there has been an alleged misuse of an enduring power of attorney. To this end, reported decisions from supreme courts Australia-wide for the last ten years have been collated and critically analyzed. The authors will present their findings, focusing on the ways in which sufferers have sought access to justice, whether that access has been successful, and the legal remedies which are currently being used to address elder financial abuse.

### *The Mental Health Patient as Plaintiff: Obstacles and Challenges Under Canadian Tort Law*

Louise Bélanger-Hardy, *University of Ottawa* (lbelhard@uottawa.ca)

Persons with mental health issues are highly likely to interact with health professionals and institutions in order to receive care for their conditions. As is the case with any patient, the expectation is that the diagnosis, treatment, and counselling provided will be appropriate and beneficial. Unfortunately, this is not always the case and individuals may be harmed because of substandard professional or institutional care. This presentation will examine the obstacles facing mental health patients who seek redress through civil legal actions. The focus is on the Canadian experience in addressing a) claims flowing from the suicide of patients, which is a frequent trigger of malpractice claims based on negligence, and b) claims flowing from institutionalization. Through key cases, the presentation discusses issues of consent, standard of care, and causation. The presentation concludes that while torts based on intentional harms and negligence law are promising theories of liability in more egregious situations, they have limited impact vis-à-vis malpractice related to the “nuts and bolts” of mental health care such as diagnosis, drug prescription, and ongoing monitoring of care. The presentation considers the reasons for this phenomenon and proposes a number of solutions including better advocacy on behalf of patients, improved communication, and increased access to alternate dispute mechanisms such as mediation.

## *Representing Mental Health Patients in Israeli Civil Commitment Proceedings*

Daniel Raz, *Ministry of Justice, Israel* (Daniellr@justice.gov.il)

The issue of legal representation for mental health patient has dramatically changed during the recent years. This presentation will outline the history of mental health legal representation in Israel. It will discuss the requirements for involuntary commitment which are both legal and medical. In order to hospitalize a person, one need to prove that this person is dangerous to himself or to other person immediately prior to his hospitalization. The legal aid in the ministry of justice is currently representing 5400 patient in Israel in civil commitments. We will elaborate the work of the psychiatric committees and the jurisprudence of the Israeli court regarding that issue. This presentation will further discuss the physical restrictions on patient especially regarding the solitary confinement and physical restrain and the ECT treatment. The lawyers representing the patients are fully qualified and receive an extensive program which enable them to understand legal and medical terms in mental health law. The legal aid representation is an essential instrument for improving human rights of person and our duty is to find a way to challenge that.

## *Interviewing Vulnerable Suspects: A Disability Rights Approach*

Donna McNamara, *Dublin City University* (donna.mcnamara@dcu.ie)

The police interview is an integral component of the pre-trial process and is a critical stage in the overall process of case construction. The interview provides a critical opportunity for police officers to gain relevant information about the case ideally using non-accusatorial, open-ended questions designed to attain a full account from the interviewee. While the experience of being arrested and interrogated can raise complex issues for all suspects, it is argued that this experience can be even more challenging for persons with disabilities and mental health conditions. This presentation will examine the barriers which arise during the interrogation stage of the pre-trial process, and particularly how such barriers impact upon the rights of persons with disabilities. It will be argued that the UN Convention on the Rights of Persons with Disabilities offers a new focus for disability studies and creates a mandate for disability human rights laws. In particular, Articles 8 and 13 of the Convention create clear objectives for States Parties in the area of criminal law. This presentation will outline the ways in which the Convention can be used as a template to improve the experience of interviewing vulnerable suspects.

## *Medical Legal Partnerships: Access to Justice in the Healthcare Setting*

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Sixty percent of a person's health is determined by: income, health insurance, housing and utilities, education, employment, legal status, and personal and family stability. Medical Legal Partnerships ("MLP") target these social determinants of health by leveraging legal services to advance individual and population health. By integrating lawyers into health care settings, MLPs help health care professionals identify structural problems that affect a person's health and mental health. In the United States, 46 out of 50 states have developed a MLP with 333 different health organizations. These partnerships have resulted in patients being admitted to hospitals less frequently, patients are more likely to take their medications as prescribed, and patients report lower levels of stress. The presentation will look at the goals and results of Medical Legal Partnerships throughout the United States. To illustrate the strategies, the presentation will give information on the Medical Legal Partnership in the state of Nevada and the outcomes of the program. The presenters, who are third year law students, will describe the roles and interactions between the legal team, health practitioners, and patients.

### **3. Access to Justice II: Perspectives from Canada**

#### *Access to Justice, Procedural Justice, and Fairness in Ontario Review Board Hearings*

Jamie Cameron, Osgoode Hall Law School, York University (jcameron@osgoode.yorku.ca)

This study is based on qualitative interviews of professional participants at Ontario Review Board (ORB) hearings. The ORB is an administrative tribunal under the Criminal Code of Canada with decision-making authority over NCR (not criminally responsible) and UST (unfit to stand trial) criminal offenders. ORB panels comprise legal, clinical, (i.e., psychiatrists; psychologists), and public members, and counsel for the forensic patient, Attorney General of the province (or Crown), and forensic institutions typically attend hearings. ORB hearings take place annually as well as on other occasions, and forensic patients are entitled to but may choose not to attend. The study's purpose is to examine how well ORB hearings address the twin objectives of public safety and patient rehabilitation/reintegration to the community, and to emphasize access to justice, fairness, and therapeutic values in ORB process. Interviews were completed in summer 2018 and the presentation will focus on some of the project's key findings.

#### *Administrative Justice Design and Mental Health*

Lorne Sossin, Osgoode Hall Law School, York University (lsossin@osgoode.yorku.ca)

This study builds on a series of earlier pieces across several jurisdictions analyzing the impact and potential of design theory on the structure, rules, and practices of tribunals, particularly those dealing with vulnerable parties. The question which this study explores is to what extent the diverse and distinct needs of those living with mental health issues can be addressed in the adjudicative process of a tribunal. The study will explore several case studies involving Canadian

tribunals which have pursued (and/or proposed) initiatives intended to address mental health needs among parties to adjudication and assess how the success of such initiatives ought to be evaluated. The study further considers the extent to which administrative justice can (and should) be more adaptive, proactive, and responsive to mental health needs than either government decision- 33 making or court-based processes. The study also considers barriers to more services, training, and “active adjudication” to better serve parties with mental health needs, and how these barriers might be overcome.

## *Mental Health, Human Rights, and Criminal Justice in Canada*

Richard Schneider, Ontario Review Board, Toronto, Canada (richard.schneider@ontario.ca)

An important challenge for many countries, even for advanced democracies, is guaranteeing the human rights of persons accused of criminal wrongdoing and prisoners. This panel presentation will argue that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative measures), 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. Diversion to civil commitment will be discussed, and challenges associated with the management and care of persons who have been found “not criminally responsible” will be highlighted. It will be argued that to be “tough on crime” can actually be achieved through rehabilitation rather than incarceration. Offenders with serious mental illness are entitled to programs and services that conform to “professionally accepted” mental health care standards, yet the number of offenders suffering from significant mental illness being admitted into Canada’s prisons and penitentiaries is increasing, and mental health services continue to be inadequate to address their needs and to the task of preparing them for safe release into the community.

## *Canadian Federal Corrections, Mental Health, and Human Rights: An Ombudsman's Perspective*

Ivan Zinger, Office of the Correctional Investigator, Ottawa, Canada (ivan.zinger@ocibec.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 Ombudsman to ensure human rights compliance of offenders with mental health issues. Offenders with serious mental illness are entitled to programs and services that conform to professionally accepted mental health care standards, yet the number of offenders suffering from significant mental illness being admitted into Canada’s penitentiaries is rapidly increasing, and mental health services continue to be inadequate to address their needs and to the task of preparing them for safe release into the community. Offenders with mental illness are more often unable to complete programs; preyed upon or exploited by others; placed in segregation and isolated from human interaction; classified at higher security levels; and released later in their sentences. It will be argued that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative measures), 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.

## **4. Accountability for Disability Violence**

### *Designing Gender-Sensitive Laws and Guidelines for Eliminating the Use of Restraint: Insights and Challenges from Feminist and Critical Disability Studies*

Yvette Maker, *University of Melbourne* (maker.y@unimelb.edu.au)

Feminist and disability scholars have drawn links between dominant constructions of (disabled) women as hysterical, difficult or dramatic, and the use of restraint on them in mental health, disability, and other settings. These restrictive practices constitute a contravention of human rights, and have been associated with both universal and gender-specific pain, injury, trauma or re-traumatization, and other negative outcomes. This presentation is part of a larger project to design model laws and guidelines for reducing, with a view to eliminating, the use of physical, mechanical, and chemical restraint across mental health, aged care, and disability settings in Australia. Drawing insights from feminist and critical disability studies scholarship, this presentation will propose that model laws and guidelines must address and challenge prevailing constructions of disability *and* gender, and their perceived connections, in order to promote the full realization of the rights of women in relation to these practices. This may require, for instance, guidelines that disrupt assumptions that women are inherently irrational, manipulative, or have other negative, gendered traits; processes for identifying and reducing gendered power dynamics; and inclusion of women with lived experience of restraint, and other affected groups, in designing and implementing alternative practices.

### *Conflating Disability and Dangerousness in Police Use of Force Theories: A Human Rights Analysis*

Robin Joan Whitehead, *University of Ottawa* (rwhit072@uottawa.ca)

Police officers exercise discretion on whether or not to employ force armed not only with service weapons, but also use of force training that may include theories describing behavioural and situational cues that are believed to be predictive of violence. People with mental health disabilities face considerable stigma in Canadian society and are often incorrectly believed to be dangerous. Furthermore, there is some evidence suggesting police disproportionately apply force against persons with mental health disabilities. Using Canadian use of force policies, models, and legal cases as examples, this presentation will examine policing theories aimed at assisting officers to predict violence through the lens of human rights law. It will argue that current policing policies and theories can have a discriminatory impact on persons with mental health disabilities as they educate officers to interpret behaviours exhibited in a mental health crises as signs of potential violence or resistance, leading to an escalation in force.

## *The Role of Mental Health Tribunals in a CRPD-Compliant World*

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

The CRPD challenges us to consider what the equal and non-discriminatory enjoyment of rights for all actually means. This requires looking beyond traditional human rights models that simply seek to limit unwarranted interventions relating to persons with mental disabilities and embrace the proactive removal of obstacles to full rights enjoyment. The CRPD Committee regards laws that justify the detention and involuntary treatment of persons with mental disabilities on the basis of the existence of mental disability as constituting such an obstacle (General Comment No 1(2014), para 7; Guidelines on art 14 (2015), para 6). Alongside this, whilst judicial bodies are generally regarded as the guardians of human rights the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health has noted with concern an increase in mental health tribunals that legitimize coercion (Report to UN Human Rights Council, March 2017, paras 51-52). Do mental health tribunals therefore have a role to play in a CRPD-compliant world? This presentation will consider this question and, in doing so, will refer to research currently being undertaken into service users' and others' experiences of the Mental Health Tribunal for Scotland.

## *Oversight Capture: The Performance of Accountability and Transparency in the Administrative Segregation Review Process*

Kelly Struthers Montford, *University of Toronto* (kelly.montford@utoronto.ca)

Jihyun Kwon, *University of Toronto* (ji.kwon@mail.utoronto.ca)

Kelly Hannah-Moffat, *University of Toronto* (hannah.moffat@utoronto.ca)

Various high profile cases and recent reports show the ongoing and excessive use of segregation in Canadian prisons. This is despite the Correctional Services of Canada's official policy to 'use the least restrictive measures' and 'consider alternatives,' and despite its establishment of various accountability and oversight measures meant to ensure policy and procedural compliance. This presentation expands the work of Braithwaite and others on regulatory capture to argue that segregation oversight mechanisms—e.g., Segregation Review Boards and mandatory reporting—remain ineffective due to the structural and ideological inseparability of the institutions and the decision-making processes they are meant to regulate. Instead, review processes merely mimic and reproduce a larger penal culture of risk adversity, without providing meaningful opportunities for regulation and oversight. Such measures should be understood as the performance of accountability rather than ensuring fair treatment. This presentation will show that these administrative procedures effectively replace traditional external oversight performed by courts, and thus undermine the transparency of the review process. Because segregation is positioned as an indispensable tool of 'security' and 'safety,' the presentation will argue that the oversight process further legitimizes its normative and frequent use, rather than serving to curtail and diminish its position as a form of population and institutional management.

## *Madness, Violence, and Power: A Radical Collection*

Andrea Daley, *York University* (adaley@yorku.ca)

Lucy Costa, *Empowerment Council, Toronto, Canada* (lucy.costa@camh.ca)

Peter Beresford, *Brunel University London* (lucy.costa@camh.ca)

Violence is endemic in our world, commonplace in human and social relations. Influential discourses have developed narrowly concerned with the relations between violence, madness, and ‘mentally ill’ people. This presentation will examine four core themes that constitute an edited book that explores the issue of madness, violence, and power. These themes, supported by interdisciplinary conversations between academics, service users/survivors, activists, and allies, include: 1) dispatches on violence; 2) prevailing problems; 3) law as violence; and 4) geographies of violence. The themes traverse personal narratives of violence; institutional and institutionalized practices of knowledge production about ‘mental health’ and ‘mental illness’ informed by neoliberal capitalist logic; legislated violence done to people through social policy and law; and the places and spaces in which violence happens. The presentation will underscore the simultaneous complex and nuanced ways in which violence occurs in the lives of mental health service users/survivors while expanding the current parameters of violence narratives.

## **5. Addiction I: Facets of Addiction**

### *Gambling Typology Among Older Korean Immigrants*

Sungjae Kim, *Seoul National University* (sungjae@snu.ac.kr)

Wooksoo Kim, *University at Buffalo* (wkim5@buffalo.edu)

Gambling is a popular pastime among all seniors in the United States who have leisure time, some disposable income, and few responsibilities because it provides opportunities for socialization and relief from boredom. The purpose of this study is to expand our understanding about gambling behaviours among older Korean immigrants by developing a typology of gamblers among them. In-depth interviews were conducted with 20 older Korean immigrants (ten men and ten women) who were 65 years or older and had gambling experiences. Transcribed data were independently analyzed by two bilingual and bicultural researchers and reached agreements on important concepts and relationships. Based on three key dimensions (frequency, type, and motivation), six types of gambling behaviours were identified: 1) Entertainment event type; 2) Regular socializing type; 3) Opportunity only type; 4) Regular solitary type; 5) Petty professional type; and 6) Regular investment type. There is a diversity in behaviours, beliefs, and motivations regarding gambling among older Korean immigrants. While some older Korean immigrants believe gambling is a social vice and shun any involvement, some represent more liberalized view about gambling and believe it can function as good entertainment as long as they play within a reasonable monetary limit.

### *A Craving Perspective on Addictions and Serial Criminality*

Sergei Tsytsarev, *Hofstra University* (stsy@optonline.net)

After years of debate, a new approach to addictions has been legitimized in the DSM-5, and craving for substances and certain behaviours (gambling) was recognized as a core symptom and a treatment target in all addictive behaviours. All cravings usually develop along the way as the motivational process unfolds: From the individual basic need, to the need satisfaction and finally, to the motivational tension reduction. To be defined as a craving, the need should be at a significantly elevated level of motivational tension which is experienced as elevated arousal, and the individual perceives the goal object as greatly attractive and strives to overcome various obstacles to attain it. In contrast, if a person is unable to overcome the obstacles towards the goal, he/she tends to pick the object or behaviour which is available but inconsistent with originally strained need, and the normal object is substituted by another one (alcohol, gambling, violence, serial killing, etc.). The motivation underlying such behaviour can be defined as an abnormal (pathological) craving and is a central element of all additive behaviours. This presentation will elucidate serial criminality from the craving perspective.

### *Migrants Under Addiction Treatment Order (Sec 64 of the German Criminal Code)*

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Persons with any migration background form the majority of the patients under custodial addiction treatment order (section 64 of the German Criminal Code) in the German Federal State of Baden-Württemberg. The aim of this study was to investigate whether this overrepresentation was proportionally distributed between different migrant groups in the general population, and whether those subgroups showed any significant differences concerning addiction diagnoses and offences. Forensic psychiatric patients with a background of migration in the German Federal State of Baden-Württemberg were assigned to subgroups according to ethno-cultural considerations and compared with data from the population survey. The study found differences in the subgroups with regard to the probability to receive an addiction treatment and with regard to diagnoses and offences. In absolute figures, late repatriates still constitute the largest group of migrant patients under custodial addiction treatment order. While their proportion is declining, that of migrants with Turkish background which have not been granted the German citizenship is rising. There is some evidence that the elevated risk to become both addicted and criminal is not attributable to the respective whole migrant group, but is limited to certain age cohorts, e.g., late repatriates who immigrated during their adolescence.

## *Gambling Symptoms One Week Before Being Arrested Predict Income-Generating Offences: Retrospective Design in a Japanese Prison*

Kenji Yokotani, *Tokushima University* (yokotani@n-seiryu.ac.jp)  
Tamura Katsuhiro, *Niigata Prison*  
Kaneko Yusuke, *Niigata Prison*  
Kamimura Eiichi, *Niigata University*

Previous study corroborated the link between gambling symptoms and income-generating offences. Still, factors of addiction and personality that could affect the link are rarely taken into account. Hence, our study aims to investigate the link taking into account the factors of alcohol addiction, internet addiction, psychopathy, and impulsivity. Participants were 332 male inmates in a Japanese prison. They answered questionnaires including Gambling Symptom Assessment Scale (GSAS), South Oaks Gambling Screen (SOGS), Alcohol Use Disorders Identification Test, Young's Internet Addiction Test, Primary and Secondary Psychopathy Scales, and Barratt Impulsiveness Scale (BIS; 11th version). Their official records, including their age, educational history, criminal history, and present sentence were also collected. Their current crimes were also encoded into income-generating crimes, drug-related crimes, and violent crimes. Result shows that the 128 inmates (38%) were pathological gamblers (SOGS more than 5). Hierarchical regression analysis also shows that GSAS predicted income-generating crimes despite adjusting their age, educational level, imprisonment number, alcohol addiction score, internet addiction score, psychosis score, and impulsivity score. However, these variables did neither predict drug-related crimes nor violent crimes. Gambling symptoms one week before being arrested can be a good predictor of income-generating crime.

## **6. Addiction II: Four Major Addiction Realities in South Korea**

### *Role of Social Workers in Fulfilling the Sustainable Addiction Welfare: A Study on Qualitative Case Study*

Sun Kyung Kang, *Sogang University* (skshin2000@sogang.ac.kr)  
Yoon Choi, *Sogang University* (yoon47277034@daum.net)

In Korea, there is a social worker specializing in addiction, called the 'social worker for substance abusers'. The study reported in this presentation explored possible causes of addiction through social workers' reported experience as an expert on the addiction problems that are emerging as a serious problem in Korea. In the case study method that was used, phenomena were described through in-depth analysis of cases that fall within the boundaries of the space called 'addiction related social welfare institution' and traced over time 15 social workers for substance abusers who were interviewed in this study. The data collected from research

participants were then individually analyzed to identify meaningful themes and perspectives. This presentation will discuss the findings of the study and their implications for the design of practical policies for individuals struggling with addiction in Korea and the role of the social worker in ensuring their welfare.

## *Four Major Addictions' Realities and Policy Responses in South Korea*

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

The problem of addiction in four areas, namely alcohol, drugs, gambling, and media contents, has recently become a serious social problem in Korea. There is evidence that the harm caused by these four types of addiction is increasing, but the interventions in the national and policy level are not sufficient in light of the seriousness of the situation. The study reported in this presentation investigated the current status of addiction in Korean society, focusing on the four aforementioned addiction problems. The study found that major contributing factors to the rise in addictions included a lack of basic infrastructure for prevention and treatment, a high level of accessibility, and the cultural circumstance of addiction. This presentation will discuss the findings and their implication for a policy response to the four major addictions that should be based on collaboration between related ministries. It will also canvas the need for a comprehensive plan for addiction prevention.

## *Qualitative Case Study of the Office Workers' Gambling Addiction in South Korea*

Jin Wook Kim, *Sogang University* (sspjwk@sogang.ac.kr)

The purpose of this study is to explore the alternatives of rehabilitation and treatment in the context of social welfare for office workers' gambling addiction. Data were collected through in-depth interviews with five male office workers who lost their jobs because of gambling addiction, then analyzed on a within-case and cross-case basis. Each case was carefully examined and identified as meaningful themes in within-case analysis. In cross-case analysis, common themes were derived from the five individual cases. These common themes were "gambling as a stress-relief from the excessive work duty", "social gambling as the hospitality in Korean special situation", "trapping in the gambling addiction caused by the social gambling", and "win a jackpot in the first round of full-blown gambling". The study participants frequently patronized casinos in order to pursue the fantasy, before finally becoming gambling addicts. They used both their company funds and their family's real estate without family consent to finance their gambling. Ultimately, they all became bankrupt. Nevertheless, they continued to gamble, and as a result, they lost their jobs and families and they divorced. Based on these results, this presentation will discuss social welfare implications in terms of problem-solving and prevention of gambling addiction within office workers.

## *A Meaning of Single Mothers' Drinking Experiences in South Korea: A Hide-and-Seek Between a Drinker and Motherhood*

Mee Sook Kim, *Sogang University* (mskjeon@hanmail.net)

Jin Kwon, *Sogang University*

Seil Oh sj, *Sogang University*

The study reported in this presentation sought to understand the meaning and nature of drinking by low-income single mothers, using a descriptive phenomenological methodology and purposeful and reputational sampling techniques. Participants (n = 7) were selected among low-income single mothers who had either experienced or were experiencing a drinking problem at the time of interview, and were willing to talk about their drinking experience frankly. Through in-person and telephone interviews, data were collected in October 2014 and February 2015, and secondary data were collected in December 2015 and February 2016. Five essential themes were found upon analysis: depending on alcohol because I have no one to depend on; transformation of alcohol from means to purpose; taking children as a momentum to reflect on drinking; living with an image of mother while tied up in drinking; and seeking a balance between drinking and daily life. The essential theme which discloses the meaning and nature of the drinking experience of low-income single mothers is 'a hide-and-see between a drinker and motherhood.' Based on the research findings, social welfare practical implications for low-income single mother drinkers will be discussed.

## *A Life History Research of a Drug Dealer*

Chong Ryel Sang, *Sogang University* (crsang@hanmail.net)

The study reported in this presentation focuses on the life history of a 48-year-old man who was a drug addict (methamphetamine) as well as a drug dealer. The purpose of this research is to examine the social conditions and environmental factors that influence drug addiction. The life history is the story of one person and is an expressed social product manifested in the social interaction at the same time. Life history text was composed through nine one-to-one in-depth interviews with the individual. These texts were analyzed with the three levels of life dimension, turning point, and adaptation, according to Mandel Baum's approach. As a result, drug addiction was closely related to social environments. Further, drug addiction in Korea is related to Japan's drug control policy and national sentiment against drug addiction. Based on the results of this study, the implications of blocking underground drug markets and switching from punishment to a focus on recovery will be suggested.

## *A Study on Meaning and Essence of the Experience of Cyber Gambling Addiction*

Jun Hyeok Kang, *Eulji University* (jkhjeju@naver.com)

The purpose of the study reported in this presentation is to explore the meaning and nature of the

cyberspace from the view point of SNS (Social Network Service) addicted adults. For this purpose, a phenomenological method by Giorgi was used and study participants were selected through purposive and reputational sampling. Data were collected through in-depth interviews with 11 consenting adults diagnosed and assessed with internet addiction by psychiatrists and mental health professionals. Data analysis was performed using the four steps suggested by Giorgi. As a result, 504 meaningful units, 97 main meanings, 25 exposed themes, and six essential themes were derived. The participants' individual lived experiences were described in the situational context, and their common experiences were also dictated as general structural context. Based on the study results, SNS addicted adults' lived experiences of cyberspace will be discussed and implications for the prevention of and recovery from internet addiction will be suggested.

## **7. Addiction III: Substance Use and Trauma Among Incarcerated Offenders: Prevalence, Dynamics, & Intervention**

### *Role of Prescription Opioids in Fatal Overdose of Prisoners and Their Family Members*

Dana DeHart, *University of South Carolina* (dana.dehart@sc.edu)

Opioid overdose is more common among former prisoners re-entering communities, with both women and men at risk. To develop effective interventions to address this epidemic for persons involved in the criminal-legal system, we must understand how prescription opioid and other prescription drug use manifests within these populations relative to other populations. This study uses integrated administrative data for a sample of 18,790 persons incarcerated in a Southeastern state between 2006-2008 and their 44,488 visitors. We conducted analyses on pharmaceutical data of prisoners and that of their adult visitors for drugs including opioids and those used in treatment of mental health disorders. We also examined association of prescription drug use to fatal overdose. Among the therapeutic classes of drugs examined, opiate agonists were the most commonly prescribed (for 23% of the sample), followed by antidepressants (10%), benzodiazepines for anxiety (7%), anticonvulsants such as those prescribed for pain or mood stabilization (5%), and antipsychotics (3%). Opiate partial agonists and antagonists such as naloxone were rarely prescribed (>1%). Among classes of drugs examined, having ever had prescriptions for benzodiazepines, antipsychotics, or for opioids were associated with an outcome of death. The scope of opioid use in this sample, as well as the association of opioids and other prescription drugs with death, underscore the importance of interventions that target not only persons reentering communities after incarceration, but also the families and social networks of persons involved in the criminal-legal system.

## *Exploring the Role of Drugs and Alcohol in Suicide and Homicide Deaths for Individuals in Prison or Jail*

Annelise Mennicke, *University of North Carolina at Charlotte* (amennick@uncc.edu)

Relatively little is known about the prevalence or circumstances surrounding suicide and homicide among those in public custody. Within the general population, substance use and abuse significantly contribute to death by suicide or homicide. This study will explore the role of substance use in suicide and homicide deaths for individuals in public custody by conducting a secondary data analysis of the National Violent Death Reporting System (NVDRS), a project from the Centers for Disease Control and Prevention. NVDRS combines data from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports for every violent death in 27 states. Violent deaths in 2015 were categorized into four groups (death type by substance use involvement). Then, chi-square tests of independence and comparative qualitative inquiry will be used to draw conclusions about demographic (i.e., age, sex, ethnicity, marital status, sexual orientation, education, occupation) and circumstantial (i.e., mental health, criminal activity, life stressors, intimate partner violence) similarities and differences between these four groups. This presentation will report findings relevant to developing and tailoring prevention efforts aimed at reducing suicides and homicides of individuals in public custody.

## *A Comparison of Women and Men Offenders' Polyvictimization, PTSD, and Substance Use Disorders*

Shannon Lynch, *Idaho State University* (lynchshan@isu.edu)

Research with incarcerated populations indicates high rates of trauma exposure, substance use, and PTSD compared to the general population. Incarcerated women report higher rates of sexual violence and partner violence and higher rates of PTSD than incarcerated men. Drug offenses are the most common crimes in the U.S. According to the Bureau of Justice Statistics, 47% of U.S. male offenders and 56% of women offenders were sentenced for drug crimes in 2016. Longitudinal research with general population samples has noted increased risk of PTSD and substance use related to the number of adverse or traumatic exposures. This study will present prevalence of polyvictimization (number of traumatic exposures) and variation in types of exposure (e.g., accident/disaster, stranger aggression, violence within the family, partner violence) by gender. Next, the study will examine if the type of trauma (e.g., general vs. interpersonal) and number of traumatic exposures interact with gender to predict current PTSD symptoms and substance use disorders in a jail population. Participants were randomly selected from two jails in the northwestern United States. One hundred and fifty women and 100 men were interviewed with standardized measures. Implications for assessment and treatment interventions for women and men offenders will be discussed.

## *Alternative Treatment Design Comparing the Effectiveness of Seeking Safety and STAIR for Women in Prison*

Stephen Tripodi, *Florida State University* (stripodi@fsu.edu)

Most women in prison have experienced trauma and related mental health problems. Women in prison report higher rates of trauma and mental health disorders than women not involved in the criminal justice system, and higher rates of childhood sexual victimization than male prisoners. Most women in prison do not receive adequate trauma-informed programming; thus, we decided to implement and evaluate Seeking Safety and STAIR: interventions designed to treat PTSD and related problems. We are conducting an alternative treatment design to evaluate the interventions' effectiveness with PTSD symptoms, mental health problems such as anxiety and depression, and coping skills. Additionally, this presentation will compare the recidivism rates of participants in the two treatment groups to a third treatment-as-usual group of women released from the same prison. Trauma symptoms will be measured to determine eligibility criteria using the PTSD Checklist for DSM-5. We will measure the following constructs at pretest, posttest, and follow-up: PTSD, Depression, Anxiety, Perceived Social Support, Self-Efficacy, and Coping with Stress. Statistical analyses will assess within-group differences for Seeking Safety participants and STAIR participants and between-group differences to compare the effectiveness of Seeking Safety to that of STAIR. The presentation will compare recidivism rates of both treatment groups to the TAU control group.

## **8. Addressing Sexual Violence on a University Campus**

### *Understanding the Policy and Legal Framework*

Mayo Moran, *University of Toronto* (mayo.moran@utoronto.ca)

One of the major themes regarding sexual violence concerns the failure of the mechanisms of the justice system—particularly the criminal justice system—to appropriately address sexual violence. In part as a result of these failures, institutions such as universities are being asked to do more to step in and respond to sexual violence. This has put pressure on the university's ordinary adjudicative mechanisms which are increasingly expected to address the complex issues of sexual violence. The issues are difficult: given the significance of a finding of culpability, fairness to the respondent must be a key consideration. At the same time, there are reasons to be concerned about replaying the difficult dynamics of the criminal trial in a university setting, particularly when it comes to the treatment of the complainant and the use of standard criminal defence tactics. Given these issues, it may be helpful to examine adjudicative models that are inquisitorial rather than adversarial in nature. Because they confide a greater role to the adjudicator, such models may be able to temper some of the excesses of the defence while simultaneously ensuring that the need for fairness and the quest for truth is not compromised.

## *Challenges Associated with Administering of Sexual Violence and Anti-Harassment Policies in a University Context*

Kelly Hannah-Moffat, *University of Toronto* (hannah.moffat@utoronto.ca)

Recent high profile sexual assault and other forms of harassment cases and the unifying #MeToo movement have heightened our social awareness of sexual violence in society, and more specifically on university campuses. Most universities have policies that address the various forms of sexual violence and endeavor to produce environments free from sexual and other forms of harassment and violence. This presentation will examine the nuances of sexual violence policy development, reporting and investigations, and changing legislative requirements in a university context. Some of the themes discussed include: the complexity of administering sexual violence cases on campus; balancing due process with demands for visible accountability by faculty, staff, and students; the difficulties associated with disclosures that do not result in official actionable reports; time limits to reporting; the strengths and weaknesses of workplace cultural reviews in units when there are allegations of a toxic culture and unreported incidents but an absence of willing complainants. This presentation will also explore the issues associated with internal and external investigations. Some of the challenges of identifying remedies and the management of institutional reputational risk will be addressed.

## *Addressing Sexual Violence with Faculty*

Sioban Nelson, *University of Toronto* (sioban.nelson@utoronto.ca)

The management of sexual violence on campus involves all community members and employee groups. Each constituency brings its particular perspective to table, shaped by past policies, high profile controversies, and the current context affecting community and public perception of these issues. In the case of faculty or academic staff, discussions of sexual violence policy tend to focus on issues such as academic freedom and deep-seated concerns over the vulnerability of academic staff to reputational assaults. As such the general response of academic staff, and the associations that represent them, tends to be defensive and protective of the reputational risk of the faculty member. This stance contrasts sharply with the trauma centred approach to survivors that both advocacy groups and legislation changes favour. This presentation will examine the challenges faced by universities in engaging academics in the development and implementation of policy concerning sexual violence on campus. The presentation will discuss strategies to balance community voices in discussions around sexual violence and provide a number of learnings from one North American institution's experience.

## *Sexual Violence Education in a Digital World*

Cheryl Regehr, *University of Toronto* (cheryl.regehr@utoronto.ca)

An integral part of a university's efforts to address sexual violence on campus is the development and delivery of evidence-based initiatives to educate its community on the

prevention of, and response to, sexual violence. Traditionally these efforts have included the distribution of printed materials and in-person group-based educational sessions. At this time however, use of social media and other internet-based platforms has transformed the landscape regarding: the nature of sexual violence; the manner in which experiences of sexual violence are shared (such as #metoo and #beenrapedneverreported); and the manner in which individuals acquire information and seek education. On one hand, the online environment is a new platform for the perpetration of sexual harassment, coercion to elicit sexual cooperation, and intimate partner violence. For instance, distribution of sexual images without consent for the purposes of humiliation, revenge, or intimidation is reported in several studies of university students. On the other hand, cyber space can be a vehicle for creating community and garnering support and assistance. University educational programs must therefore not only leverage internet-based tools to address sexual violence on campus, but also must address prevention in light of new avenues for risk and victimization.

## *Sexual Violence Climate Surveys and Government Accountability*

Sandy Welsh, *University of Toronto* (sandy.welsh@utoronto.ca)

Universities face legislative requirements as well as pressure from student organizations to report on sexual violence incidents involving students. These are mainly framed as public accountability measures designed to rate or assess an institution's efforts to address sexual violence on campus. Campus Climate Surveys are viewed as one such tool for meeting the requirements and demands for information on the prevalence of and response to sexual violence on campus. Using the case of Ontario, this presentation will focus on the importance of evidence-based approaches when faced with legislative requirements, direct government involvement, and limited autonomy on the part of universities for developing a post-secondary sector climate survey. Lessons learned from this experience will be shared including how evidence-based approaches and content experts may help universities find common ground with student and broader community stakeholders as well as ensuring collected data assists universities and colleges in informing and evaluating their prevention efforts, services, and responses to sexual violence.

## **9. Administrative Justice, Accessible Justice, and Mental Health**

### *Access to Justice, Procedural Justice, and Fairness in Ontario Review Board Hearings*

Jamie Cameron, *Osgoode Hall Law School, York University* (jcameron@osgoode.yorku.ca)

This study is based on qualitative interviews of professional participants at Ontario Review Board (ORB) hearings. The ORB is an administrative tribunal under the *Criminal Code of Canada* with decision-making authority over NCR (not criminally responsible) and UST (unfit to

stand trial) criminal offenders. ORB panels comprise legal, clinical, (i.e., psychiatrists; psychologists), and public members, and counsel for the forensic patient, Attorney General of the province (or Crown), and forensic institutions typically attend hearings. ORB hearings take place annually as well as on other occasions, and forensic patients are entitled to but may choose not to attend. The study's purpose is to examine how well ORB hearings address the twin objectives of public safety and patient rehabilitation/reintegration to the community, and to emphasize access to justice, fairness, and therapeutic values in ORB process. Interviews were completed in summer 2018 and the presentation will focus on some of the project's key findings.

## *Administrative Justice Design and Mental Health*

Lorne Sossin, *Osgoode Hall Law School, York University* (lsossin@osgoode.yorku.ca)

This study builds on a series of earlier pieces across several jurisdictions analyzing the impact and potential of design theory on the structure, rules, and practices of tribunals, particularly those dealing with vulnerable parties. The question which this study explores is to what extent the diverse and distinct needs of those living with mental health issues can be addressed in the adjudicative process of a tribunal. The study will explore several case studies involving Canadian tribunals which have pursued (and/or proposed) initiatives intended to address mental health needs among parties to adjudication, and assess how the success of such initiatives ought to be evaluated. The study further considers the extent to which administrative justice can (and should) be more adaptive, proactive, and responsive to mental health needs than either government decision-making or court-based processes. The study also considers barriers to more services, training, and “active adjudication” to better serve parties with mental health needs, and how these barriers might be overcome.

## **10. Administrative Segregation: Policy-Based Evidence or Evidence-Based Policy?**

### *The Use of Administrative Segregation in Prisons: Where Do We Currently Stand?*

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

In recent years, there has been significant attention given to the purported effects of administrative segregation—previously known as solitary confinement (SC)—on mental health. Solitary confinement—typically defined as isolation for 22 to 24 hours a day with little to no human contact—became common practice in the early 19<sup>th</sup> century. In recent decades, the practice has been redefined to differentiate between administrative segregation (AS) and disciplinary segregation (DS). Inmates can be placed in DS as punishment for misconduct; they can be placed in AS as a protective measure to prevent harm to themselves, others, or property. This presentation will critically review the

research on the mental health of inmates placed in AS. In particular, this presentation will focus on whether there are any proven harmful effects of placement in AS. It will also look at whether research suggests a particular length of time that should be the limit for stays in AS. The presentation will examine the research for any evidence that AS affects those with mental illness differently than those without mental illness. Our findings support the notion that research in this area is limited. Study designs do not stand up to scientific standards, and findings are either too unrelated or unsupported to lend credence to arguments being made in the public arena.

## *Nuancing Penal Segregation*

Kelly Hannah-Moffat, *University of Toronto* (hannah.moffat@utoronto.ca)

The practice of solitary confinement/segregation and various forms of restrictive confinement are complex and have been exceedingly criticized, especially as related to prisoners with mental health difficulties. The vast empirical literature documents the damaging effects of segregation and it is the subject of human rights litigation. One Canadian jurisdiction that recently passed legislation has re-defined segregation to include any form of restrictive confinement that exceeds 22 hours and severely limits the use of this practice for mentally ill prisoners. This definition alters and broadens the definition of segregation from a particular type of housing (space) to time in cell. Absent from these important critiques and reforms of segregation is a fulsome discussion of how prisoners use segregation to manage the pains of incarceration, alternatives, and operational challenges of managing an increasingly complex penal population. Acknowledging the harm of segregation, this presentation will situate penal segregation in a wider context of institutional risk management, human rights, and prisoner autonomy.

## *Policy Considerations on the Mentally Ill in Administrative Segregation*

Gary Chaimowitz, *McMaster University* (chaimow@mcmaster.ca)

A number of studies identify the psychological consequences of solitary confinement and an increasing number of researchers have recognized the detrimental effects of solitary confinement in people with serious mental illness. Such effects may include exacerbating their illness or even provoking another illness episode. These harmful effects have been described in literature over many years, and the notion that solitary confinement approximates some form of torture is now sufficiently well known. In a U.S. case, *Madrid V. Gomez*, the judge commented that putting mentally ill prisoners in isolated confinement is, "the mental equivalent of putting an asthmatic in a place with little air ... " Various organizations have already begun to promote what they see as standards that will ultimately impact policy. These have already found their way into position papers and statements, and have been quoted as class action lawsuits make their way through the courts. This presentation will describe the policy implications that modern day forensic psychiatry may consider for alternatives to use of administrative segregation in correctional institutions.

## *Clinical and Human Rights Issues Regarding Administrative Segregation*

John Bradford, *McMaster University* (john\_bradford@sympatico.ca)

Dr. Bradford was the expert witness on to Human Rights Cases in Ontario that sensitized the Province to human rights abuses related to seclusion and segregation in provincial correctional facilities. The first case was Christina Jahn. Christina Jahn made a Human Rights Application in 2012. She was suffering with a serious mental disorder, addictions, and cancer. She was placed in segregation for an entire period of incarceration of 210 days. She also suffered discrimination, brutality, and humiliation because of her disabilities. In 2013 there was a settlement agreement in the case against the provincial Ministry of Community Safety and Correctional Services. Adam Capay was held in segregation for 1647 days in the Thunder Bay Correctional Centre. Dr. Bradford was the expert witness on the criminal case and various aspects of the results of this prolonged seclusion and segregation. Dr. Bradford has also been retained by the Canadian Human Rights Commission on another case which is ongoing.

## **11. Advance Care Planning**

### *Medical Ethics and Cultural Competence in Advance Care Planning: Strategies for Improving Quality of Life Until the End*

Karen Bullock, *North Carolina State University* (kbulloc2@ncsu.edu)

Today, with medical advances, people live longer and can expect to live several years with non-curable illnesses. Many will reach a point where medical technology may be able to keep them alive, but neither restore nor improve their health outcomes. Public opinion polls reveal that most people would rather be home than in a hospital or nursing home when dealing with such illnesses. At that point, patients and members of their social support networks (family) face difficult choices about the kind of care they want. Americans often die alone in hospitals or nursing homes and in pain from non-curable illness. Despite the capability of modern medicine to ease most pain and suffering, the existence of good models of holistic care and the lack of available culturally-specific care are of concern. Thus, this presentation will examine ethical issues and barriers to providing person-centred hospice and palliative care until the end, discuss advance care planning as a tool for effective communication and treatment planning, engage attendees in a dialogue about reaching vulnerable persons and fostering resilience, and discuss strategies for preparing practitioners to address disparities in person-centred care.

### *Better Think the Worst: The Therapeutic Potential of Living Wills*

Thomas Patrick Charles Hayes, *Cardiff University* (hayestp@cardiff.ac.uk)

Living wills (or Advance Decisions to Refuse Treatment, as they are termed in English law) are most commonly justified on the basis of according respect for personal autonomy. This presentation does not contest the central justificatory role that autonomy plays, but suggests that there is a case for greater exploration and communication of the potential therapeutic benefits of creating living wills. These possible therapeutic benefits stem from the incidental necessity of contemplating dire future circumstances and considering how best to confront them during the process of creating a living will. A greater awareness of their potential therapeutic advantages will offer individuals and healthcare professionals a further reason for engaging in advance care planning and the creation of living wills. It will also invite further consideration of how best to support those who wish to create a living will.

## *Legal Status of Advance Directives for Mental Health Treatment in Australia*

Katrine Del Villar, *Queensland University of Technology* (k.delvillar@qut.edu.au)

Mental Health Advance Directives (MHADs) are currently being promoted as a mechanism for giving people with mental illness control over their medical treatment. MHADs allow a person to make decisions which will apply at a time when the person may lack capacity to make contemporaneous decisions due to an acute psychiatric episode. However, in most Australian jurisdictions, MHADs are not binding on clinicians, and may be overridden when the maker meets the criteria for involuntary treatment under mental health laws. This presentation examines the inconsistencies in the way the law currently treats MHADs in different Australian jurisdictions. It also highlights the tension embedded in our legal system between the goal of patient autonomy which underpins MHADs, and the goal of treatment in a person's best interests represented by the involuntary treatment laws. It considers how the Australian legal system might strike a more appropriate balance between these competing goals, and provide a regime of legally binding advance directives for mental health treatment.

## *Advance Statements in Mental Health: The Need to Safeguard Consumer Empowerment in Implementation*

Paige Lerman, *Southern Synergy, Monash University, Australia* (lermanpaige@gmail.com)

Like other instruments for advance care planning in mental health, Advance Statements enable consumers to participate more actively in their treatment by recording their preferences for future psychiatric care. In theory, Advance Statements extend partial human rights, such as self-determination and dignity of risk, to consumers receiving compulsory treatment. In theory, Advance Statements promote recovery by instantiating consumers' ability to exercise these rights; by fostering self-efficacy and self-awareness; and by empowering consumers to reclaim ownership over their treatment and recovery. In theory, Advance Statements signify a departure from paternalistic treatment frameworks. In practice, it's much more complex. Provisions in Victorian grant psychiatrist's broad legal discretion in their decision to override a consumer's

preferences. In effect, consumers' right to participate in treatment-related decisions (i.e., by completing an Advance Statement) is contingent on whether their participation is concordant with a biomedical paradigm of care; when it is not, their preferences may be weaponized as evidence of illness, incapacity and lack of insight. This presentation addresses how Advance Statements, in their current rendering, risk reinscribing power imbalances between clinicians and consumers. This presentation will duly discuss the possible utility of "Facilitated Advance Statements" in safeguarding consumer empowerment and optimising the efficacy of Advance Statements in practice.

## 12. Agitation

### *Psychiatric Management of Agitation Throughout History Including the Neurobiologic Basis of Agitation*

Reinhard Dolp, *Queen's University* (Reinhard.Dolp@gmail.com)

History is filled with patients suffering from mental illness that committed violent acts. Those patients were confined to asylums until the deinstitutionalization in the 1960s. After the asylum area the psychiatric approach still remained to sedate or restrain agitated and violent patients. It was not until in the late 1990's that increasing media coverage of the current management of agitation and violence caught broad public attention and an outcry followed by improved safety regulations. At the same time, research started to focus on improving medical management of this patient collective. Since 2001 guidelines on the management of behavioral emergencies center on the patient's wellbeing instead of purely on rapid sedation. Agitation is a heterogeneous phenomenon, ranging from planned violence in antisocial personality disorders to purposeless hyperactivity in delirium. Multiple neurotransmitters and chemical substances can induce an agitated state – from serotonin in anxiety and depression to GABA in alcohol intoxication. Even though the exact interplay of those parts in the genesis of agitation is not known yet, the understanding of each part is vital in the way we see and manage those patients.

### *Diagnosing and Treating Agitation Using Expert Consensus Guidelines*

Jennifer Pikard, *Queen's University* (jenpikard@gmx.com)

The world expert consensus guidelines developed in 2016 have provided expert guidelines in how to diagnose and treat agitation. They recommend that every agitated patient should require several investigating steps including brief assessment if the agitation is acute, a thorough history, medical and neurological examination since the differential diagnosis can range from medical to that of a purely psychiatric causes. Non-pharmacological management is the first step in the management and are described in this presentation. The experts recommend that pharmacological agents should be fast in onset, not over-sedating and with a low risk profile. The usage of first- and second-generation antipsychotics as well as benzodiazepines need to be

adapted on the individual patient and the guidelines provide an expert consensus on the available evidence to date. Seclusion and physical restraint continue to remain the last resort in management of this behaviour/population as described throughout the history and what we have learned as a discipline.

## *Safewards: Making Psychiatric Units a More Pleasant and Safe Environment*

Tariq Hassan, *Queen's University* (hassant@providencecare.ca)

Safewards is a model which was developed in an attempt to provide a guide for hospital units hoping to improve and expand on their management of conflict and resolution. Six domains under this model identify the key influences over conflict and containment rates: the patient community, patient characteristics, the regulatory framework, the staff team, the physical environment and outside the hospital. The full Safewards model is structured to identify and address staff anxiety and frustration, moral commitments – particularly to honesty, psychological understanding, teamwork and consistency, technical mastery and positive appreciation. It is also important to understand the external structure of the ward which includes constraints on patient behaviour dictated largely from outside the ward itself. Flashpoints in this domain are those moments in which power is exercised by the psychiatric system, potentially resulting in aggressive rebellion or collapse of self-esteem and depression on the part of patients. These include the refusal to allow a patient to leave the hospital, the enforcement of treatment, and the failure of a complaint or appeal. These moments being the patient's situation into sharp relief and can trigger conflict behaviours.

## *Detection and Management of Agitation in Psychiatry: An Expert Consensus Revised*

Gustavo Vazquez, *Queen's University* (g.vazquez@queensu.ca)

Psychomotor agitation is associated to different psychiatric conditions and represents an important issue in psychiatry. Current recommendations on the subject of agitation in psychiatry are not univocal and often do not have a comprehensive approach. Actually, an improper assessment and management of agitation may result in unnecessary use of coercive or sedative treatments. A thorough and balanced review plus an expert consensus can guide assessment and treatment decisions. An expert task force iteratively developed consensus through serial consensus-based revisions using the Delphi method. Initial survey items were based on systematic review of the literature. Subsequent surveys included new or reworded items and items that needed to be rerated. This process resulted in the final expert consensus on the assessment and management of psychiatric agitation. Integrating the evidence and the experience of the task force members, a consensus was reached on 22 statements on this topic. Recommendations on the assessment of agitation as well as its clinical and pharmacological management will be discussed.

# 13.A Global View on Legal Aspects of Mental Health Treatment: Where Are We Today?

## *The Role of the Courts in Mental Health Treatments: Absence and Omnipresence*

Margarita Abi Zeid Daou, *University of Massachusetts Medical School*  
(margarita.abizeiddaou@umassmed.edu)

Judicial and correctional systems have long dealt with people with mental illness and disabilities. Many countries and states without the proper forensic mental health infrastructure treat those individuals as criminals; they are deprived of their basic rights – in jails and prisons – without consideration for treatment needs. Alternatively, they are institutionalized for extended periods and/or involuntarily treated without due review of their wishes and rights. On the other hand, countries that have developed laws that govern treatment of forensic mentally ill people face other challenges: Laws and regulations of psychiatric patients' civil and forensic commitments vary widely between jurisdictions and the draw of de-institutionalization is faced by the pull to minimize incarceration of individuals prior to their full and proper adjudication. In the United States, while certain courts leave clinical decisions for doctors, courts in other states regulate those decisions to the detail – to protect patients' rights. More globally, the United Nations (UN) advocate for yet another approach to treating persons with disabilities – including those with mental illnesses: without loss of liberty or involuntary treatments. This introductory presentation will review the similarities and differences in forensic assessments and clinical treatment between different states in the United States and between different countries.

## *Mental Health Services for Defendants with Mental Illness in Oklahoma*

Amam Saleh, *University of Massachusetts Medical School* (amam.saleh@umassmed.edu)

Title 43A (Mental Health Law) of Oklahoma State Statutes governs the provision of mental health services in Oklahoma, including for defendants with mental illness. Persons found incompetent to stand trial (IST), not guilty by reason of insanity (NGRI), and permanently non-restorable are committed to and receive services at Oklahoma Forensic Center (OFC). IST defendants are committed to OFC for up to two years (one year if charged with a misdemeanor). They receive treatment and simultaneous competency training. Discharge to the committing court once deemed restored is a clinical decision. NGRI acquittees are initially committed for a 45-day dangerousness evaluation. If committed further, they receive a yearly review by the forensic review board (FRB); a governor-appointed body. The clinical team makes recommendations for gradual advancement in privileges, which upon approval by the FRB is forwarded to the committing court. Discharge is thus a controlled and gradual process. This presentation will inform participants about differences and similarities of how defendants with mental illness are treated compared to Massachusetts and the United States in general.

## *Mental Health Services for Defendants with Mental Illness in Massachusetts*

Paul Noroian, *University of Massachusetts Medical School* (paul.noroian@state.ma.us)

The mental health assessment and treatment of individuals charged with criminal offenses in the state of Massachusetts is guided by both case law and by statute. Massachusetts has a specific chapter of its general law that delineates how defendants may be committed to mental health facilities for assessment of competence to stand trial, criminal responsibility, and for their ongoing treatment. In addition to statute, the Massachusetts courts and the federal courts, most notably the U.S. Supreme Court, have made decisions that set the standards for commitment, and protect the due process rights of individuals. Specific court decisions, such as *Jackson v. Indiana*, have established precedents that impact forensic evaluations and commitment. In this presentation, we will outline how a defendant in Massachusetts is court-ordered to a mental health facility for forensic evaluation, and then may be committed as incompetent to stand trial or not guilty by reason of insanity for treatment. We will review the balance between affording due process rights, yet protecting the safety of vulnerable populations. Finally, we will compare the similarities and differences in the clinical practice of forensic assessment and clinical treatment between different states in the United States.

## *How Article 14 of the CRPD may Change Forensic Psychiatric Care*

Zuzana Durajová, *Office of the Public Defender of Rights, Czech Republic*  
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The UN Convention on the Rights of Persons with Disabilities (CRPD) has brought a radical shift in concepts of care and treatment of persons with psycho-social disabilities. Article 14 prohibits deprivation of liberty based on existence of mental illness or perceived dangerousness. This position has been maintained further by many UN bodies that have called for abandonment of all non-consensual and coercive treatments in psychiatry, including in forensic settings. The member states are proving rather reluctant to bring such significant changes to their long-established double-track criminal justice systems under which persons declared unfit to stand trial or incapable to be found criminally responsible require medical treatment and separation from the rest of the society. But these systems are not without their problems – in practice, the standards of due process and safeguards are often compromised once the person is established as mentally ill. Informed consent is overruled by the need to protect the society. However, the experiences in Italy that has closed all its forensic psychiatric hospitals in 2015 proves that the vision of the CRPD is not unreachable if human dignity and liberty is at the core of the change. Will the Czech Republic and other member states follow?

## *The Interface between Mental Illness and the Law in the Arab World*

Elias Ghossoub, *Saint Louis University* (elias.ghossoub@health.slu.edu)

Per the Global Burden of Disease project, mental illness carries a significant burden in the Arab countries. It is considered as one of the leading causes of disability in that region. Unfortunately, there are numerous obstacles to accessing adequate psychiatric care, chief among which are a low number of healthcare resources. Legislatures have generally not risen to the challenge presented. Mental health expenditure by Arab governments is minimal. Additionally, most Arab countries do not have modern mental health laws to govern access to psychiatric care for the general as well as the forensic populations. A substantial proportion of criminal laws do not provide legal safeguards to mentally ill defendants charged with crimes. This presentation will first review laws and regulations in Arab countries addressing mental health. Second, the presentation will identify specific challenges and potential solutions to ensure improved access to psychiatric care for the mentally ill in the Arab world.

## **14. Artificial Intelligence, Mental Health, and Health Disparities**

### *Medical Artificial Intelligence: The Inclusion of Racial and Ethnic Minorities in Clinical Trials Will Improve Data Diversity*

Natasha H. Williams, *Attorney-at-Law, Bowie, USA* (nwilliams@rosegroupllc.com)

Over the last 20 years, the diagnosis and treatment of disease has advanced at breakneck speeds. Currently, we have technologies that have revolutionized the practice of medicine, such as telemedicine, precision medicine, Big Data, and medical artificial intelligence (AI). These technologies, especially AI, promise to improve the quality of patient care, lower health care costs, improve patient treatment outcomes, and decrease patient mortality. It has been applied in various areas of medical research including mental health. AI systems digest large amounts of data from many sources, including clinical trial data, to make treatment recommendations and diagnoses. Clinical trial data inadequately represents ethnic and racial minorities due to their insufficient recruitment and retention in clinical trials. To overcome the inadequate representation of racial and ethnic minorities in clinical trial data, this presentation proposes that the regulation of medical AI will increase minority participation in clinical trials. Consequently, this will enhance medical AI systems, improve data diversity, and reduce data bias because the data that drive these systems will be more inclusive and representative of racial and ethnic minorities.

## *Using Artificial Intelligence (AI) to Address Health Disparities in Military Populations*

Toya V. Randolph, *Uniformed Services University* (toya.randolph@usuhs.edu)

Health disparities directly impact the operational readiness of the military force. Despite equal access to healthcare, health disparities in the military are growing between white and non-white service members. Individuals affected by health disparities are more likely to have experienced higher morbidity and mortality rates. Health disparities research in military populations is a growing field. Public health research interventions to reduce disparities in the civilian population typically focus on social, economic, or environmental factors. However, these approaches may not be appropriate or feasible for the military, especially as it relates to sensitive concerns such as mental health. An alternative to human subject participation is the use of artificial intelligence or AI. In its simplest form, AI is any technology that is designed to operate in a way that mimics how humans operate. Transforming technology such as AI may provide the analytical framework needed to identify confounders of mental health among non-whites in the military, thus improving the overall quality of health and operational readiness of the active duty member. In addition, AI has the potential to identify cultural confounders contributing to subpopulation mental health; in turn, informing health policy decisions to address health disparity concerns in the military.

## *MarkLogic Distributed Computing Meets AI Mining in an Integrated Bio-Repository: A Bioinformatics Ecosystem for New Discovery*

Adam R. Davis Sr., *Uniformed Service University* (adam.davis.ctr@usuhs.edu)

For decades health professionals have collected tremendous amounts of bio-data related to human performance, prevention, diagnoses, and clinical treatment for improving prognoses and averting progression of mental disorders. Simultaneously, with the expectations of identifying empirical biomarkers for early detection of mental disease and introducing precision medicine treatments, biotype profiling (genetics, genomics, and epigenomics) is incorporated into mental health studies; amplifying the complexity of mental health data storage and analytics. As a result, computers and large scale data collection, data storage infrastructure, and data mining methodologies have become very sophisticated. Unfortunately, despite the large amount of mental health data collected in disparate systems, the minority's representation is still low; thus, underpowered to elucidate reproducible predictors of minority mental health disparities. The integration of datasets with minority representation into a common distributed data repository built with MarkLogic (MLDR) will increase minority population size, and statistical power for biomarker discovery. Data mining utilization of artificial intelligence supervised learning (e.g., Naïve Bays, ANN, decision trees, random forest) and/or unsupervised learning (Hierarchical, k-means, affinity propagation) of the MLDR will elucidate new clinical phenotypic associations, empirical biotype biomarkers' discovery, and new hypothesis

generation; together, providing a bioinformatics ecosystem to better inform minority health disparities policy.

## *An Overview of AI Solutions to Augment Mental Health and Behavior Therapy Interventions*

Irene Dankwa-Mullan, *IBM Watson Health, Cambridge, USA* (idankwa@us.ibm.com)

Digital technologies and machine learning tools applied to big data hold exceptional promise in delivering reliable and objective evidence for health. As the field of medicine is rapidly becoming data-intensive, the use of artificial intelligence (AI) tools that combines deep machine learning and advanced analytics to extract meaningful insights is gaining traction and being applied across many health domains. There are successful applications of deep machine learning algorithms in cardiovascular medicine, diabetes, for example as a result of increasing data sources acquired from large clinical trials. Within behavioral health, artificial intelligence assistance tools that leverages cognitive behavior therapy techniques are being used for personalized meditation and intervention. There are several digital and consumer tools being used for behavioral health coping strategies. This presentation will provide an overview of some of the AI solutions being used at the point of care, to augment mental health and behavior therapy interventions. The presentation will highlight some of the advanced analytic technologies being used to derive insights from big data including predictive modeling and similarity analytics. The talk will also include ethical implications and research opportunities for AI, big data and machine-learning technology to address mental health disparities.

## *Using Big Data and Advanced Analytics to Address Disparities in Mental Health*

William J. Kassler, *IBM Watson Health, Cambridge, USA* (w.kassler@ibm.com)

The global burden of mental illness is significant, with high social costs. A large number of people impacted by mental illness do not receive mental health services; and racial and ethnic minorities often receive less care. New advances in technology such cognitive computing, which incorporates artificial intelligence, machine learning, and natural language processing, may help to address these disparities. These technologies are uniquely suited to gaining insights from the vast amount of information being generated by data-rich technologies through clinical encounters, genome sequencing, and psycho-social data often outside the healthcare setting via streaming devices, biometrics, and even social media. Examples of specific capabilities that can be used to support patients and care-givers include sensors, mobile apps, social networking, computational neuroscience APIs, and data integration platforms. When combined into clinical solutions, these capabilities have the potential to improve diagnostic capabilities and can enable a population health approach to mental illness, can empower individuals by providing personalized care, and can help providers gain individual insights about their patients. To fulfill the promises

of these health information technologies, challenges will need to be addressed around data quality, privacy, security, and regulatory issues.

## *Ethical Considerations of Artificial Intelligence and Health Disparity Populations*

Regina James Smith, *2M Research* (rjams@2mresearch.com)

Artificial Intelligence has the potential to improve diagnostics and help physicians make better decisions for their patients; but healthcare providers must be mindful of the ethical issues that arise when utilizing machine-learning tools to help with patient diagnosis and plans for patient care. This is especially important when providing care for medically vulnerable populations. This presentation will focus on a number of ethical issues that can impact healthcare delivery for vulnerable populations in the context of artificial intelligence. For example, if insurance status or the ability to pay is a component of the treatment algorithm, does this “inherent bias” impact health disparity populations who have lower rates of health insurance? Other key questions to consider: What is the source of the data? If vulnerable populations have less access to care, are their data being integrated into these models as algorithms are being developed? How do healthcare practitioners maintain patient trust, particularly with vulnerable populations that may suspect that their healthcare provider is not acting in their best interest? As a physician, we must remember the four principals of healthcare ethics, as we move forward into an era of predictive analytics and machine learning in patient care: autonomy, beneficence, non-maleficence, and justice.

## **15. Assessment of Battered Woman Syndrome**

### *Assessment of Battered Woman Syndrome*

Lenore E. Walker, *Nova Southeastern University* (walkerle@nova.edu)

Battered woman syndrome (BWS), which is the psychological results of intimate partner violence, has been found to occur in a large number of women who have lived with domestic violence. The model of BWS researched by a team of psychologists from Nova Southeastern University’s College of Psychology includes data from childhood, adult situational and relationship factors and will be described more fully in this presentation. Research has demonstrated that BWS has eight specific and measurable areas that can be assessed with a new test validated with populations in the U.S., Costa Rica, Italy, Greece, and Puerto Rico. Four of these areas are similar to the symptom criteria from PTSD while three others appear to be specific to BWS. Dissociation makes up the 8<sup>th</sup> area. A 54-item assessment tool that was factored from the longer BWSQ assessment measure will be demonstrated during this presentation along with a discussion and comparison of results from the U.S. and other countries and cultures. We have collected data from countries such as Spain, Russia, Trinidad, Colombia, Costa Rica, Italy, Greece, and Israel. These tools can be used for research, forensic evaluations and clinical treatment plans.

## *PTSD Upon Admission to Shelters among Female Survivors of Domestic Violence in Israel*

Anat Ben-Porat, *Bar Ilan University* ([Anat.Ben-Porat@biu.ac.il](mailto:Anat.Ben-Porat@biu.ac.il))

Rachel Dekel, *Bar Ilan University* ([rachel.dekel@biu.ac.il](mailto:rachel.dekel@biu.ac.il))

PTSD is a central stress response to traumatic events including intimate violence. Recent studies consistently report that between 31% and 84.4% of all female domestic violence victims suffered from PTSD. The ecological model of trauma and recovery suggests that in the development of PTSD there is an interaction between the event, the person, and the environment. Therefore the present study examine the rates of probable post-traumatic stress disorder (PTSD) among female survivors of domestic violence, and the individual and environmental factors that contribute to that disorder . 505 female survivors of domestic violence completed questionnaires upon entering shelters in Israel. Analysis showed that 61% of the participants reported probable PTSD. Childhood exposure to violence, violence severity, and feeling helpless were all associated with high PTSD levels. By contrast, Ethiopian ethnicity, social support and a stronger sense of control were associated with lower PTSD levels. However, the interaction between social support and violence duration showed that social support did not moderate PTSD when exposure to violence endured. The study emphasizes that resources deteriorate, and that policy-augmenting prevention programs would increase treatment potential to strengthen survivors' coping capacities

## *Battered Women Syndrome and Sexual Violence*

Alessandra Pauncz, *Associazione Centro di Ascolto Uomini Maltrattanti, CAM, Florence, Italy*  
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In the context of validating the Battered Women Syndrome in the Italian and European context and interesting focus is that on sexual violence. How much is the incidence of sexual violence really known? How do women react and acknowledge sexual violence in intimate partner relationships? Building on the emerging research from the validation of the BWSQ we will be exploring the implications of consequences of sexual violence in the treatment of victims of domestic violence in the Italian national context and also in Europe. The specific point of how to address sexual violence in perpetrator programs will be part of the viewpoint of the author working in the national Italian network and also in the European Network of the work with perpetrators. How to hold men accountable and how to ensure that victims safety oriented perpetrator programs assess and integrate in their curriculum the impact of sexual violence on victims and the means to address change in men as well as the accountability journey will be part of the presentation.

## **16. Assessments: Methods and Implications**

## *MEGA Risk Assessment Tool Findings on 3,901 Youth*

L. C. Miccio-Fonseca, *Clinic Director-Clinic for the Sexualities* (cmf@cox.net)

*MEGA* is an evidence-based risk assessment tool, tested and retested on an international sample of 3,901 youth, ages 4 -19, males, females, transgender-females, including youth with low intellectual functioning. These are the largest risk assessment studies of youth and a risk assessment tool in the field to date. Validation studies produced significant predictive validity studies, established normative data, and calibrated risk levels according to age and gender. *MEGA* is applicable to adjudicated and non-adjudicated youth. The measure generates an individualized comprehensive risk report, the reports can be used in forensic settings. Presented are the unique findings on sexually abusive youth, particularly findings on youth 4-12, females, transgender-female, and the anomalies, the sexually violent and predatory violent youth. The *MEGA* study findings empirically demonstrate that risk assessment tools must be designed for and applicable to, the unique differences of youth in the different age groups (4-12 years, 13-15 years, 16-19 years), and genders (males, females, transgender-female). Presented are their differences regarding their family histories, antisocial histories, and their risk levels.

## *12-Year, 6-month Longitudinal Study: Adult Recidivism of Very High Risk Sexually Abusive Youth Discharged from Secure Residential Custody*

Lucinda Lee Rasmussen, *San Diego State University School of Social Work*  
(lucindarasmussen@cox.net)

This presentation will discuss comparative analysis of predictive validity of two contemporary risk assessment tools with calibrated risk levels, *MEGA* and *JSORRAT-II*, on a secure custody residential sample of sexually abusive youth (N = 129) followed for six-years (from intake to discharge). Longitudinal follow-up for 120 youth is extended and ongoing for additional years (total time thus far = 12 years, 6 months). Reported are arrests documented to date for sexual, non-sexual (non-violent), and non-sexual (violent) crimes of the subjects as adults (ages 18 to 31). Sample is unique; over 40% were assessed as Very High Risk on the *MEGA* risk assessment tool, meaning they were deemed dangerous offenders who engage in very serious crimes that can be lethal. Descriptive data will be presented, identifying salient characteristics among the composition of variables typically found in this very rare sub-group of sexually abusive youth (Very High Risk). Implications of the findings for assessing Very High Risk sexually abusive youth will be presented.

## *Systematic Suicide Risk Assessment: Using SAFE-T and OU FIPPS chart©*

Britta Klara Ostermeyer, *University of Oklahoma* (britta-ostermeyer@ouhsc.edu)

Recognizing those at higher risk for suicide is key in suicide prevention. Access to care and removal of lethal means to commit suicide are the two interventions research has shown to reduce suicide. This presentation will discuss and utilize the suicide risk assessment resource “Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)”, which elicits: (1) suicide risk factors; (2) suicide protective factors; and (3) information about the patient’s suicide conduct, i.e., thoughts, plans, behavior, and intent. Practitioners then are to (4) determine the suicide risk level and provide interventions, and lastly, (5) document the assessment. The presenter will also discuss common suicide risk factors, protective factors, and illustrate how to compile a suicide prevention intervention plan utilizing the OU FIPPS chart©. Suicide risk factors can be divided into (1) static and (2) dynamic risk factors. Static risk factors, such as age or gender, cannot be modified and are not subject to suicide prevention interventions. On the other hand, dynamic suicide risk factors, such as depressed mood, substance use, homelessness, or family conflicts, are amenable to change. Each dynamic risk factors is assigned a suicide risk reduction intervention. Some suicide protective factors can be enhanced in order to move the person further away from suicide.

## **17. Attempts to Reduce Incarceration and the Changing Face of Community Supervision**

*Tackling the Overuse of Incarceration in American Jails: Examining an Innovative Strategy Designed to Decrease Disparate Conviction and Incarceration Rates Among Low Level Non-Violent Drug Offenders*

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John Creuzot, *Attorney-at-Law, Dallas, USA* ([John.Creuzot@dallascounty.org](mailto:John.Creuzot@dallascounty.org))

The overuse of jails in the United States (U.S.) has reached epidemic proportions, with nearly 12 million men and women entering jail every year and most for non-violent offenses. Among those incarcerated, African Americans are four times more likely to be incarcerated than whites. Research has shown that even small amounts of jail time increase recidivism rates, disrupt families, and can have long term devastating effects on individuals, families, local communities, and the economy. This presentation will examine the effectiveness of a specialized docket created to increase diversion opportunities, decrease racial and ethnic disparity, and put a stop to the revolving door of the county and state jail for non-violent drug offenders. To evaluate the effectiveness of this strategy, a sample of African American and White drug offenders incarcerated in jail during 2015 will be compared to a 2017 sample of African American and White drug offenders served through the specialized docket. Specifically, the presentation will examine the specialized docket outcomes in relation to diversion to community supervision, pre-trial detainment, conviction, re-arrest, re-incarceration, and successful completion rates.

## *The Effectiveness of Enhanced Supervision Programs: A Comparison of Outcomes for Males and Females and the Attributes that Contribute to Success*

Edward Latessa, *University of Cincinnati* (Edward.Latessa@uc.edu)  
Jamie Newsome, *University of Cincinnati* (newsomjr@ucmail.uc.edu)

In Ohio, the Community Corrections Act was designed to divert offenders from prison by providing funding to local probation departments to create enhanced supervision programs and services. This presentation will examine the results from a recent large-scale study of Ohio's CCA programs, and will specifically look at the differences between male and females on several indicators including: the appropriateness of the diversion, rates of failure, and predictors of outcome. This study included over 1,100 females and 4,400 males across three groups 1) a treatment group (those placed in CCA programs), 2) a comparison group consisting of those given regular supervision and 3) a comparison group of those sent to prison and released. Outcomes measures include new convictions and incarceration. While CCA programs are intended to reduce prison commitments by diverting those who are higher risk or convicted of more serious felonies, results indicate that many of those served in CCA program were low-risk, less serious felony level offenders. Furthermore, failure rates were higher for the CCA group than the comparison groups. Some of the possible reasons for these findings are discussed.

## *What to Do with Low Risk Offenders? The Impact of Changing Community Supervision Practices for Low Risk Individuals*

Lori Brusman Lovins, *University of Houston Downtown* (lovinsl@uhd.edu)  
Haci Duri, *College at Brockport, SUNY* (hduru@brockport.edu)  
Brian Lovins, *Harris County CSCD, Houston, USA* (brian.lovins@uc.edu)

The United States is beginning to see a downturn in its rate of incarceration. Changes in practices that historically led to imprisonment of defendants has resulted in population fluctuations of those sentenced to community supervision. This has required the need to reevaluate community supervision practices in the United States as a whole. This presentation will explore a change in probation practices of individuals assessed as low risk for reoffending. The practice change involved the development of specialized low risk caseloads whereby officers were assigned a higher caseload size and probationers received a less intensive supervision schedule. The study examines over 3,000 low risk probationers from Harris County, Texas supervised from 2013 to 2016. Changes in rates of arrest, charges for a new offense, and technical violations were examined to determine the impact of less intensive supervision practices on recidivism. Implications include the improvement of community supervision efficiency and effectiveness.

## *Changing Sentencing Practices: Exploring Ways to Decrease the Percentage of Female, Drug Offenders Sentenced to Prison*

Brian Lovins, *Harris County CSCD, Houston, USA* (brian.lovins@uc.edu)

The United States is in the middle of a 40-year war on drugs. This war has many casualties but one of the largest is women. Since the war has started, women have experienced an 800% increase in rates of incarceration. This presentation will explore how the implementation of the Responsive Intervention for Change (RIC) docket has changed the trajectory of female drug offenders in Harris County, Texas. The RIC docket is designed to address drug offenders quicker, more efficiently, and more effectively. Specifically, the RIC docket was established by the 22 Felony courts. When a person gets arrested for possession of a controlled substance (< 4 grams) there is a direct filling order that diverts the defendant into the RIC docket. The RIC docket has seen over 6,000 defendants over the past 18 months. To understand the impact, this presentation will use a sample of female offenders from 2015 and compare the outcomes to those who were disposed of through the RIC docket in 2017. Specifically, the presentation will examine RIC's outcomes associated with pretrial detention, sentencing, new arrest, revocations, and successful completions.

## **18. Author Meets Reader Panel for "Containing Madness: Gender and 'Psy' in Institutional Contexts"**

This is an author meets reader panel, organized with special permission from the IALMH, for a book focused on examining the language and actions used by experts in the field as well as varied forms of institutional confinement as they are mediated by gender and other markers of structural oppression. The session will begin with each contributor providing a brief overview of their chapter. The editors will then act as discussants, presenting an overview of the main themes that run throughout the book threading the chapters together, before opening the floor to the audience to pose questions.

## *Carceral Optics and the Crucible of Segregation: Revisiting Scenes of State Sanctioned Violence Against Incarcerated Women*

Jennifer Kilty, *University of Ottawa* (jkilty@uottawa.ca)

Combining the visual criminology literature with the nascent scholarship on 'critical hauntology' this presentation will examine the 1994 illegal cell extraction and strip searches of eight women by a male institutional emergency response team in the now closed Kingston Prison for Women and Ashley Smith's 2007 death in Grand Valley Institution for Women. Using image stills

extracted from the correctional videography of the events as they unfolded in real time, the presentation will identify haunting parallels between the two cases with respect to illegal uses of force against women housed in segregation that led to legal attempts to prevent the public from viewing the videos. Despite the federal public inquiry into the 1994 incident and the subsequent restructuring of federal corrections for women in the decade that followed, the Smith case demonstrates the historical continuity of extra-punitive carceral control discourses and practices. Always difficult to garner public support for progressive rather than austere prison reform, the images of incarcerated women stripped naked, violently physically and chemically restrained, and permanently isolated in both cases provided the public with visual and ‘haptic’ evidence that correctional officials broke the law through the use of morally depraved, yet bureaucratically sanctioned, carceral control and management tactics.

### *When a Man’s Home isn’t a Castle: Performing Hypermasculinity Among Men Experiencing Homelessness and Mental Illness*

Erin DeJ, *Wilfrid Laurier University* (edej@wlu.ca)

Hegemonic masculinity – the hyperbolic expressions of maleness that aims to subordinate women – is often described among men in stereotypically masculine subjectivities and activities, such as the military. This presentation uncovers how hegemonic masculinity plays out in spaces where men are vulnerable and otherwise weak; that is, where exaggerated forms of physical strength, aggression, and emotional detachment are not easily expressed. The presentation will consider the ways hypermasculinity is performed among men experiencing homelessness and who identify as mentally ill. These men are unable to perform traditional ‘macho scripts’ (Zaitchik & Mosher 1993) given their marginal social status but many take up hegemonic scripts by blaming their homeless status as a direct result of malignant women; objectifying and demeaning women mental health professionals; and by minimizing the role of emotion work (Horschild 1979) in their efforts to manage their distress. Importantly, there was a small but vocal counter-narrative where a few men reject hegemonic masculinity discourses and adopt a more complex understanding of masculinity. Examining how hegemonic masculinity is reimagined by those sitting on the margins provides a unique angle that further contextualizes the concept of masculinity and its analytical potential.

### *Sickening Institutions: A Feminist Sociological Analysis and Critique of Religion, Medicine, and Psychiatry*

Heidi Rimke, *University of Winnipeg* (h.rimke@uwinnipeg.ca)

This chapter seeks to outline the ways in which psy hegemony operates in Western medicine by analysing the ways in which pathological individualism has emerged since the nineteenth century. Contextualized within, and directly related to the way social relations of power, knowledge, and inequality have historically been structured in contemporary society, the chapter provides a feminist theoretical framework that critiques and challenges the assumptions and

problems of dominant “psy” discourses and institutions. The discussion provides the groundwork for approaching human distress and struggles as socially structured problems rather than the consequence of a flaw or defect of abnormal individuals as seen in the current, popular ‘broken brain hypothesis.’ To do so, the chapter outlines and discusses the theory of psychocentrism to politicize and critique contemporary neoliberalism as a “sickening society” invested in individualism, pacification, and pathologization.

## *Uncovering the Heteronormative Order of the Psychiatric Institution: A Queer Reading of Chart Documentation and Language Use*

Andrea Daley, *York University* (adaley@yorku.ca)

This chapter uses a case scenario approach to examine the ways psychocentric understandings of mental distress and heteronormativity intersect to preclude mental health service providers’ (MHSPs) recognition of and response to same-sex intimate partner violence (SSIPV) experienced by ‘Sheena’, a psychiatric in-patient. Our analysis is premised on the heteronormative order of the psychiatric institution as it is inextricably tied to its legacy of pathologizing and regulating queer sexualities. We use discourse analysis, with attention to Queer linguistics, to interrogate how the biopsychiatric knowledge and practices operationalized within the heteronormative space of the psychiatric institution by MHSPs (psychiatrists, nurses, and social workers) serve as discursive work toward the erasure of IPV from their understandings of ‘Sheena’s’ distress, and consequently, the erasure of her queerness. We emphasize that the delinking of IPV from ‘Sheena’s’ distress and queer erasure requires the intersection between psychocentric understandings of mental distress and the heteronormative order of psychiatry. Distress related to SSIPV is reconfigured through this process as ‘mental illness’ and related consequences for ‘Sheena’. The research identifies as its primary objective the examination of the interpretative nature of psychiatry in relation to the construction of women’s distress and gender (femininities), sexuality, race, and class within a large, Canadian, clinical psychiatric setting.

## *Dangerous Discourses: Masculinity, Coercion, and Psychiatry*

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

In British Columbia, the introduction of modified Assertive Community Treatment Teams (ACT), a form of multi-disciplinary community-based treatment, recently began to include police as part of their professional complement. The way ACT is currently practiced in British Columbia is a gross departure from the model’s original intent and, indeed, with how it is practiced in other jurisdictions. Typically, ACT is paired with housing and does not involve police on teams. Although coercive practices are most often associated with institutional and inpatient forms of care, they are routinely used in community-based mental health care. The use of involuntary committals and of restrictive and controlling interventions are disproportionately shown to impact men. This chapter explores the intersections of masculinity, psychiatric

diagnosis, and discourses of dangerousness as they play out in coercive practices in community-based settings. This presentation will expose the ways in which these damaging practices crop up in new and innovative ways in community-based mental health, giving lie to the promise of recovery and person-centred models of mental health care. The presentation will contextualize our discussion through a historical examination of the role of psychiatric confinement and its links to colonialism and intersecting forms of oppression and discuss the implications of ‘new’ forms of psychiatric violence and coercion for the lives of men diagnosed with mental illness.

## *Traditions of Colonial and Eugenic Violence: Immigration Detention in Canada*

Ameil Joseph, *McMaster University* (ameilj@mcmaster.ca)

Immigration detention in Canada is rationalized as necessary for the assessment and examination of immigrants who might present a threat to the public, or be deemed inadmissible due to “serious criminality” and therefore unable to attend hearings, procedures, or examinations. In March 2016, two deaths within immigration detention centres in Canada triggered a public reaction to the existence, purpose, and conditions of immigration holding centres and questioned the human rights protections for people being detained. Drawing on analytical contributions from mad studies, critical race theory, and postcolonial studies, public media debates on the contemporary practice of immigration detention, and historical practice of immigration detention in Canada are discursively analyzed. The analysis offered positions contemporary immigration detention as a continuation of colonial population regulation practice that is fuelled from a confluence of gendered threats to the “Canadian public” sustained by racial, sanest, eugenic, thinking that effects racialized people and those identified by the biomedical psychiatric system (mostly young men) in violent ways. This outcome is achieved while advancing the racial/gendered patriarchal fantasy of a Canadian state protector made possible upon the (re)forging of the historical ideas of a savage threat and the production of the innocent Canadian public in need of protection.

## *Patients’ Perspective on Mechanical Restraints in Acute and Emergency Psychiatric Settings: A Poststructural Feminist Analysis*

Jean-Daniel Jacob, *University of Ottawa* (JeanDaniel.Jacob@uOttawa.ca)

In healthcare, and psychiatry specifically, mechanical restraints are most often used in circumstances where behaviours are believed to be a threat to the welfare and safety of others or the individual him or herself. However, the degree to which health care professionals justify the uses of mechanical restraints in relation to the perceived beneficial effects expressed by those who must experience them may very well prove to be quite different. In order to critically examine extreme practices where bodies are trapped, our study privileges the phenomenological experience of both female and male psychiatric patients placed under mechanical restraints. We

turn to phenomenology, and more precisely Interpretive Phenomenological Analysis (IPA), to foster the development of health care that is informed by those who experience firsthand the effects of current psychiatric practices. In this chapter, we present the results of an empirical research project that investigates the lived-experience of patients regarding the use of mechanical restraints. We turn to poststructural feminist scholarship to account for the specific experience of women placed under mechanical restraints in psychiatric settings with the hope of generating tailored health care practices that are gender sensitive under this extreme circumstance.

### *Assessing ‘Insight’, Determining Agency, and Autonomy: Implicating Social Identities*

Merrick Pilling, *York University* (mpilling@yorku.ca)

Drawing on data from 120 inpatient charts, this presentation examines the concepts of “insight” and “judgment” as they are operationalized by psychiatrists in chart documentation. Within these charts, “insight” is understood as the degree to which patients believe they have a mental illness and comply with psychiatric treatment. Likewise, “judgment” is assessed as the patient’s ability to make logical decisions and appreciate consequences and, through documentation, is often evaluated in relation to patient compliance with physician directives about hospitalization and treatments. When patients question or reject diagnoses, hospitalization, and/or medical treatment, such actions are interpreted as indicators of poor insight and judgment, and, therefore, as justification for further professional intervention. Such assessments of insight and judgment are gendered, racialized, classed, and sexualized. Our analysis shows that professional processes of attributing insight and judgment in psychiatric charts may be fundamental to the extent to which patients are granted control over their own treatment, and further, that some patients—those whose interpretations and lived realities are least relatable for the professionals documenting their experiences—are most particularly impacted by these processes. The presentation concludes that this warrants attention considering the fundamental role of these constructs in the justification of coercive measures such as involuntary detention and compulsory treatment.

## **19. Autism Spectrum Disorders**

### *Autism Spectrum Disorders: Interactions with the Criminal Justice System*

Joette Deanna James, *Alina Assessment Services, Washington, DC, USA* (joettedj@aol.com)

The Center of Disease Control’s most recent estimates of the prevalence of Autism Spectrum Disorder (ASD) are one in 68. As such, it is critically important that we understand the role that this now relatively common but often misunderstood developmental disorder may play in the lives and behaviours of our clients. Due to their difficulties with social reciprocity, social communication, social cognition, and restricted interests, some individuals with ASD find

themselves in the criminal justice system, charged with offences ranging from assault, to child pornography, to murder. Further, not only do social deficits contribute to misunderstanding of individuals with ASD as defendants, but also as victims of crime. This presentation will provide a brief overview of Autism Spectrum Disorder, including symptom pattern, diagnosis, and comorbidities with other neurodevelopmental disabilities and psychiatric disorders. The key behavioural and social characteristics of ASD will also be discussed, as will strategies for mitigation and for working with clients on the Autism Spectrum as they move through the criminal justice system.

## *Neurobiology of Autism Spectrum Disorder and the Localization of Pro-social Behavior: Molecular Neuroscience and the Criminal Law*

Janet Brewer, *Governors State University* (janetkbrewer@cs.com)

While it is true that individuals on the autism spectrum struggle with aspects of social cognition, violent, aggressive or anti-social responding are not part of the diagnostic picture. Nevertheless, in recent years, various media have insinuated a causal connection among high profile cases between a diagnosis of Autism Spectrum Disorder (ASD) and commission of crime. Concomitantly, neuroscientists are targeting neuro-anatomical and neurobiological correlates of ASD and behavioral and personality typologies in their quest for better understanding of this mental disorder. Most recently, neuroimaging studies which measure the brain's metabolism of glucose and key neurotransmitters have exhibited a particular pattern within regions that modulate emotion and executive functioning. This presentation will highlight these recent findings amid a backdrop of trends in criminal justice in both conviction and sentencing where neuroscientific data are considered at trial. This presentation will also discuss the shortcomings of neuroimaging data, and the potential for such data to reverberate far beyond mere neuroethical discussion to better inform the judicial process. Specifically, neuroscience may have important implications both in terms of our understanding of what drives criminal behavior and how legal systems may better engage with defendants with mental impairments.

## *Empathy, Autism, and Revisioning Sex Offending*

Pamela D. Schultz, *Alfred University* (fschultz@alfred.edu)  
John Douard, *Rutgers University* (douard@rci.rutgers.edu)

In the United States, an ongoing moral panic about sex offenses has contributed to a draconian web of laws that externalize cultural anxieties about taboo desires and conduct. These laws rest on the assumption that offenders have control over their sex-offending conduct yet lack empathy. Given that we consider the capability to be sensitive to the suffering of others as one of the highest expressions of humanity, we have stigmatized sex offenders as monstrous. People with autism spectrum disorder have also been stigmatized due to their apparent lack of empathy. When people with ASD are classified as sex offenders, to be criminally liable for conduct they do not understand is morally wrong even if they know it is legally wrong means they are

stigmatized twice over. We argue that only a public health framework has the resources to respond creatively and appropriately to people with autism who are labeled sex offenders. This presentation examines the legal, social, philosophical, and rhetorical problems that this subset of people charged with sex offenses must confront. We will offer suggestions for an appropriate and therapeutic response to this problem, which the criminal justice system is simply not designed to address.

## *Autistic Youth in US Juvenile Justice System*

Melissa Stanlake DeFilippis, *University of Texas* (crthomas@utmb.edu)

Youth with Autism Spectrum Disorder (ASD) represent a vulnerable population within the juvenile justice system. By age 22, almost 5% of youth with ASD will be arrested, and 20% will be stopped and questioned by police, excluding traffic stops. Co-morbid ADHD or conduct disorder seem to put these youth at higher risk for violent criminal offending, and certain symptoms of ASD might also increase this risk. Navigating the justice system with an ASD diagnosis can be difficult. Lack of knowledge and understanding of this diagnosis within the justice system compounds this difficulty, and further places these youth in a more vulnerable position. Along with increased access to early interventions for patients with ASD, it is important to provide education and training on ASD to law enforcement personnel. Coaching patients with ASD and their families on proper ways to interact with law enforcement officials is also recommended.

## **20. Bad to the Bone: Evaluation and Treatment Considerations for Incarcerated Individuals**

### *Born to be Wild: Challenges and Successes of Rehabilitation for Juvenile Delinquents*

Anish Ranjan Dube, *County of Orange, Health Care Agency* (anish.dube@gmail.com)

With youth crime and juvenile delinquency a growing concern across the globe, this presentation addresses some of the challenges faced by psychiatrists working across diverse juvenile justice settings and explores specific approaches to mental healthcare delivery. While the United States continues to have the highest per capita juvenile incarceration rates among so called “developed” countries, there has been a steady and consistent decline in overall juvenile incarceration since 1995, with no discernible detriment to public safety. Much of this decline can be attributed to a shift in public policy, with an increasing emphasis being placed on diversion and sentencing to treatment over incarceration. Consequently, delinquent youth who are sentenced to juvenile detention centers tend to have committed more violent offenses and the acuity of their mental health needs higher. This presentation will 1. Survey approaches used to address the mental health needs of juvenile delinquents in the United States and internationally, 2. Specifically, highlight the delivery of mental healthcare services within Los Angeles and Orange Counties (in

Southern California) and 3. Discuss continuing challenges psychiatrists face in working with this population, such as the prevalence and impact of adverse childhood experiences on incarcerated youth.

### *A Rational Approach to the Use of Psychotropic Medications with Incarcerated Adults and Juveniles*

Joseph Penn, *University of Texas, Medical Branch – Galveston* (jopenn@utmb.edu)

Pharmaceutical spending has risen significantly due to increased numbers of adult and juvenile offenders with mental disorders treated with psychotropic medications and the number of offenders requiring more than one type of medication. There has been a shift toward the use of newer and more expensive mood stabilizer and antipsychotic medications for the treatment of bipolar disorder and non-psychotic disorders, schizophrenia and other psychotic disorders. Polypharmacy, the use of multiple concomitant medications, medication treatment of insomnia and other subjective complaints, and “off-label” use of psychotropic medications are other factors contributing to increased prescribing and cost increases. There are many medication use and potential abuse, misuse and diversion issues that are unique to the correctional setting. This presentation will describe: 1) the implementation and management of a formulary program and disease management guidelines, 2) the challenges of formulary management programs, 3) health care staff, offender, family member, legislator, and legal responses, 4) quality of care, 5) strategies for evidence based prescribing practices, and 5) and to describe some methods to reduce abuse, misuse and diversion of psychotropic medications.

### *Front Lines of Correctional Psychiatry: Perspectives of an Emergency Medicine Physician on Correctional Care*

Myles Jen Kin, *Wachusett Emergency Physicians, Leominster, USA* (drmylesjenkin@gmail.com)

With the prison system in the United States frequently being called the “largest mental health institution” in the country, addressing the mental health needs of this population are at once challenging and simultaneously call for novel approaches to treatment and care. As an emergency medicine physician working in an emergency room contracted with the local state prison to provide acute medical care, I am at the frontlines, often encountering patients presenting with somatic complaints but ostensibly related to an underlying mental health and/or substance use problem. This presentation will: 1. Review some common reasons that patients with mental health problems are brought in to the emergency room, with case examples, 2. Emergent themes associated with psychiatric decompensation among the incarcerated population and 3. The nature of resources available to incarcerated individuals with mental illness at the local prison, with a particular emphasis on barriers to care from a primary care physician’s perspective.

### *Addiction and the Criminal Justice System*

David Carlone, *Queen's University* (dcarlone@qmed.ca)

Illicit drugs, in addition to having negative physical and mental health consequences for the user, have many societal harms and costs that can be quite significant. The impact of substance use is especially apparent in the criminal justice system, with effects at the level of policing, arrests, trials and convictions. A large proportion of offenses are committed under the influence of alcohol or drugs and an even greater number of crimes are related to drugs. It is not unexpected, therefore, that a similarly large proportion of people who are incarcerated or under criminal justice supervision are addicted to alcohol and /or drugs. However, access to treatment for substance use disorders in the prison system has historically been limited. Substance use also increases the rates of re-offence and recidivism, creating a revolving door situation that can be hard for individuals to escape. This presentation will explore these issue and their impacts in Canada and the United States of America and an overview of select intervention strategies that have been employed will also be presented.

## **21. Bioethics and Pluralism**

### *Bioethics as Culture of Pluralism*

Pawel Łuków, *University of Warsaw* (p.w.lukow@uw.edu.pl)

This presentation will propose to see bioethics as an important component of a “culture of pluralism”, which is a collective attempt at a systematic management of irremovable pluralisms in democratic societies. The presentation will begin with brief definitional comments regarding pluralism and culture. Against the background of these two distinctions, compromise seeking – a widely recommended method of resolution of disagreements in democratic societies – will be analyzed to show that it is insufficient when applied to disputes of bioethical issues. Such issues characteristically involve fundamental and infeasible beliefs, and so they do not allow for compromises. As an alternative to compromise seeking, the presentation will offer the idea of adjustment of potential resolutions of bioethical disagreements to such democratic values and ideals as individual liberty, equality, mutual recognition, and respect, to which the parties to bioethical disagreements are infeasibly committed. These commitments are a central part of the culture of pluralism. They rely on shared standards of interaction and institutions, which provide forums for systematic management of unavoidable and irremovable disagreements. The culture of pluralism is also based on citizens’ virtues, such as respectfulness, tolerance, peaceableness, and self-discipline.

### *Pragmatic Bioethics*

Dennis Cooley, *Northern Plains Ethics Institute NDSU, Fargo, USA* (dennis.cooley@ndsu.edu)

There is an inherent defect with bioethics: Morality is not a fine machine that works with precision. Our ethics is the result of genetics, environment, and a variety of other factors which make it, at times, inconsistent. Therefore, to make reasonable decisions about what we should

do, and what we should be, and how to live a good life – applied and theoretical ethics must be pragmatic. Pragmatism focuses on how we are able to do ethics and the contextual situations in which a particular moral issue resides, and then creates a system that works within the world as it is rather than how we can perfectly imagine it. That is where social and natural sciences come into the picture. These fields can inform us of what is the case now, as well as what is causally possible within the context. Theoretical ethics should use this information as its foundation, and then create a narrative of where we can and should go.

## *Pragmatic Bioethics and African Americans*

David Augustin Hodge, *Tuskegee University* (dhodge@tuskegee.edu)

Bioethics prioritizes the rights of an individual with respect to autonomy, respect for person and life, and justice. The field has become so broad, from the initial coining of the term almost a century ago, to its responses to various human subjects and human rights violations (from such nefarious infractions as those occurring in Nuremberg, Tuskegee, and Guatemala, et al.) that it's probably best to talk about bioethics in terms of normative governing principles (respect for persons, beneficence, and justice) rather than metaethics. In contrast, public health ethics is population based. Some have defended a grounding of bioethics in Kantian (deontological) terms and others have defended a grounding of public health ethics in utilitarian terms. African Americans need a friendly public health theory that prioritizes their personal value, not just their community's value at their expense. On the other hand, marginalized communities need a bioethical theory that is structured such that their community may thrive. The latter needs to re-examine its views on what makes for social justice, and the former must be suspicious of abstract justice principles. Grounding each in virtue and (relational) feminist ethics may result in a very attractive pragmatic bioethics.

## **22. Campus and School Suicide**

### *Adolescent Suicide Risk Assessment*

Joseph V. Penn, *The University of Texas* (jopenn@utmb.edu)

There is increased recognition regarding self-injurious behaviors and suicide attempts within adolescent populations. Numerous factors interfere with accurate recognition of suicide risk in adolescent populations. This presentation will identify known static and dynamic risk factors for adolescent suicide and self-harm. Challenges in timely screening, identification, referral, and coordinated evaluation and treatment of adolescents at risk for self-harm and attempted versus completed suicide will be discussed. The empirical literature on suicide risk assessment instruments in child and adolescent populations will be reviewed. Recommendations regarding “best practices” and implementation of a suicide risk assessment for juveniles across a variety of clinical, correctional and forensic settings will be presented. Recommendations regarding how to most effectively select from the myriad of available suicide risk assessment instruments in

clinical settings will also be discussed. Examples will be provided of evaluation strategies, such as the need for re-evaluation and timely follow up and monitoring. The presentation will contribute to a greater understanding of the importance of timely clinical decision making, effective communication, and the need for more effective clinical management and documentation strategies when addressing adolescents at risk for self-harm and completed suicide.

## *Intervening with Suicidal Students on Campus*

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

The problem of suicidal behavior among college students continues to be a concern. Since the middle of the 20th century, suicide has been the second most common cause of death among U.S. college students. The suicide rate in college students is in the range of 7 per 100,000, although this number likely under-estimates the real number. Many psychiatrists are familiar with long-standing risk factors, such as binge alcohol consumption and onset of adult psychiatric disorders. There are other trends, however, that are less well known. For instance, it appears that social media use can increase risk because the online images students create exacerbate tendencies toward social perfectionism, which can lead to suicidality in a person who is high in self-criticism and doubt. Research is revealing gender-related differences in triggers. Women are more often triggered by relationship-related events, while men are more often triggered by achievement failures. In addition to standard therapeutic interventions for suicidal populations, peer-driven strategies are useful among college students. These and other interventions will be discussed.

## *Suicidal Behavior in Cultural and Ethnic Minorities*

Cheryl D. Wills, *University Hospitals, Cleveland Medical Center, USA*  
(cheryl.wills@UHhospitals.org)

A growing body of research and interventions has focused on suicide prevention on academic campuses. These studies often do not examine risk factors and triggers that may be specific to students who are from ethnic and cultural minority groups. Depression is a well-known risk factor for suicide that may be preceded or exacerbated by microaggressions - seemingly minor comments or actions that unintentionally demean members of a marginalized group. Ethnic and cultural differences can influence how students who are emotionally distressed seek help, including mental health services. Microaggressions and other forms of social and cultural isolation can deter help-seeking behavior. The presentation will demonstrate how promoting inclusion and mental health literacy on college campuses campus culture can be conducive to reducing suicide risk by normalizing the help-seeking process for all students. Recommendations for modifying campus mental health programs to be more accessible to a diverse student population will be provided.

## *Suicidal Behavior in Individuals with Autistic Spectrum Disorder*

Rachel Loftin, *Private Practice, Chicago, USA* (rloftinphd@gmail.com)

Because of unique features of autism spectrum disorder (ASD), it can be challenging for clinicians to assess and treat suicidality among their autistic patients. It is critical to do so, however. Investigations into the relationship between suicide risk and ASD emerged only recently, yet there appears to be a substantially increased risk in this population. The depression rate in ASD is estimated between 18% and 22%, with higher rates among more socially aware individuals. For instance, one investigation found a 4-fold increase in suicide attempts in ASD, while the so-called “high-functioning ASD” group demonstrated a 10-fold increase. That is, diagnosis of ASD in and of itself is a risk factor. The core features of the disorder may mask signs of suicidality. That is, long-standing repetitive self-injury or deficits in social-communication can make it difficult for clinicians to detect warning signs. Further, people with ASD may be inclined to make more extreme statements and threats, because of their social deficits, without intention of completion, and this tendency can lead to false alarms. Within the ASD population, certain sub-groups may be particularly vulnerable to suicidality, such as newly diagnosed adults and people who identify as gender-nonconforming and/or non-heterosexual. This presentation will discuss education on prevention, evaluation, and treatment of suicidality in autistic people, as well as directions for future research.

## *Suicidality in Transgender Youth*

Dalia N. Balsamo, University of California, Riverside School of Medicine ([dalia.balsamo@medsch.ucr.edu](mailto:dalia.balsamo@medsch.ucr.edu))

The rate of suicidal behavior and completed suicide is higher in the transgender population than in the general population. Literature has shown that transgender youth are at higher risk for suicidal thoughts and behavior. They also report a higher rate of victimization and depression compared to their same-aged peers. Suicidal thoughts and depression decrease in transgender youth when their correct names and pronouns are used. This presentation will discuss how schools can help create a safe environment for transgender and gender non-conforming (TGNC) youth, as well as legal activism in the United States. This would include using the correct pronoun and name, having transgender inclusive policies in place for bathroom usage and implementing education programs. Participants will also be provided with resources that will assist schools, TGNC youth and their families to foster a gender affirming environment.

## *Co-Leading a Campus Task Force on Suicide*

Eileen P. Ryan, *The Ohio State University* (eileen.ryan@osumc.edu)

This presentation will discuss the opportunities and challenges of co-leading a task force commissioned by the President of a “Big 10” American university in response three suicides on campus. These tragedies galvanized concerns and complaints on the part of students regarding their perception of inadequate mental health resources on campus and difficulty accessing those resources. The opportunities to make evidence-based recommendations to provide education and decrease stigma and improve suicide screening and assessment resources and services for

students with mental illness were anticipated by the discussant and will be explored. What was not anticipated and will be discussed were the challenges of building consensus among the task force members and reconciling the views and opinions of members with highly divergent levels of mental health training and experience. We will encourage group discussion and debate around the pros and cons of using terms such as “mental health” and other stigma-reducing terms (rather than terms like “mental illness” and “psychiatric disorders”) especially when attempting to improve services to more seriously impaired students.

## **23. Capacity Assessment**

### *Contingent Capacity: Cognitive Testing and the Unequal Treatment of Persons with Mental Disabilities in Canada*

Faisal Bhabha, *Osgoode Hall Law School, York University* (fbhabha@osgoode.yorku.ca)  
Brendon Pooran, *Pooranlaw, Osgoode Hall Law School, York University*  
(bpooran@pooranlaw.com)

In Canada, the conventional approach to legal capacity (i.e. mental “fitness” to exercise legal personhood) is rooted in now discredited assumptions and stereotypes about people with mental disabilities. Contingent capacity presumes that persons with mental disabilities are incapable simply because they cannot (or are perceived to not be able to) meet the cognitive test. The global consensus is reflected in Article 12 of the UN Convention on the Rights of Persons with Disabilities, which places the right to legal capacity, as well as the right to own property, to control one’s finances, and to access banking services, at the core of equal protection before the law. Cognitive testing establishes a capacity/no-capacity binary that does not account for actual capabilities, and which leads to disproportionate and unjust outcomes. This paper argues that the common law test for legal capacity must be re-examined for compliance with the Charter right to equality. The issue should not have to wait for constitutional challenges to be resolved by the courts. Government should commit to exploring legislative redesign of legal capacity in a way that enhances the dignity and autonomy interests of people with mental disabilities in order to promote their full and equal inclusion in society.

### *Adolescents, Capacity and Confidentiality*

Suzana Alexandra Corciova, *Imperial University, London* (suzana.corciova@nnhs.net)

Working with adolescents presents many challenges from a clinical and from a legal point of view. Part of the legal frame is assessing capacity, confidentiality and consent. All of the different legal aspects need to be considered in the context of the young person’s age, which includes being Gillick competent or not. In addition to this when assessing risk, we need to take in consideration the clinicians and parents’ duty of care towards the young person. The decision will change relative to the circumstances of the situation. Each case is different, and it is important to involve other professional figures. Doctors work together with other professionals such as psychologists, behavioural therapists, and nurses in a multidisciplinary team. Social

services may also need to be involved, dependent on the case. The presentation will demonstrate that a multidisciplinary team approach constitutes a fundamental intervention which ensures good clinical practice, drawing on the expertise and contribution of each member of the team.

## *Legislation in Brazil About Disabilities: A Problem in Evaluation the Bearer of Severe Mental Disorder Equal to Person with Physical Disability*

Julio Cesar Fontana-Rosa, *University of San Paolo, Brazil* (fontanarosa@usp.br)

Gabriela Aisen, *Attorney-at-Law, San Paolo, Brazil* (gabrielaaisien@gmail.com)

This presentation will provide a critical analysis of specific provisions of the Statute of the Person with Disabilities (Law 13.146 / 15) regarding capacity for acts of civil life (marriage, will, adoption of children, etc.). It is understood that civil capacity is the ability to meet pre-established demands and respond positively. The legislative reform was attribution of civil capacity to all persons with disabilities, whether physical or psychic, through the reform of Articles 3 and 4 of the Civil Code (Law 10.406 / 02). Consequently, the system of custody, obtained through judicial procedures, has also been modified, becoming an extraordinary measure and exclusively patrimonial and negotiating. (paragraph 3 of Article 84 and caput of Article 85 of the Statute). It is undeniable that this was good for those with physical disabilities and non-serious mental disabilities. However, in some cases, this reform could lead to harmful situations for those with serious mental illness. The presentation will suggest changes to the Statute and discuss reasons for its miscarriage.

## *Capacity and Mental Illness: Some Recent Australian Legal Developments*

Katrine Del Villar, *Queensland University of Technology* (k.delvillar@qut.edu.au)

All adults, including those with mental illness, are presumed to have legal capacity to consent to or refuse medical treatment, unless evidence to the contrary displaces the presumption. However, the current common law test of capacity is ill-equipped to accurately assess when a person with mental illness lacks capacity, particularly when (lack of) insight and delusional false beliefs are factors. Although the capacity test is explicitly procedural in nature, and aspires to be value-neutral in practice, the caselaw demonstrates that evaluating whether a person has the “ability to use and weigh” relevant treatment information (and hence has legal capacity) often involves normative judgments about the (un)reasonableness of a person’s underlying beliefs. This presentation reviews some recent Australian cases on the legal capacity of people living with mental illness to consent to or refuse medical treatment, including the recent decision of the Victorian Supreme Court in *PBU & NJE v Mental Health Tribunal*. It suggests modification of the dominant procedural paradigm of legal capacity may be required, to take account of the impact of irrational decisions, delusional false beliefs or lack of insight on decision-making.

## *Legislating Equity: Undue Influence, Mental Capacity, and Genuine Decision-Making in Adult Protection Legislation*

Margaret Isabel Hall, *Thompson Rivers University* (mahall@tru.ca)

The legal concept of “undue influence” is actually a doctrine of equity and, as such, it is both distinct from and complimentary to legal rules relating to mental capacity. Mental capacity in the law describes an individual’s cognitive ability to make a certain kind of decision; “decision” for this purpose includes a decision to consent to or refuse a proposed course of action. Undue influence describes how a decision may be “influenced” by inter-personal dynamics and relationship context in ways that vitiate the genuineness of that decision. A non-genuine decision is not autonomous; it is not the person’s “own.” The concern of equity is fairness, and equity will set aside a decision that meets the legal requirement of mental capacity because it would be unfair to enforce a non-genuine decision. Undue influence has been incorporated within adult protection legislation in several jurisdictions, although the very different nature and purpose of that legislation precludes a holus bolus transplantation of the equitable doctrine. This presentation examines the relationship of these legislative articulations of undue influence to the traditional doctrine and the explanation of genuine decision-making it provides.

## **24. Cardiac Devices and the Emergence of Homo Technologicus: Coming of Age with the Elderly**

### *Cardiac Devices: The Meaning of the Machinery of Life-Prolongation*

James Neal Kirkpatrick, *University of Washington* (kirkpatj@uw.edu)

Heart failure affects 1-2% of all individuals and at least 10% of those aged more than 80 years who comprise a burgeoning proportion of the population. Advances in treatment have radically altered the course of this condition, improving both symptoms and longevity. Benefits of implantable cardioverter defibrillators (ICDs) and mechanical circulatory support (MCS) are well established, yet the nature and meaning of devices is not often explored. ICDs can abort lethal arrhythmias, to which heart failure sufferers are particularly prone, with shocks—an “insurance policy against death”—but at the risk of painful inappropriate shocks, and the ensuing anxiety and depression that can result. MCS devices come in a variety of shapes and sizes, some used as temporary measures to stabilize patients in the throes of cardiac failure, and others implanted as durable pump support for failing hearts, either until cardiac transplant or as “destination” devices—until the patient dies. Elderly patients usually fit into the latter category. These devices can extend life and improve quality of life, but caring for devices can be burdensome, and patients are at constant risk of life-threatening complications from pump dysfunction, infection, and side effects of therapy, such as bleeding and stroke.

## *MCS and its Impacts on Patients and Caregivers: Salvation and/or Purgatory?*

Georgina Campelia, *University of Washington* (gdcamp@uw.edu)

Qualitative studies describe patients' and caregivers' views of MCS as salvation devices and mechanical companions but also as demanding significant and sometimes unjustly distributed work for caregivers. With increasing durability and small size, these devices become "bionic people" makers, allowing bodies to live well beyond our expectations, but at what cost to the caretakers of those bodies? The choice to accept MCS, insofar as it is a choice at all, typically and understandably focuses on the benefit and burden to the patient. Patients and surrogates alike feel compelled to choose the device. The patient will die otherwise, so caregivers put themselves aside to do what is necessary for their loved one. But the benefits and burdens of accepting these devices fall on patients and their caregivers. The latter of which are mostly women. How ought we respond to the ways in which primarily wives, daughters, sisters and mothers are taking on the significant care work that attends MCS? Might there be room for (a) a more communitarian model of consent and (b) greater support for those who take on this demanding care work?

## *Palliative Care for Advanced Heart Failure: Devices, Dilemmas and Dying*

James Beattie, *King's College London* (jmbeattie@hotmail.com)

Despite the implementation of evidence-based treatment guidelines, heart failure remains a progressive disease, the mortality rate still about 50% five years from diagnosis. With a mortality risk and symptom burden equivalent to those from common cancers, the need for a palliative care approach to support those affected is acknowledged. Palliative care needs assessment is appropriate from diagnosis, with regular re-evaluation along the disease course, particularly after clinical crises. Most patients decline along a roller coaster disease trajectory, their individual prognostic ambiguity challenging us to discern when elements of established therapy reach a point of therapeutic equipoise or futility. Such issues are very pertinent to patients with implanted devices. While implantable cardioverter defibrillators (ICDs) are effective in treating malignant arrhythmias, some patients may prefer the possibility of sudden death, a trade-off against a protracted symptomatic demise through multiorgan failure and refractory congestion. ICD shocks when death is inevitable constitute avoidable harms. Similarly, left ventricular assist device (LVAD) implantees and their families may need to consider LVAD withdrawal if presented with device malfunction, complications such as sepsis or stroke, or the development of another life-limiting condition. This presentation will describe dilemmas such devices may pose to patients, families and health professionals.

## *Shared Decision-Making, Informed Consent, and Advance Care Planning Surrounding ICDs and MCS Devices*

Richard Huxtable, *University of Bristol Medical School* (r.huxtable@bristol.ac.uk)

Clinicians are increasingly encouraged to engage in shared decision-making (SDM) and advance care planning (ACP) with their patients and/or their patients' surrogate decision-makers, in order to make treatment decisions. Both SDM and ACP are justified, as least in part, by the need to maintain the rights and autonomy of the individual. However, both SDM and ACP can be challenging when the patients in question are older and the treatment in question involves cardiac devices. Cardiac device therapy requires patients to comprehend complex indications and ramifications, which these patients and their surrogates might struggle to understand, especially if the patients' decision-making capacities are impaired. As financial reimbursement, plus legal and regulatory frameworks are linked to SDM, negotiating these ethical and legal minefields requires the supportive advocacy of a multidisciplinary team. This presentation will explore these dimensions and consider the approaches that should be taken to achieving informed consent, SDM and ACP, including any revisions that might be needed to existing practices and frameworks.

## **25. Challenges and Improvements in Caring for the Elderly**

### *Encouraging Interprofessional Collaboration on Behalf of Older Individuals*

Marshall B. Kapp, *Florida State University* (marshall.kapp@med.fsu.edu)

There are many situations in which an older person with diminished or questionable cognitive and/or emotional abilities needs the services of both an attorney and a physician, and communication and collaboration between members of those two professions would be highly advantageous to the older patient/client's well-being. Unfortunately, the record of physician/attorney interprofessional collaboration on behalf of the shared older patient/client in such circumstances too often is deficient and needs to be improved. This presentation reports on a project that was designed to maximize the synergistic value of physicians as patient advocates and attorneys as problem solvers when the two professions work together. The project consisted of several components, culminating in the availability of a continuing education toolkit for these two helping professions that identifies and aims to overcome an array of potential impediments inhibiting effective physician/attorney collaboration in the aging arena. The highlights of this educational toolkit will be discussed in this presentation, along with opportunities for further work in facilitating interprofessional collaboration when older patients/clients are involved.

### *Caring for the Elderly Community*

Andrea Risoli, *New York Law School* (Andrea@Risolilaw.com)

This presentation will explore and compare various elderly populations. Caring for the elderly can present a myriad of significant challenges. Whether it be your parents, relatives, friends, and/or clients, our modern society demands that we not only care for the elderly, but we also must navigate the mental and health care systems throughout our country and the world population at large. As modern medicine advances, a significant population of elderly persons will have a life expectancy of over 80 years old. It becomes an issue when those persons can no longer care or advocate for themselves. More than half of this population will suffer from some form of dementia. The other half of this population will at one time or another suffer from health issues, where they will no longer have a voice in the decision-making process. Therefore, exploring various elderly populations and cultures both in the United States and internationally is a robust topic for discussion that will most likely affect all of us in one form or another.

### *Experience of an Intersectoral Center in a Federal Mental Health Service for Care and Intervention with Elderly in a State of Vulnerability*

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In the gerontology context, the concept of vulnerability is approached as the state of individuals or groups that for some reason have their capacity for self-determination reduced and may present difficulties to protect their own interests due to deficits in power, intelligence, education, resources, strength or other attributes. Aging implies increased risk for the development of vulnerability of a biological or individual, socioeconomic and psychosocial nature, due to the typical biological decline of senescence, which interacts with socio-cultural processes, with the cumulative effects of poor education, income and health conditions of life. These conditions may cause significant impact to the elderly, especially favoring individual vulnerability - most strongly associated with biophysiological components. The present study aims to report the experience of a psychogeriatric outpatient clinic in a federal hospital in the southern region of Brazil. The purpose of the outpatient clinic was to serve elderly patients in a situation of vulnerability, performing interdisciplinary interventions with the purpose of removing them from the vulnerable state as well as encouraging the engagement of the family / caregivers in order to support the elderly.

### *Elder Financial Abuse: The Impact of Diminished Capacity and Undue Influence*

Rebecca Yoke Chan Ong, *City University of Hong Kong* ([lwong@cityu.edu.hk](mailto:lwong@cityu.edu.hk))

Proper management of elder people's financial assets is fundamental in ensuring choice, dignity, and their well-being in older age. While this is a respectful societal goal worth striving for, a number of issues do arise. For example, an important medico-legal issue is the capacity and decision-making ability of an elderly person of his or her personal, healthcare, and financial

affairs. While elder abuse, diminished capacity, and undue influence are broad social issues that affect every society, the demographic shift in Hong Kong due to increasing life expectancy among the Hong Kong elder community has resulted in these issues becoming more prevalent. The presentation is three-fold. First, it examines the importance of capacity. In distinguishing financial and testamentary capacity, the presentation then discusses the different legal and clinical tests for ascertaining mental capacity. The presentation proceeds to explain through case samples obtained via semi-structured interviews with legal professionals and a professional caregiver the correlation between the lack of capacity and financial abuse. Finally, the presentation concludes with suggestions of preventive measures to reduce the increasing but under-reported incidences of financial abuse among the elderly.

## **26. Challenges in Providing Mental Health Care**

### *Person Centered Care, Psychosis, and Blameless Responsibility*

Leila M. El-Alti, *University of Gothenburg* (leila.el-alti@gu.se)

Agency-mobilizing healthcare models like person centered care (PCC) invite ideas of shared responsibility as a direct result of shared decision making (SDM) processes. This shared responsibility becomes problematic (1) when PCC is applied to areas like psychiatry where sharing responsibility with patients might not be feasible due to patients' potentially diminished mental capacities, and (2) in case the patient fails to fulfill their part of the agreement which took place during SDM. This leads to tension between striving to empower psychiatric patients through PCC while questioning whether they possess capacities requisite for active participation in SDM, on one hand, and wanting to promote patient responsibility while avoiding blame, on the other. Consequently, the possibility of successful implementation of PCC in psychiatry becomes questionable. This presentation will look at Hannah Pickard's account of "responsibility without blame" and will explore how her view informs PCC in psychiatric contexts. Focusing on the example of psychosis, a potentially more responsibility-undermining category of mental illness and one that is not addressed by Pickard, it will be argued that her project also extends to persons with psychosis. This could resolve a worry for PCC, namely the feasibility of active involvement of persons with psychosis in SDM.

### *Extended Professional Practice Under the Mental Health Act: Learning from Vanguard Responsible Clinicians*

Jennifer Oates, *King's College London* (jennifer.oates@kcl.ac.uk)

Carole Burrell, *Northumbria University*

Toby Brandon, *Northumbria University* (Toby.Brandon@Northumbria.ac.uk)

Selma Ebrahim, *Northumberland, Tyne and Wear NHS Foundation Trust*

Paul Veitch, *Northumberland, Tyne and Wear NHS Foundation Trust*

John Taylor, *Northumberland, Tyne and Wear NHS Foundation Trust* (john-

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This presentation will report on findings from a mixed methods study of nurses and psychologists who have taken on the statutory role of Responsible Clinician under the 2007 amendments to the Mental Health Act, 1983 in England and Wales. Responsible Clinicians are accountable for care and treatment decisions about detained patients, including discharge. Through interviews we explored the motivations of this vanguard group and identified the barriers and facilitators for them taking on the role. They were motivated by a combination of altruistic intents and desire for professional development at Consultant level. They viewed themselves as clinical leaders, with the AC status being one aspect of their leadership role, usually offering a ‘different’ approach to their medical colleagues. The national shortage of psychiatrists and the impetus towards psychologically-informed care mean that healthcare provider organizations are interested in promoting this role to senior psychologist and nursing staff. Our survey and interview findings should shape the wider uptake of the role. Our presentation will focus on recommendations for service commissioners if the cadre of non-medical Responsible Clinicians is to grow.

## *Legal and Ethical Implications and Resolutions for the Malingering Patient*

Julie Michelle Aultman, *Northeast Ohio Medical University* (jmaultma@neomed.edu)

Due to a lack of accurate, objective diagnostic methods, the prevalence of patients who deliberately feign medical or mental illness to seek secondary gain (e.g., time off work), is varied among clinical settings and patient populations. This feigning of an illness, or malingering, is different than the DSM-5 “Factitious Disorder”; it is not a real medical diagnosis, despite contrary beliefs and clinical practices. Malingering leads to unnecessary burdens to providers and healthcare systems, and negatively impacts overall patient care. We conducted a mixed methods survey to identify knowledge gaps, attitudes, and practices about malingering with 934 primary care physicians. Data analysis shows that a majority of participants (88.6%) could correctly define and identify malingering behaviours despite 25% of the respondents thinking it is a medical diagnosis. Furthermore, 77% of participants felt malingering is unethical, and 25% felt it should be punishable by law. Furthermore, we conducted an ethical and legal literature review and derived theoretical conclusions and recommendations for how malingering ought to be understood among courts and legal teams, health care providers, and others who may be negatively affected by the injustices of this problem that has yet to be resolved in legal and clinical contexts.

## *Supporting and Building Student Resilience in Canadian Secondary and Post-Secondary Educational Institutions*

Brenda Gamble, *University of Ontario Institute of Technology* (brenda.gamble@uoit.ca)

Dan Crouse, *University of Ontario Institute of Technology* (dan.crouse@uoit.ca)

Communication and problem-solving skills, emotional intelligence, and mental health and well-

being are key characteristics of a resilient student. These skills are needed to navigate increasingly complex life and work environments in the 21st century. In addition, resilient students are dedicated to learning, focused on academic success, and better equipped to adapt to change and the evolving workplace. An interdisciplinary team from both secondary and post-secondary educational institutions situated at the University of Ontario Institute of Technology in Ontario, Canada have collaborated to develop and implement strategies and curricula to support and enhance student resilience. The Mental Health Commission of Canada recommends “increase collaboration between (these) institutions- sharing best practices and processes for effective strategy development, and implementation” to better support student reliance and successful transition from secondary to post-secondary education. This presentation will detail the overall rationale and approach taken to support capacity building, as well as highlighting specific curricula and virtual strategies implemented (e.g., graphic novel, art therapy, mindfulness, videos) to engage students in building and maintaining resilience. The presentation will report evaluation of the strategies implemented based on focus groups, surveys and interviews with both educators and students. Next steps and the overall strategic implementation framework will also be shared.

## **27.Challenges Providing Mental Health Care in Prison**

### *Self-Harming Behaviour in Remand Prisoners in Berlin*

Katharina Seewald, *Berlin Prison & Probation Services, Berlin, Germany*  
(Katharina.Seewald@krimd.berlin.de)

Suicide in prisoners is a rare phenomenon; yet, it is one of the leading causes of death in prisons worldwide. Empirical evidence shows that suicidal ideation, suicide attempts, and self-harm are important risk factors when it comes to assessing prisoners’ risk to commit suicide. Recently, research overviews claimed a lack of within-country investigations of potential organizational risk factors and their combination with individual risk factors for suicidal behaviour. In practice, whether a suicide attempt remains as such or not is sometimes arbitrary and drawing the line between self-harm and suicidal behaviour is yet even more difficult. For this reason, we investigated every incident of self-harm during a pilot phase of six months in the remand prison facility in Berlin. Data on characteristics concerning the self-harming behaviour itself, for example potential lethality, were collected using forms and methods such as the Lethality of Suicide Attempt Rating Scale. Demographics and individual criminological and suicidal risk factors were also taken into account. The presentation will discuss the findings.

### *Aggressive Behaviour During Psychiatric Inpatient Treatment in a German Prison Hospital*

Vincent Negatsch, *Institut für Forensische Psychiatrie Charite Berlin*  
(vincent.negatsch@charite.de)

Although there is evidence that subjects who suffer from severe mental illness are at higher risk for aggressive behaviour, only a minority eventually becomes aggressive. In 2017, Fazel et al. developed, based on data from 75,158 individuals, a simple, web-based risk calculator (Oxford Mental Illness and Violence tool; OxMIV) to identify the risk of violent crime in patients with mental illness. In this study, validation of OxMIV was performed on the basis of a general population with severe mental illness. For the first time, OxMIV was tested within a prison setting at a German Prison Hospital. In this presentation, the OxMIV results in a sample of psychotic inmates from a Berlin Prison Hospital who showed violent behaviour will be compared to inmates who never acted aggressively. Prisoners who meet the inclusion criteria of schizophrenia spectrum or bipolar disorder were classified as violent or not, the distinguishing feature being violence during imprisonment. Violence was coded if subjects stayed under special observation after a violent attack. If the OxMIV succeeds in predicting significant violence in imprisoned psychiatric patients, it could be used as a tool to identify subjects that need special attention.

## *Aggressive Behaviour During Psychiatric Inpatient Treatment in a German Prison Hospital*

Peter Seidel, *Justizvollzugskrankenhaus Berlin* (peter.seidel@jvapls.berlin.de)

Aggressive and violent behaviour in correctional facilities is common. Violent acts in prison environments differ substantially in type, target, implication, and trigger. Severe mental disorder is a known general risk factor for aggressive behaviour. Research about the frequency and trends of aggressive behaviour and assault in correctional facilities and psychiatric hospitals is scarce. Results from recent research suggest that comorbidity of severe mental disorder, personality disorder, and diagnosis of substance abuse is related to a higher risk of violent behaviour in general. Another known risk factor for aggressive behaviour in mental health departments is poor adherence to pharmacological treatment. Focusing on prediction of inpatient aggression in forensic and correctional mental health departments is difficult, because the violence-rate in correctional facilities is substantially higher than in the community. In Berlin prison hospital a database was created to collect data from all violent incidences since 1997. For all cases, socioeconomic data, time between admission, and critical incident and psychiatric diagnosis were recorded. We compared a group of individuals who showed aggressive behaviour with 100 randomly selected individuals of the same department who never showed any aggressive behaviour towards others.

## *Pattern of Drug Use in a Brazilian Prison Hospital*

Lilian Ratto, *Hospitalar do Sistema Penitenciario do Estado de Sao Paulo, Sao Paulo, Brazil* (lilian.ratto@gmail.com)

International analyses of drug consumption patterns reveal differences in regard to the preferred

substances. Cross sectional studies, performed in urban areas of Brazil, showed that one third of young adults are consuming illicit drugs like marijuana, crack-cocaine, LSD, and inhalants on a regular basis. Crack-cocaine use is an increasing problem in Brazil. Additionally, in major urban areas, crack cocaine use is associated with violence and crime. In Sao Paulo for example, studies reveal that the rising abuse of crack-cocaine was associated with an increased crime rate. Therefore, the proportion of prisoners who are using crack-cocaine is high. This presentation will address the impact of the rising proportion of crack-cocaine using prisoners and how it influences the daily work for mental health service in the prison hospital of Sao Paulo. Potential intervention options and prevention strategies are an additional issue for discussion. Transference of specific interventions and prevention measures to public mental health care service seem crucial but are difficult to achieve because drug prevention and rehabilitation programs for released prisoners are still rare.

## **28. Changes in the Legal Framework of Psychiatry: A Move Towards Non-Coercive Mental Health Services?**

### *The Role of OPCAT and National Law in Preventing Ill-Treatment*

Margarete Suzuko Osterfeld, *UN Subcommittee on Prevention of Torture, Dortmund, Germany*  
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The OPCAT is a strong UN Convention and enhances the power of CRPD, particularly Art. 15. Legal guardianship law in Germany was revised several times since ratification of both conventions, but it still very often leads to substituted decision making and to placement in institutions without consent. Particularly in cases with mild cognitive deficits like early stages of dementia or mild mental retardation, the German adult protection courts tend to follow medical assessment which denies the diagnosed person “insight capacity” or “ability to reason” on the basis of diagnosis but without further legal assessment. In the field of psychiatry, as well as in social care homes for the elderly, involuntary placement, isolation, use of physical restraints, coerced administration of medication, sometimes even to the amount of chemical restraints, are daily routine. This is legally permissible, pursuant to specified statutory exceptions. The use of such methods is still widespread and not administered in line with these exceptions. Thus, ill-treatment happens to institutionalized persons with disabilities and sometimes might even amount to torture.

### *Legal Guardianship, Personal Rights, and the Ability to Dissent*

Eckhardt Niewöhner, *Attorney-at-Law, Gütersloh, Germany* (info@kanzlei-niewoehner.de)

Two percent of the German population was diagnosed with Dementia in 2016 and annual incidence is 300,000. Demographic change as well as diagnostic sloppiness not only lead to societal challenges and financial problems for families and health insurance funds, but also more

and more legal cases turn up. A case report of law offices will demonstrate how easily the German Legal Guardianship Law can be abused in a medical specialist assessment for the guardianship court. A doctor of public health reported legal conclusions only (i.e., loss of ability of free volition) without one word of a medical explanation the personal rights of a 70-year-old male. The client was declared severely mentally ill and mentally not competent to dissent to guardianship. Only the fact the person was able to get legal aid by a lawyer and a respectful and critical judge saved him from substituted decision making by a guardian who might have taken him into an elderly care home by substituted decision making. Two years later this client still cares for himself in his own flat, which without legal aid would have fallen to the state to pay for the guardian and him being deprived of liberty in an elderly care home.

## *Mental Health Law Reform and Compulsory Treatment in The Netherlands*

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

In 2020, the Dutch Law on Compulsory Mental Health Care (Wet verplichte geestelijke gezondheidszorg / Wvvgz) will take effect. According to the official governmental website, the law will promote the autonomy of service users, improve their integration in the community, and reduce the use of coercive measures. In contrast to its predecessor, the Wvvgz warrants compulsory community treatment. Under additional procedural conditions, compulsory treatment is warranted when due to a mental disorder the behavior of a person leads to “a grave disadvantage” (article 3:3; article 2:1.6). The concept of “a grave disadvantage” encompasses conditions such as serious psychological, material, or financial damage and serious neglect or social loss (article 1:1.2). Treatment, in turn, encompasses measures such as administering medication, restricting freedom of movement, exercising supervision, examining the person’s living space, and restricting the freedom to organize one’s own life (article 3:2.2). This presentation will assess whether the Wvvgz is a step forward in achieving equal treatment of persons with mental disorders. To this end, the presentation will evaluate its criteria for and scope of compulsory treatment in light of a philosophical account of equal treatment and non-discrimination. It will be concluded that the Wvvgz is not a step in the right direction.

## *Supported Decision Making in Severe Mental Illness*

Martin Zinkler, *Kliniken Landkreis Heidenheim gGmbH, Brenz, Germany* (martin.zinkler@kliniken-heidenheim.de)

Kevin De Sabbata, *Vrije Universiteit Amsterdam* (k.desabbata@vu.nl)

According to the General comment No. 1 (2014) by the Committee on the Rights of Persons with Disabilities on Article 12 of the UN-CRPD, supported decision making is supposed to replace all forms of substituted decision making. However, few clinicians are prepared to put this requirement of the UN-CRPD into practice, usually basing their reasoning on hypothetical extreme cases with self-harm or violence. Looking at real cases, examples will be given on how mental health services can be shaped towards full compliance with Article 12 of the

convention. Cases include treatment of severe mental illness and explore the possibilities of a non-discriminatory and rights-based service provision. To fully implement such services, powers of psychiatrists need to be curtailed, service providers will need to move resources to the community, and a new balance of trust between service users and service providers needs to be established.

## *Changes in the Implementation of Laws Related to Psychiatry by Court Decisions*

Marina Langfeldt, *Action Mental Health Germany, Bonn, Germany* (marina@langfeldt.eu)

Decisions of the European Court of Justice (C-621/15), the German Constitutional Court, and the Federal Supreme Court showing new interpretations of existing laws tend to fundamentally change the implementation of those laws. Decisions of these courts will be analyzed, especially a still outstanding decision of the Constitutional Court regarding fixation in the context of physical restraints. In January 2018 the decision was prepared by the Constitutional Court in a public, two-day oral hearing of legal and psychiatric experts. Among them was Martin Zinkler as expert for Great Britain and Germany. As observers, Marina Langfeldt and Margret Osterfeld followed the hearing and the intense discussions of the court with the experts. As it turned out, regulation of physical restraints differs a lot in European states. It is not permitted in British psychiatry but is still quite common in Germany. This due decision is expected to fundamentally change rules for physical restraints of mentally ill persons and hopefully unify the practice in Germany which until now is following different standards in hospital or social care home settings.

## **29. Changing Landscape of Mental Health**

### *A Critical Examination of Ghana's New Mental Health Act*

Ernest Owusu-Dapaa, Kwame Nkrumah University of Science and Technology  
(eodapaa@yahoo.com)

Mental health law and policy was given concrete expression in a significant way for the very first time in Ghana when the 1972 legislation was enacted. Human rights culture was still in its embryonic stage in Ghana and the legislation was deficient in many respects. It was also out of touch with emerging standards and best practices at the international stage and other jurisdiction. The passage of the new Mental Health Act in 2012 was hailed as a revolution in mental health care and practices in the country. This presentation will compare the provisions of the new Act with the best practices on the international stage and explore the extent to which the new Act has overcome the flaws of the old legislation.

## *Articulating Future Directions of Law Reform for Compulsory Mental Health Admission and Treatment in Hong Kong*

Elizabeth Fistein, *University of Cambridge* (ecf22@medschl.cam.ac.uk)

Daisy Cheung, *University of Hong Kong* (dtcheung@hku.hk)

Michael Dunn, *University of Oxford* (michael.dunn@ethox.ox.ac.uk)

This presentation will discuss compulsory mental health admission and treatment in Hong Kong. It will examine a number of pathways for reform in this area in Hong Kong that have been identified in the past, given the local context and the international commitments Hong Kong has under the ICCPR and the UNCRPD. Five pathways for reform are outlined, which are likely to have relevance internationally for countries who are considering different strategies for reforming their own mental health laws. Pathway 1 would see the removal of specific mental health law provision. Pathways 2, 3, and 3a would see the replacement of the current mental health law framework with a novel approach to mental health law built upon different tenets, and authorizing compulsory admission and treatment on different grounds. Pathway 4 involves refining the current mental health law framework, improving certain aspects of it, but not fundamentally changing its underpinning values or rationale. For each pathway, both (i) the eligibility criteria for compulsory powers to be used, and (ii) the criteria for determining whether the use of such compulsory powers is justified are considered. Local concerns with the implementations of each pathway will also be discussed.

## *Changing of Chinese Psychiatrists' Attitudes Toward Consent Process to Treatment and its Association with China's National Mental Health Law*

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Few studies have addressed informed consent (IC) in Chinese psychiatric practice. The study reported in this presentation sought to explore psychiatrists' attitudes toward IC in Shanghai after promulgation of the first national law for mental healthcare in China, i.e., the National Mental Health Law (NMHL). A total of 398 psychiatrists were recruited from seven psychiatric hospitals in Shanghai. A confidential, self-reported questionnaire addressing attitudes toward the IC process was completed by all participants. Most respondents said they would like to inform patients/guardians of the diagnosis (95.2%), treatment plan (93.5%), treatment goals and potential adverse effects of prescribed medications (94.7%), and alternative treatment plans (71.9%). Also, 58.4% of psychiatrists thought that the IC process for physical restraint was difficult to follow. According to logistic regression, psychiatrists not trained to use the NMHL were more likely to have a negative attitude towards the IC process compared with those trained (adjusted odds ratio = 0.21; 95% confidence interval: 0.07–0.59;  $p = 0.003$ ). Therefore, the

absence of such training could affect the attitudes of psychiatrists toward the IC process in China.

### *A Family Care System for Mentally Ill People in Iwakura and Kanazawa*

Osamu Nakamura, *Osaka Prefecture University* (nakamura@hs.osakafu-u.ac.jp)

A family care system for mentally ill people existed in Japan before 1950. The patients were looked after in privately run guest houses by host families (and in some cases by their neighbors) without medical treatment. Care expenses at the guest houses were comparatively cheaper than those at the hospitals. Patients' relatives who could afford having family members taken care of outside their own homes preferred family care at the comparatively cheaper guest houses to hospital provision. There were ten guest houses for mentally ill people in Iwakura, Kyoto and 14 in the Kanazawa area (45 in Japan) in 1935. The Japanese government, however, outlawed family care under the Mental Health Act of 1950, preferring to follow a Western model of institution-based mental health provision. This presentation will aim to clarify how guest houses were established in Iwakura and in the Kanazawa area, why so many guest houses flourished there, and how the patients were looked after at the guest houses.

### *Extending the Liabilities of Personal Data Breach to Psychological Impacts*

Sandy Sabapathy, *The Hong Kong Polytechnic University* (sandy.sabapathy@polyu.edu.hk)

Personal data breach occurs when a breach of security affects the personal data's confidentiality (unauthorized disclosure or access to the data), integrity (data is involuntarily or unlawfully modified or destroyed), or availability (loss of data). Data breaches can be accidental or deliberate. Cyber threats resulting in data breach are increasing in scope and sophistication at a time when every level of human activity is being conducted in the digital sphere. Data breaches to personal information non-public, business and/or sensitive client and employees' information can have not only far wide ranging material consequences but also psychological impacts. The typical psychological effects experienced by victims of data breach are high levels of anxiety, varying aspect of mood disturbances, and depression which can have a severe and often lasting impact on their mental health. Nevertheless, these psychological effects are seldom considered as one of the real-life impacts of data breaches. The objective of this presentation is two-fold. First, to argue that the psychological effects that data breaches can have on individuals, be given its due importance and recognition. Second, the liabilities of organizations who are responsible for a breach of a personal data be extended to the various psychological effects that data breaches can have on individuals.

## **30. Claims and Defences in Court**

## *Judicial Responses to Issues of Religion, Mental Capacity, and Decision-Making in England and Wales*

Charlotte Emmett, *Northumbria University* (charlotte.emmett@northumbria.ac.uk)

Mental health patients can sometimes exhibit extreme religious or spiritual beliefs that might otherwise be described as delusional. In such cases, it can be difficult for decision makers, including the courts, to distinguish between pathological beliefs with religious content and healthy religious convictions. This distinction is particularly germane when patients are proposing to make decisions or carry out acts in the name of their religious faith or belief system which threatens their own physical or financial well-being. By examining case law past and present, this presentation will explore how the courts and tribunals in England and Wales have responded to issues of faith and religion when judging whether patients have a recognized mental disorder and have the capacity to make legally binding health and welfare decisions. In doing so, it hopes to shed some light on the complexities associated with the interplay between mental capacity, religion, and decision-making and to identify some of the guidance issued by the courts.

## *Evidence of Addiction in the US Courts: Character or Habit?*

Teneille Ruth Brown, *University of Utah* (teneille.brown@law.utah.edu)

The prohibition on character evidence was intended to protect a criminal defendant from being convicted because he had done bad things in his past. If the jury heard the defendant was “a drunk,” they may incorrectly assume he committed the crime in this case, or may think that he deserves to be punished for something. Both our understanding of addiction and the character evidence rules have expanded immensely in the last 200 years. In the US, the character evidence rules are now applied in such unpredictable ways that they are the primary source of criminal appeals. Given advances in the neurobiology of addiction, judges understandably struggle to distinguish prohibited character evidence from permissible evidence of physical, psychological, or habitual traits. Rather than excluding all evidence when it is deemed to be “character”, this article suggests employing a presumption against admissibility for *all* traits that are stigmatized, which can be overcome if the evidence is significantly more probative than prejudicial. As people suffering from addiction are the most stigmatized of all individuals with mental illness, using this construct can help judges prevent the kind of unfair prejudice that the character evidence rules were originally designed to address.

## *Stand Your Ground (as a Diminished Capacity/Mens Rea) Concept*

William Donald Richie, *Meharry Medical College* (Gary7@msn.com)

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The US criminal justice system in general, and its mental health component in particular, is associated with disparate outcomes for individuals based on accidents of birth. In various jurisdictions, there is a mental state element available to a defendant in criminal proceedings. It appears that some criminal defences (namely Stand your Ground) have an implied mental state element, although that mental state is presumed and not examined (nor confirmed.) “Stand Your Ground” refers to a self-defence law that gives individuals the right to use deadly force without the legal obligation of retreat. An individual claiming “self-defence” must prove that they had no other recourse except lethal force. Before “Stand Your Ground,” individuals had to exhaust alternative means of protection before using deadly force. “Stand Your Ground” eliminates the obligation to preserve life. If threatened, a person can stand their ground and take a life, even if it could have been otherwise avoided. The aim of this presentation is to compare and contrast the concepts of (and differentiation between) the insanity defense and a plea (or defence) of diminished capacity. Once armed with that understanding, one can easily ascertain the necessity for Stand Your Ground to be included in a mental state defense.

### *The Impact of Support on the Reliability of Human Trafficking Survivor’s Testimony*

Emerald Woodward, *De Montfort University, Leicester, UK* (p17027944@my365.dmu.ac.uk)

Despite the policy drive across the UK towards reducing the need for witness testimony in human trafficking prosecutions, survivors are being increasingly required to testify. This presentation provides the preliminary results of an ongoing study into the perceptions of stakeholders regarding the impact of the Modern Slavery Legislation, which attempts to facilitate the testimony of human trafficking survivors by making them eligible for the same support available to other vulnerable and intimidated witnesses to help them present their evidence in court. However there has been little research on whether these measures are effective at enabling this vulnerable and frequently traumatized population to provide legally admissible and reliable evidence. The aim of the present study was to establish what the perceived impact of the Modern Slavery legislation has been on the reliability of survivors’ evidence. Semi-structured interviews were conducted with 30 professionals (including interviewing officers, legal professionals, and clinical experts) who are regularly involved with supporting survivors’ to give testimony. A thematic analysis of the interview transcripts is being conducted. Preliminary analysis shows that difficulties in building sufficient rapport to secure survivors engagement during the gathering and presentation of survivors testimony is leading investigating officers to adapt the current interview models.

## **31. Community Collaboration in Pursuing Outpatient and Jail-Based Competency**

# **Restoration as Alternatives to Overcrowded State Hospitals: A Texas Experience**

## *Pursuing Outpatient or Jail-Based Competency Restoration as Alternatives to Overcrowded State Hospitals: The Texas Experience*

Brian D. Shannon, *Texas Tech University School of Law* (brian.shannon@ttu.edu)

Pretrial detainees in Texas who have been adjudicated as incompetent to stand trial and ordered to receive competency restoration services typically face significant delays in obtaining treatment within the Texas state hospital system. Indeed, federal court litigation is currently pending against the State of Texas related to such delays in obtaining competency restoration services. The Texas Legislature responded in 2017 by significantly amending the state's competency statutes to emphasize greater utilization of out-patient competency restoration and jail-based competency restoration. The state legislature also funded matching grant opportunities for communities to seek to implement such alternative competency restoration programs. Because of the vastness of the state and the wide disparities in mental health services in urban versus rural settings among the state's 254 counties, however, more innovative programming needs to be pursued. This presentation will focus on the challenges faced by the State of Texas in addressing the need to provide competency restoration services on a timely basis, the recent legislative reforms to emphasize community-based alternatives to state hospital utilization, the development of community partnerships, and remaining gaps in the legislative provision and availability of services in both urban and rural settings.

## *Collaboration with Community Partners from a Criminal Defense Lawyer's Perspective re: Competency Restoration*

Jim Bethke, *Lubbock Private Defender Office, Lubbock, USA* (jbethke@lpdo.org)

This presentation will focus on community collaboration in appropriately representing defendants with mental illness or intellectual and developmental disabilities who are not competent to stand trial and who need competency restoration services. The Texas Indigent Defense Commission has made numerous grants to legal services providers across the state to enhance the legal representation of criminal defendants who have mental health needs. One such grant provided the initial funding for what is now the Lubbock Private Defender Office. At a community level, there needs to be cooperation and coordination between the courts, prosecutors, criminal defense lawyers, probation officers, and public mental health services providers to assure that a continuum of services are available for competency restoration. These must range from inpatient to outpatient to jail-based. The presentation will demonstrate that close cooperation and development of programming in Lubbock County has been a model for the rest of the state.

## *Appropriate Utilization of Forensic Mental Health Caseworkers as a Key Part of Criminal Defense Representation in Competency and Related Mental Health Proceedings*

Nicky Boatwright, *Attorney-at-Law, Lubbock, Texas, USA*  
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This presentation will focus on the utilization of forensic mental health caseworkers as part of a criminal defense team in appropriately representing defendants with mental illness or intellectual and developmental disabilities. The Lubbock (Texas) Private Defender's Office (LPDO) is a non-profit corporation that provides ethical and effective criminal defense and mental health services to indigent adults with either intellectual developmental disabilities or with a diagnosis of a serious psychiatric illness. This presentation will demonstrate that collaboration across the community has been enhanced through utilization of the caseworkers. In particular, the caseworkers cultivate and maintain positive relationships with the local mental health provider authority, psychologists, service providers, the county jail, the courts, prosecutors, defense counsel, and other stakeholders. In consultation with the assigned attorney, these specialized caseworkers make referrals to existing services, and upon a client's placement in a program, they continue to monitor the person's progress and keep the attorney informed. Their coordination with service providers and case management are a tremendous asset to the defense team.

## *Managing Criminal Cases against Defendants with Mental Illness to Reduce the Odds of Re-arrest*

Alyse Ferguson, Chief Attorney, Mental Health Managed Counsel Program, Collin County, Texas, USA ([aferguson@co.collin.tx.us](mailto:aferguson@co.collin.tx.us))

This presentation will focus on developing and implementing a community-based, legal defense advocacy team to help keep persons with mental illness out of the criminal justice system and into proper treatment and care. Collin County's Mental Health Managed Counsel Program is one of only a handful of programs in Texas designed for such purposes and has not only seen thousands of inmates with mental health issues get appropriate treatment and legal representation, but has also resulted in substantial cost savings in housing prisoners, psychological testing services, criminal investigations, and court costs. The program is tailored to manage criminal cases against defendants diagnosed with mental illness to reduce the odds of re-arrest. These efforts provide a chance for those with mental illness to avoid the revolving door effect of repeated offenses and jailing in the criminal justice system. The presentation will highlight successes of the program since its creation and address other positive measures including the enrolling of arrestees in established mental health assistance programs, training on identifying and dealing with defendants who have a mental illness, and developing a cooperative network of law enforcement and local mental health providers.

## **32. Community Supervision, Mental Health Programming, and Re-entry**

### *Integrating Adolescent Developmental Science and Positive Youth Development Principles in Juvenile Probation Supervision: A Pilot Study*

Sarah Cusworth Walker, *University of Washington* (secwalkr@uw.edu)

Traditional approaches to probation supervision heavily emphasize punishment and show poor outcomes for reducing reoffending. Recent innovations in adult models of probation integrate social skills education (EPICS) and reward-based motivators (JSTEPS) to improve compliance and reduced recidivism. Youth models of probation are largely modelled off adult models and there is current interest in examining whether these innovations would be effective for adolescents. There is reason to be skeptical that these models will work as well without significant adaptation. Adolescent developmental science indicates that youth are highly influenced by their immediate surroundings, peer networks, and value reward over measured risks. Consequently, attempts to integrate therapeutic components within probation for youth will need to take into account the influence of the youth's social networks in the home and with peers. While these principles are fairly well known among juvenile justice practitioners, few practical models of developmentally appropriate supervision exist. This presentation will provide an overview of a new approach to juvenile supervision and pilot study findings. The model integrates principles of family systems theory, contingency management, and positive youth development to promote youth goal achievement, engagement in behavioral health services, improved family climate, and outcomes.

### *A Police-Led Reentry Program for Women Leaving Prison: The IF Project's Seattle Women's Re-entry*

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

Amber Flame, *The IF Project*

Emily Stefhon, *Seattle University* (stefhone@seattleu.edu)

The Seattle Women's Reentry (SWR) initiative is a pilot program implemented in Seattle, Washington to serve women coming out of prison in 2017-2018 in King County, Washington in the United States. SWR is an outgrowth and extension the IF Project, a police-corrections collaborative crime reduction and crime prevention initiative. This presentation will discuss the implementation of the IF Project's Seattle Women's Reentry initiative: A police-led, comprehensive, gender responsive reentry program for women. Historically, women coming out of prison have not received the same reentry services as men. Women's reentry needs differ from their male counterparts in many ways including responsibility for children, history of

physical and sexual assault, and social support. Seattle Women's Reentry Programmatic elements addressing the unique needs of women reentering the community are presented including the pre-release Personal Reentry Education Plan (PREP), post-release programming, reentry support, and case management. Challenges in serving women coming out of prison and future development of the SWR initiative will be discussed.

## *Results from a Mixed-Method Evaluation of the IF Project's Seattle Women's Re-entry*

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)

Elaine Gunnison, *Seattle University*

Tia Squires, *Seattle University Department*

Kidst Messelu, *Seattle University Department*

Nadine Guyo, *Seattle University Department*

This presentation will report findings from a quasi-experimental mixed-method evaluation of the IF Project's Seattle Women's Reentry (SWR). The SWR is a gender responsive reentry initiative with focus on self-inventory to build awareness and coping skills operated by the Seattle Police Department's IF Project in collaboration with the Washington State Department of Corrections. A mixed-method quasi-experimental design was employed to evaluate the impact of SWR programming on participant reentry trajectory, experience, success, and recidivism. Subjects were an experimental group of 70 women released from the Washington Corrections Center for Women to King County and comparison group of 20 women released to Skagit, Whatcom, and Snohomish Counties between January 1, 2017 and December 31, 2018. Data was collected prior to program participation, at monthly intervals post-release, and one-year post-release. Pre-release data collection includes interview, institutional file review including health/mental health history, Psychopathy Checklist-Revised (PCL-R) and Level of Service-Case Management Inventory (LS/CMI) assessments, and administration of a self-report survey designed to measure self-esteem, self-efficacy, and trauma experiences. Findings, methodological challenges, and future development of the SWR initiative are presented and discussed.

## *Uncovering the Truth: Examining the Quality of Substance Use and Mental Health Programs*

Jennifer Lerch, *George Mason University* (jlerch@gmu.edu)

The Program Tool for Adults is a portal in the RNR Simulation Tool that allows program administrators and staff to assess how well their program is adhering to evidence-based practices in relation to their primary target behavior and identify areas for quality improvement. Since 2012, 100 jurisdictions have entered more than 1,000 programs into the Program Tool for Adults, with nearly 500 substance use programs and/or mental health programs. These programs commonly seek to address the multitude of complex needs faced by the clients they serve. This presentation will look at the quality of the programs that target substance use and mental health

needs, as well as describing the characteristics of these programs, such as who they are serving, curriculums they use, length of services, and staff qualifications. Additionally, the extent to which these programs address ancillary needs beyond substance use and mental health will be explored.

### **33. Community Treatment Orders I: Who Gets Put on a Community Treatment Order, Why, and What Happens Afterwards?**

#### *Compulsory Community Treatment and Ethnicity: Findings from a Culturally and Linguistically Diverse Area of Queensland*

Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)

This presentation will aim to examine the use of compulsory community treatment orders (CTOs) and forensic orders (FOs) in a culturally and linguistically diverse (CALD) population compared to a non-CALD population. Using merged administrative data, we analyzed the relationship between coming from a CALD background and the use of CTOs and FOs on discharge from hospital. In this study, 976 individual records were included, of whom 86 were from a CALD background (8.8%); 311 were on compulsory community treatment. Use of compulsory community treatment was similar for those born in Australasia, British Isles, North America, and Continental Europe, but significantly higher for those born elsewhere even after adjusting for socio-demographic and clinical variables (Adj OR 2.19, 95% CI 1.36–3.52). Similarly, the use of an interpreter significantly increased the likelihood of compulsory community treatment (Adj OR 2.76, 95% CI 1.20-6.35). Restricting the analyses to just CTOs did not alter these results. This presentation will conclude that CALD individuals had an increased risk of compulsory community treatment. As with other coercive treatment, this could reflect the barriers CALD individuals encounter in accessing elective services, communication difficulties, issues related to diagnosing mental illness cross-culturally or discrimination. Clinicians need to be aware of potential bias and apply these orders judiciously.

#### *Community Treatment Orders in Norway: Who are the Patients and What Do the Orders Involve?*

Jorun Rugkasa, *Akershus University Hospital* (jorun.rugkasa@ahus.no)

The use of outpatient compulsion in the form of Community Treatment Orders (CTO) is increasing across much of the Western world but continues to be controversial due to concerns over patient rights and the evidence for their effectiveness. The literature shows that the group of patients subject to CTOs remain stable across the many jurisdictions where such legislation is available. They tend to be male, middle aged, diagnosed with schizophrenia, and with long histories of using mental health services, often under compulsion. CTOs have been available in

Norway since 1961 and has therefore one of the longest traditions of using outpatient compulsion. While reports suggest high level of usage, the completeness and quality of existing registers have been questioned. The Norwegian Outpatient Commitment Study (NOCS) was designed to a) ascertain the number and characteristic of patients on CTO the period 2008-2012 and b) obtain detailed information about patients on their first ever CTO in 2008/09. In this presentation we answer the following questions: (1) What are the characteristics of the CTO population in Norway? (2) What is the justification for and content of CTOs in Norway? (3) What is the association between patient characteristics and outcomes?

## *The Role of Mental Health Social Workers in the Use of Community Treatment Orders*

Jim Campbell, *University College Dublin* (jim.campbell@ucd.ie)

Gavin Davidson, *Queens University Belfast* (g.davidson@qub.ac.uk)

Pearce McCusker, *Glasgow Caledonian University* (Pearse.McCusker@gcu.ac.uk)

Hanna Jobling, *University of York* (hannah.jobling@york.ac.uk)

Thomas Slater, *Cardiff University* (slatertb1@cardiff.ac.uk)

It is over ten years since the introduction of CTOs in the UK. From the start, these forms of legal compulsion in the community were controversial and contested. There is little doubt that these debates will continue, but in the meantime practitioners are expected to engage in complex decision-making and navigate professional ethics and consider human rights issues when working with clients using these legal mechanisms. Very little of the literature to date examines the social work role. This presentation will compare and contrast the legal and policy contexts that shape mental health social work practice in three UK jurisdictions where CTOs are now mainstream (England, Wales, and Scotland), one jurisdiction where CTOs are due to be introduced (Northern Ireland) and, finally, in the Republic of Ireland where CTOs do not exist, but where 'surrogate' measure are viewed to have a similar purpose. It will discuss perceived advantages and disadvantages for mental health social work practice, and suggest ways in which ethically sound interventions can be realized.

## *CTO Rates of Use: The Context and Implications of Change*

Edwina Light, *University of Sydney* (edwina.light@sydney.edu.au)

The variable and changing rates of use of involuntary community treatment orders (CTOs) in the care of people with severe and persistent mental illness are not well-documented or well-understood. This presentation will report on findings from a new study of rates and patterns of CTO use in Australia, where local jurisdictions have had shifting rates of use that are high by world standards. This survey represents a five-year update to the first national figures for CTO use in Australia. The legal, ethical, and political context of these new findings will be explored, as well as the implications they raise for practitioners, policymakers, and researchers. Reporting on CTO use provides insights into clinical practices, the delivery of mental health services, and the operation of mental health laws. Examining their use is an important way to improve the accountability of CTO laws and the mental health policy frameworks under which they operate.

## **34. Community Treatment Orders II: Issues in the Implementation of Community Treatment Orders**

### *Community Treatment Orders: Towards a New Research Agenda*

Lisa Mary Brophy, *University of Melbourne* (lbrophy@unimelb.edu.au)

This presentation will report on the process and outcome of holding a multi stake holder symposium on Community Treatment Orders in Melbourne Australia, hosted by the Melbourne Social Equity Institute. Twenty-two experts in CTO research met to discuss research priorities. Due to the complexities involved, it was agreed that research should be undertaken in partnership with persons with a lived experience of mental health problems, clinicians, policymakers, and other interdisciplinary stakeholders. Key areas for future investigation included: A scoping study on the use of CTOs across jurisdictions, which includes demographic data of those placed on CTOs and rationales for CTO use; a RCT comparing the use of CTOs with voluntary assertive community treatment and/or other alternatives to CTOs; a qualitative study exploring personal and cultural narratives from persons placed on CTOs; a study of the effect of peer advocacy on the use of CTOs; the impact of the national recovery framework and human rights principles in legislation on mental health tribunal members' decision-making concerning CTOs. The issues and recommendations arising from the symposium were expected to shape the scope, nature, and conduct of future research directions in the field. This presentation will expand on the rationale for taking that research direction.

### *Mental Health Advocacy and Community Treatment Orders: Invisible People, Invisible Rights*

Chris Maylea, *RMIT University* (chris.maylea@rmit.edu.au)

Non-legal advocacy has been proposed as a way of maintaining peoples' rights in involuntary settings, but providing advocacy in the community presents unique challenges and opportunities. In Victoria, Australia, Independent Mental Health Advocacy (IMHA) works both with people in involuntary inpatient settings and with those subject to Community Treatment Orders in the community. This presentation will discuss the results from a 15-month independent co-produced evaluation of IMHA, exploring the ways in which community based non-legal advocacy has been delivered by advocates, and the ways in which it has been received by consumers. Issues raised include the need to target resources in the most effective way, the implications for rights-based advocacy in the community, and the problem of ensuring access. Opportunities include the potential to ally with other advocacy and support groups, and the potential for supporting self-advocacy and longer term recovery processes. The evaluation found that while advocacy was well received by consumers, the tensions specific to the community setting were not easy to

resolve, with ‘solutions’ largely influenced by underlying assumptions of need, vulnerability, rights, and recovery.

## *Beyond Coercion-Providing Treatment and Support Without Coercion*

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

The recent explosion of research into compulsory mental health treatment has been shaped by an underlying concern to create an evidence base for what has become established clinical practice. While it is entirely appropriate to pursue evidence based medicine, the effort to document the positive clinical outcomes that are supposed to flow from compulsion has drawn attention away from research that explores holistic or integrated explanations of recovery and mental health wellbeing. Why not focus on factors that promote recovery; or what combination of services, support, and treatment might be most likely to achieve a successful transition from a compulsory inpatient admission to the independence in the community? This presentation will argue that recourse to compulsion compounds the very real difficulties experienced by those with severe mental health illness because it invariably corresponds with a withdrawal of service provision in community. It will argue there is a need to reset the research agenda to focus on alternatives to compulsory treatment. The presentation will outline some suggestions for a way forward.

## *The Use of Community Treatment Orders in Patients with Personality Disorder.*

Giles Peter Andrew Newton-Howes, *University of Otago* (giles.newton-howes@otago.ac.nz)

The need to enable people to be autonomous free individuals within their social community is increasingly recognized as a fundamental human right. In psychiatric practice, as with all of medicine, approaches to informed consent try to capture this legally, ethically, and medically. But medicine is a time sensitive and time constrained activity, and sometimes in people with mental disorder, understanding what constitutes this free and autonomous decision making is not clear. A good example of this is personality disorder, a disorder found in a significant minority of the population, with fundamental disruptions in capacity to understand self, relationships with others, or place in society. In cases where interpretation of the decisional capacity of a person is blurry, and their wills and preferences are unstable and unclear, identifying the best course of action is difficult. Internationally, approaches to assessment of the application of CTOs are in flux: Some jurisdictions use a ‘risk and disorder’ approach, others a ‘mental capacity’ approach, while there is pressure for a ‘will and preferences’ approach to be supported. Understanding how to apply these approaches, and their relative strengths and weaknesses will be discussed in patients with personality pathology.

## **35. Community Treatment Orders III: Experiences and Challenges**

## *CTOs: What Professional Codes of Ethics Have to Say*

Edwina Light, *University of Sydney* (edwina.light@sydney.edu.au)

Health professionals who care for people living with severe and persistent mental illness may make decisions about supporting or opposing the use of involuntary community treatment orders (CTOs), and may treat people subject to such orders. The practical application of CTO laws varies among clinical and legal decision-makers for differing reasons. Among the factors that can influence CTO decisions are ethical matters about which professionals must deliberate. This presentation will report on the findings of a review of the codes of ethics and conduct of mental health professions in Australia, which will examine explicit and implicit guidance on CTOs. Such documents have inherent limitations yet health professionals are required to comply with these codes. They provide important insights into the positions of professional groups on the use of CTOs, the values they regard as significant in this context, and how they expect clinicians should act. Distinct from policy and law, codes of ethics are concerned with similar issues and need to be better understood given they are one of many voices of authority that influence the implementation of CTOs.

## *From Mental Health Law Reform to Implementation of Human Rights Protections: Lessons from Two Australian Studies*

Chris James Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)

There is little point in reforming mental health law to better protect the rights of those with mental illness if the reforms are not reflected in the way the law is implemented. This presentation briefly reviews the results of two studies that examined the extent to which practice changed after legislative reforms in two Australian states. A Victorian study examined the reasons for decisions of the Mental Health Tribunal to conclude that the Tribunal was not taking proper account of patients' decision-making capacity despite 2014 reforms requiring this. A New South Wales (NSW) study examined the extent to which doctors' reports to the Mental Health Review Tribunal conformed to the requirements of the Act both before and after reforms that required that "every effort that is reasonably practicable" be made to, among other things, monitor patients' capacity. Results, still preliminary at the time of writing, suggest that while the frequency of references to decision-making capacity increased significantly after the reforms, capacity was still only referred to in a small minority of reports. The presentation goes on to consider what can be done to improve implementation of law reform and, referencing another result of the NSW study, suggests avenues to improve implementation.

## *What Subjects of CTOs, Their Families, and Their Clinicians Agree and Disagree On: A Systematic Review of the Literature*

Deborah Joan Corring, *Western University* (deb.corring@rogers.com)

This presentation reports the results of a systematic review of qualitative studies focused on understanding the views and experiences of three stakeholder groups affected by CTOs. Relevant databases and grey literature were searched to identify studies that used a qualitative methodology for data collection and analysis. Twenty-two articles that represented the views of subjects of CTOs, 12 the views of family members of individuals on CTOs, and 14 studies the views of clinicians who worked with individuals on CTOs met the criteria. These papers represented the views of 581 subjects of CTOs from seven jurisdictions, 215 family members from six jurisdictions, and more than 700 clinicians from six jurisdictions. A further analysis of the themes identified for each stakeholder group resulted in the identification of three major themes for which there was common agreement. Clinicians, family, and many subjects of CTOs said that CTO provide benefits to those that are subject to them that outweigh the coercive nature of these tools. This presentation will discuss strategies for continuing to maximize the benefits of CTOs and minimize the negatives, how relationships between stakeholder groups can be improved in order to reduce tensions and foster a recovery orientation, and finally recommendations regarding improving structure and administration of CTOs.

### *The Impact of CTOs on Recovery Oriented Practice*

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

Lisa Mary Brophy, *University of Melbourne* (lbrophy@unimelb.edu.au)

A key component of Recovery Oriented Practice (ROP) in Mental Health Services is that of empowerment, the process of increasing an individual's autonomy, especially in regard to claiming their rights. It has been proposed by some consumer and survivor advocates that recovery oriented practice is not possible when compulsory treatment is either used or able to be used. This presentation will discuss the findings of a qualitative study imbedded within PULSAR, a large multi site research project, exploring the implementation of recovery oriented practice in Melbourne, Australia. This smaller study sought the views of consumers who had experienced being on a Community Treatment Orders (CTO) and staff working with consumers on CTOs during the project timelines, about the impact of ROP on their experience of service or practice. The results will highlight the common experiences, potential difficulties, and possible ways to improve the experiences of people using mental health services under legislation.

## **36. Community Treatment Orders IV**

### *The Utility of Outpatient Commitment for Providing Needed-Treatment to Protect the Safety of Self and Others*

Steven P. Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

This study considers whether and by what means community treatment orders (CTOs) provide needed-treatment addressing their legal mandate to protect the safety of self and others. Over a 12.4 year-period records of hospitalized psychiatric patients, 11,424 with CTO-exposure and

16,161 without CTO-assignment were linked to police records. Logistic and OLS-regression, with propensity-score-adjustment and control for 46 potential confounding factors, were used to evaluate the association of CTO-assignment with perpetration and victimization of major crimes against persons (PCAP and VCAP, respectively). Contrasted with hospitalized patients without CTO-assignment, and after adjusting for prior crimes and victimizations, ethnic-bias, neighborhood disadvantage, and other between group differences, CTO-assignment was associated with a reduction of 17% in initial-PCAP-risk, 11% in initial-VCAP-risk, 9% in repeat-PCAPs, and 6% in repeat-VCAPs. Ten community-treatment-contact-days in interaction with CTO-assignment was associated with a 3.4% reduced PCAP-risk but unrelated to VCAP-risk. While being able to bring people in for needed-CTO-linked-re-hospitalization was associated with a 13% reduction in initial-PCAP and a 17% reduction in initial-VCAP-risk, CTO assignment's association with risk-reduction in conjunction with providing access to needed-treatment via re-hospitalization and community-based service adds support to the conclusion that outpatient commitment is to some extent fulfilling its legal protection objective.

## *The Balancing of the Need for Treatment & Civil Liberties*

Mathew J. Segal, *Attorney-at-Law, USA* (matthew.segal@pacificallawgroup.com)

This presentation will explore the potential that the use of outpatient commitment with appropriate parameters is a means to broaden the provision of needed treatment in the community, while balancing the necessary protection of the civil liberties of those to be treated. Although inpatient commitment almost invariably requires a showing of dangerousness to oneself or others to meet constitutional standards and assure protection of civil liberties, outpatient commitment imposes a lesser restriction on liberty and therefore provides an opportunity to employ a broader need for treatment standard under some conditions. Moreover, outpatient commitment provides a necessary and preferable alternative to incarceration, where many community members in need of treatment end up. Jails in particular are ill-suited to serve as de facto providers of mental health services, although they are being asked to serve this role in more and more communities, with the result being that those most in need of treatment often do not receive it.

## *Community Treatment Orders: An In-Depth Exploration of Care Planning in this Space*

Suzanne Dawson, *Flinders University* (suzanne.dawson@flinders.edu.au)

Eimear Muir-Cochrane, *Flinders University* (eimear.muircochrane@flinders.edu.au)

Sharon Lawn, *Flinders University* (sharon.lawn@flinders.edu.au)

Community treatment orders (CTOs) remain contested in their efficacy and rationale for use. Regardless of the debate, consumers, carers, and clinicians are frequently required to engage within this context. CTO legislation states that treatment and care should be recovery-focussed, though care is often coercive. Positive gains for individuals come at a cost. This study sought to understand the interpersonal and broader systems issues that impact on the care planning process. Ethnographic methods of observation and interview provided a detailed account of the multi-

perspectives of consumers on CTOs, their families, and treating clinicians, over an 18-month period in a community mental health team in Adelaide, Australia. Clinicians, consumers, and family members face various conundrums in this space that can be disempowering for all involved. Risk, a primary driver of CTO use, impacts on language used, the conceptualization of individuals in clinical reviews (as ‘cases’), care pathways, and worker options. Opportunities for workers to reflect on these issues has the potential to change practice at an individual and eventually cultural level, with the aim of improving care experiences and outcomes for consumers on CTOs, as well as improving worker experiences.

## *Change in the Use and Duration of Compulsory Orders: Legislative Reform or a System Under Pressure?*

Ruth Vine, *University of Melbourne* (vineruthg@gmail.com)

Victoria, Australia introduced reformed mental health legislation in July 2014. The Act gave greater power to the independent Tribunal and increased the threshold required to institute compulsory treatment, including Community Treatment Orders. When compared with the previous mental health act we found that there was a reduction in the use and duration of compulsory orders, suggesting that the policy intent to support voluntary treatment whenever possible had been met. However, the changes in the use of compulsory orders occurred during a time of reduction in per capita funding for mental health. Victoria went from having the highest funding per capita in the 1990’s to the lowest in 2015/16. This is reflected in the number of beds per capita and community contacts. The impact of this relative reduction in service capacity has been to increase the acuity of those receiving treatment and increased throughput through reduction in length of stay or duration of community episode. It is difficult to ascertain whether the change in use of compulsory orders reflects a more recovery oriented service, or reduction in the intensity and quality of treatment and care. This presentation will explore the policy and service context in which mental health services are delivered in Victoria.

## *Assessing the Effectiveness of Community Treatment Orders - The Impact of Regional Variation*

David Kantor, *ACT Psychiatrist Toronto, Canada* (dkantor@bellnet.ca)

The effectiveness of community treatment orders [CTOs] is a controversial subject. Much of the literature describes CTOs as ineffective in minimizing patient time in hospital, or at best, of questionable effectiveness. Other reports claim that CTOs have a definitely positive impact. CTOs are typically initiated as a result of a patient repeatedly relapsing into psychotic illness, and being repeatedly rehospitalized. These relapses are typically due to patient refusal to maintain antipsychotic medicine. The vast majority of literature on the subject of CTOs typically and completely ignores several key issues, particularly, whether capability to consent to a CTO is required in order to initiate a CTO; and the consequences of enforcing a CTO. These issues are crucial as they will likely determine whether a patient may be medicated against their wishes. If enforcement of a CTO allows for maintenance of medication than the CTO will

facilitate the patient's stability. If medication cannot be maintained then the patient will deteriorate and require hospitalization. Different geographic jurisdictions demonstrate great variation in the requirements to initiate a CTO, and the consequences of enforcing a CTO. These differences likely account for the marked difference in opinion as to whether CTOs are effective.

## **37. Competency to Stand Trial**

### *Competency to Stand Trial in the Elderly*

Solange Margery Bertoglia, *Thomas Jefferson University Hospital*  
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Geriatric evaluatees pose challenges that are just recently being faced in a more methodical way. There is an increase amount of literature focusing on legal matters commonly seen in the elderly, like guardianship and end of life issues. The correctional system has begun to deal with the need for more specialized physical resources, like the creation of assisted living units. Despite increased awareness, many forensic experts lack training and exposure to this population, making the elderly evaluatee even more vulnerable. This presentation will provide an overview of Competency to Stand Trial in the elderly defendant. It will address the challenges of restoration, including the case where it might be futile given significant cognitive problems. The slow progression of the cases frequently translates in further cognitive and overall health decline, therefore hindering the attempts to restore the defendant and move forward with the case. It is also during this process that evaluatees face the challenges first mentioned, such as the appropriateness of the accommodations they are housed in and their preparedness to deal with their health decline and mortality.

### *Remediating Juvenile Competency to Stand Trial: The Kids' Court School Competency Remediation Program*

Rebecca Nathanson, *University of Nevada Las Vegas Boyd School of Law*  
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Kimberly Larson, *Northeastern University*

Eraka Bath, *University of California Los Angeles* (EBath@mednet.ucla.edu)

Increasingly, youth are becoming involved in the juvenile justice system. These youth are being formally charged with crimes, are required to proceed through the adjudication process, and are faced with harsher sentences and the possibility of being transferred to the adult criminal court system. Based on the formality in which their cases are being handled and on the dire consequences that may be imposed upon them, juvenile defendants have been imputed with trial-related rights. The right to be competent to stand trial has become an important area of research and practice due to the increasing criminalization of the juvenile justice system and the legal recognition of children's constitutional right to a fair trial. Increasingly, states are introducing legislation requiring the provision of remediation services for youth found incompetent to stand trial. However, few remediation programs exist nationally. The purpose of this presentation is

to provide an overview of the Kids' Court School Competency Remediation Program and to present preliminary data evaluating the efficacy of the program. The results of the preliminary study suggest that the curriculum significantly increases youth's legal knowledge and competency to stand trial ability. The implementation of this program in Los Angeles County will also be discussed.

## *Demographic, Clinical, and Forensic Characteristics of Alleged Offenders Referred for Hospitalization in South Africa*

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

Mpho Lesego Bantobetse, *University of the Free State*

Gina Joubert, *University of the Free State*

Forensic mental health professionals study and evaluate the relationship between mental health and the law. The aim of this study was to investigate the demographic, clinical, and forensic characteristics of alleged offenders referred for forensic assessment at the West End Specialised Hospital, Kimberley, South Africa. A data collection form was used to gather information from 155 clinical records of these offenders. The majority of the study subjects were young males, aged between 18 and 35 years old with lower educational levels and a high unemployment rate. The most common diagnoses were substance-related and addictive disorders followed by schizophrenia spectrum and other psychotic disorders. There was a sizable number of offenders diagnosed with an intellectual disability. There was also a notable comorbidity of other medical conditions such as epilepsy and HIV/AIDS. Of the offenders, 55.5% were competent to stand trial and 46.5% were considered criminally responsible. Lastly, offenders suffering from schizophrenia spectrum and other psychotic disorders, and those who were diagnosed with intellectual disabilities were often declared incompetent to stand trial and were mostly not responsible for their alleged crimes. There was a strong association between adjudicative competence and criminal responsibility.

## **38. Complicity**

### *Recognition of South African Traditional Health Practitioners in Mental Health Law: Complicity in the Abuse of Human Rights or Promotion Thereof?*

Chazanne Grobler, *Akademia* (chazanne@akademia.ac.za)

The right to participate in and enjoy the cultural life of your choice, and the right to belief and religion are protected by the Constitution of the Republic of South Africa, 1996. For many South Africans, these rights include the right to consult a traditional health practitioner, including a diviner, herbalist, and faith healer to diagnose and treat mental illnesses. To ensure that the members of the public who use the services of traditional health practitioners are also protected,

the Traditional Health Practitioners Act 22 of 2007 (“the Act”) was enacted, recognizing traditional health practitioners. Unfortunately, studies have indicated that the patients with serious mental disorders experience maltreatment and/or negligent care from diviners. Many patients with serious mental disorders are diagnosed with being bewitched, which has serious implications in various cultures, including stigmatization. The patients are, furthermore, not referred timeously for psychiatric treatment and suffer as a result. The presentation will examine the recognition of traditional health practitioners within mental health law by firstly discussing the different diagnostic systems used. The presentation will reflect on whether the value of the service traditional health practitioners provide to the community outweighs the adverse effects on patients. In conclusion, possible recommendations will be discussed.

## *Revisiting the Infamous Pernkopf Anatomy Atlas: A Tale of Complicity*

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Pieter Albert Carstens, *University of Pretoria* (pieter.carstens@up.ac.za)

The Pernkopf Anatomy Atlas was compiled during the Nazi era in Austria (1938 - 1945) by Eduard Pernkopf, professor of anatomy and director of the Anatomy Institute at the University of Vienna. Initially, the Atlas had been hailed as a classic “masterpiece of unsurpassed beauty”, with reference to the anatomical illustrations, until it was discovered in the 1980’s and mid - 1990’s that Pernkopf and his talented illustrators (all ardent Nazis) used human material obtained from executed Nazi victims of terror to illustrate the Atlas. This presentation will revisit the Atlas with specific reference to transgressions of medical law and ethics, the question as to the continued use of the Atlas, as well as the startling fact of complicity in medical and legal professions in providing legitimacy which the Nazi regime needed for the implementation of their political ideology. Ultimately, this presentation will assess the lessons to be learned from this historical, but contaminated, publication. It is argued that the principle of moral complicity, the right to human dignity, and, ultimately, civilization all militate against continued use of the Atlas.

## *The Life Esidimeni Tragedy: A Patient Safety Perspective*

Philip Stevens, *University of Pretoria* (Philip.Stevens@up.ac.za)

Pieter Carstens, *University of Pretoria* (pieter.carstens@up.ac.za)

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The Life Esidimeni tragedy, in which 144 mental health care patients unlawfully and negligently lost their lives while under the care of the Gauteng Provincial Health Department, is perhaps the most egregious fundamental rights infringement since the advent of South Africa’s democracy. The Marathon Project, described as ‘tortuous and murderous’ by former Deputy Chief Justice Moseneke, was imposed with a complete disregard and contempt for constitutional duties and rights, international obligations, the local laws regulating mental health care, and medical ethics. Despite the existence of a seemingly commendable regulatory framework multitudinous safety failures transpired. The appalling events and their aftermath will be examined from a patient

safety perspective and three distinct concerns will be considered. We must try to understand how this could have happened, attempt to learn from the system (and individual) failures to evaluate the possibility of recurrence and what can be done to minimize that possibility, and perhaps, reconsider responses to harm and our conception of accountability.

### *Illicit Inseminations: When Fertility Doctors Impregnate Their Own Patients*

Jody Lynee Madeira, *Indiana University* (jmadeira@indiana.edu)

Since 2016, there have been several cases filed against fertility physicians who inseminated their own patients from the 1970s through the 1990s. Most notable are the American cases against Donald Cline of Indianapolis, Indiana (criminal, 2016) and Gerald Mortimer of Idaho Falls (civil, 2018), the Canadian case against Norman Barwin of Ottawa (civil, 2016). A lawsuit in the Hague is also proceeding against Dr. Jan Karbaat, a Netherlands physician who operated a sperm bank out of his home in Barendrecht. In research interviews, female patients of these physicians admit to feeling violated, even raped, and discuss the betrayal of professionals they had formerly respected. Donor children might never have known they were conceived through donor gametes prior to learning of their paternal origins; this knowledge has torn several families asunder, trumping even the news that their father was their mother's fertility physician. They, too, discuss feeling like they were conceived through rape. Both groups feel a profound need to obtain accountability, but feel blocked by criminal and civil laws, since these violations usually emerge decades after birth. Incorporating interviews with the parents, donor children, and attorneys involved in these cases, this presentation will explore these cases from the victims' perspectives, paying particular attention to how best to prosecute them—and indeed, whether the legal system can satisfactorily resolve them.

## **39. Contemporary Issues in Law and Aging**

### *Aging, Global Health, and Human Rights: A Relational Perspective*

Belinda Bennett, *Queensland University of Technology* (belinda.bennett@qut.edu.au)

In 2015 the adoption of the Sustainable Development Goals (SDGs) set new goals and targets for global health. These include SDG 3 to “ensure healthy lives and promote well-being for all at all ages.” With populations aging in many countries, and with growing numbers of older people living with dementia, there is a clear need for aging to be recognized as a priority at a domestic and global level. Coupled with this is the need for legal and policy approaches that support healthy aging. This presentation will analyze the provisions of the Convention on the Rights of Persons with Disabilities (CRPD) in terms of their relevance for aging individuals and their implications for policy development. Drawing on theories of

relational autonomy and vulnerability this presentation will argue for the importance of relational perspectives in developing legal and policy initiatives to support aging populations.

## *Aging and Cognitive Decline: What Has the Law Got to Do with It?*

Terry Carney, *University of Sydney* (terry.carney@sydney.edu.au)

This presentation will discuss the role of the law in the lives of people as cognitive capacity declines. Taking examples across stages of the life-course of cognitive decline due to a dementia, it will address the apparently limited purchase and relevance of existing or proposed legal instruments and remedies. It will review selected examples of private planning (durable powers), supported decision-making, and traditional substitute decision-making (such as adult guardianship) against various normative standards (including CRPD expectations of abolishing proxy powers; legal realist and socio-legal perspectives on effectiveness; philosophical understanding of relational autonomy and vulnerability). The presentation will argue that, while law has a limited role to play, more attention should be given to extra-legal ways in which the lived lives of older people can be assisted to continue to enjoy the range of rights of citizenship — including respect for decisions and relationships, and ongoing access to social participation and community resources.

## *Advance Directives and Medical Assistance in Dying: Conflicting Perspectives*

Patricia Peppin, *Queen's University* (peppinp@queensu.ca)

Advance directives have been recognized as a legitimate mechanism for mentally capable adults to give directions for care that will take effect when the person has become incapable of making that decision. This presentation will analyze issues raised by advance directives for medical assistance in dying. Following the decision of the Supreme Court of Canada in *Carter v. Canada* in 2015, the Canadian Parliament enacted legislation to permit MAiD in particular circumstances. The MAiD legislation does not permit advance directives. Parliament provided for an expert panel review of three issues, including advance directives, to be completed by late 2018, so that further consideration could be given to these questions. The presentation will focus on the conflicting analyses and values considered in this debate, including the benefits and problems involved in providing MAiD to persons no longer capable of choosing it, and in some views, being a different person from the one who created an advance directive; the preservation of the values and autonomy of the person who once existed; the inequality in providing MAiD to only some of those who would have chosen it; and procedural difficulties in safeguarding those in vulnerable circumstances.

## *Dignity in Old Age*

George P. Smith, *Catholic University of America* (smithg@cua.edu)

Dignity is seen commonly as an ethical obligation owed to human persons. The dimensions of this obligation, in today's post-secular society are, however, subject to wide discussion and debate; for, the term, "human dignity," and its preservation, defies universal agreement. Since dignity is incapable of being "operationalized," it is argued that it cannot be recognized as a policy standard. Indeed, in the United States, there has simply been no coalescence around the rational possibilities that exist for a legal theory of human dignity. Thus, the legal ontology of dignity lies in obfuscation. Yet, there are others who assert that dignity is a socio-legal normative value and – internationally – must be even recognized as a human right. This presentation will examine efforts to manage death in a humane and dignified manner, which will be examined and tested in order to develop policies for fostering the goals of human dignity and, consider as well, courses of action available for the prevention of indignity.

## *Protecting the Rights of Older People in International Law*

John Williams, *Aberystwyth University* (jow@aber.ac.uk)

Traditionally older people are invisible in the human rights discourse. National, regional, and international law concentrate on the rights of under 60s. Older people are ignored when it comes to monitoring and enforcement because of agist attitudes by governments and international organisations. International instruments such as the Universal Declaration of Human Rights and European Convention on Human Rights rarely mention 'older age'. This may be positive. Why should older people need special protection? Enjoying the same rights as other generations is sufficient. Monitoring and enforcement rather than new 'older people's rights' is needed. The contrary argument is that in addition to the rights enjoyed by all, older people have specific needs. In particular, the state should be required to actively promote better physical and mental health, social care, and wellbeing. Some rights that impact on older people may be covered by the Convention on the Rights of Persons with Disabilities Convention; others may not. This presentation will discuss the debate on a Convention on the rights of older people currently being considered by the UN Open-Ended Working Group on the Rights of Older People with particular reference to mental health and wellbeing.

## **40. Contemporary Research-Based Perspectives on Elder Abuse**

### *Perpetrator-Victim Dynamics in Elder Abuse*

Alan Clarke, *Aberystwyth University* (ahc@aber.ac.uk)

A fully realized analysis of perpetrator-victim dynamics in elder abuse is a considerably more complex undertaking than merely identifying risk factors associated with victimization, such as victim dependency and vulnerability. Equally critical in this context are the motivations and intentions of the perpetrator and the contextually driven and historically informed nature of the interactions that precede, constitute, and ensure from specific patterns and instances of abuse.

How do these interactions truly affect the shared and individual lives of those involved? Development of multi-disciplinary theoretical frameworks for analyzing elder abuse, generating more holistic policy responses, and constructing effective practice models requires a more sophisticated understanding of the nature, context, and interpersonal dynamics of abuse in later life. In so doing, we must attain a valid conceptual and definitional consensus, while challenging stereotypical perceptions of older people, agist assumptions, and misconceptions about elder abuse found in professional discourse and the wider society.

## *Defining “Elder Abuse” in the Context of Legal Discourse*

John Williams, *Aberystwyth University* (jow@aber.ac.uk)

During the last ten years, the United Nations Open-Ended Working Group on Aging has undertaken to consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them. Byproducts of this collaboration have included adoption of a Resolution regarding the development of a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons, as such values are not addressed sufficiently by existing mechanisms and therefore require further international protection. From a legal perspective, it is critically important to define just who are “elder” persons and what constitutes “abuse.” If the law fails—at either national or international levels—to define elder abuse in explicit terms as a potentially criminal act, then it effectively decriminalizes it, sending the wrong message to abusers and society, and failing to change attitudes and perceptions of elder abuse.

## *The “Personal Tragedy” Model of Domestic Elder Abuse*

Sarah Wydall, *Aberystwyth University* (sww@aber.ac.uk)

State policy responses to the phenomenon of domestic abuse—particularly in cases involving older persons—are all too often recognizable as a perpetuation of the now-discredited “personal tragedy” model. This label first emerged in the response of social scientists and other commentators to a medicalized, paternalistic view of persons with disabilities as victims of horrific circumstances whose experience was dependent upon a series of psychological adjustments. Applying this outdated model to situations of domestic elder abuse inhibits the opportunity for genuine victim engagement and empowerment. An ongoing nationwide study of older victims’ perceptions of barriers to engagement with welfare and justice mechanisms underscores the need for widespread societal and structural change in order to facilitate effective participation, to challenge remaining barriers to autonomy, and to achieve sweeping, fundamental changes in how victims of domestic elder abuse have been defined as well as their subsequent interaction with State representatives and institutions.

## *Elder Abuse Under Conditions of Confinement*

Carol Williams, *Aberystwyth University* (cas55@aber.ac.uk)

Different in critical ways from considerations of elder abuse within the context of domestic violence are those having to do with maltreatment in jails, prisons, and personal care homes. Elder abuse committed under institutionally imposed and perpetuated conditions of confinement is typically marked by calculation instead of ignorance, indifference instead of passion, and cost containment instead of avarice. The approach of the criminal justice system to elder abuse under conditions of confinement is different as well, often reflecting the need for protracted investigation and ongoing reference to relevant aspects of administrative law. This presentation addresses historical and present-day examples of elder abuse in jails, prisons, and personal care homes, describing not only patterns of transgression but also strategies for preventive education and collective as well as individual rehabilitation. Included in this analysis will be a review of pre-employment screening practices as well as post-arrest forensic psychological testing and interview techniques.

## **41. Continuum of Psychojudicial Services with High-Conflict Families**

### *Family Decision Making on Trial: Pathways to Family Justice Court in Canada*

Karine Poitras, *Université de Québec à Trois-Rivières* (karine.poitras@uqtr.ca)

Rachel Birnbaum, *King's University College* (rbirnbau@uwo.ca)

Michael Saini, *University of Toronto* (Michael.saini@utoronto.ca)

Nick Bala, *Queen's University* (bala@queensu.ca)

Francine Cyr, *Université de Montreal* (francine.cyr@umontreal.ca)

Persistent interparental conflict after separation remains the strongest predictor of poor psychological adaptation in children. To prevent conflict escalating and to promote coparenting, conflict management should be a priority and judicial resolution at trial, a last resort. Even though family law trials remain low, high conflict cases are demanding for professionals involved and legal processes may increase parental conflict and psychological distress experienced by family members. The present study aims to describe the characteristics of legal pathways that include recourse to family law trial. We analyzed 1,087 family court files in Quebec, Canada, including 148 cases that went to trial. Our results show that family cases from Quebec, involving younger children and characterized by child resistance to access are more likely to go to trial. This presentation will discuss family needs through family justice pathways and implications of these results to social policies.

### *Parental Reports About Their Experiences with the Family Justice System*

Rachel Birnbaum, *King's University College* (rbirnbau@uwo.ca)

There has been a great deal of discussion in many countries with enhancing programs and services for children and parents to assist them as they make their way through family restructuring post-separation. The programs and services provided are meant to enhance and strengthen parenting abilities, resilience as well as their coping abilities post separation. As part of a broader longitudinal research agenda in two Canadian provinces exploring parental and children's outcomes in the family justice system, this presentation focuses on n=151 in-depth interviews in Ontario with parents over 18 months. The interviews explored each parent's views and experiences with mediation services, the strengths and challenges of being represented by a lawyer and being self-represented, as well as alternative dispute services in the family court during child custody and access disputes. Themes gathered on these issues raise significant concerns by parents about the family justice system and the services that are meant to promote resolution and strengthen resilience in parenting post separation. Practice, research, and policy implications will be highlighted to better understand how the services and programs can better meet the needs of children and families as well as the impact on parent-child relationships post-separation.

### *Psycho-Legal Case Management Model for High-Conflict Families: Parentalité-Conflic-Résolution*

Francine Cyr, *Université de Montreal* (francine.cyr@umontreal.ca)

Sophie Gauthier, *Attorney-at-Law, Quebec, Canada*

Catherine La Rosa, *Justice, Quebec, Canada*

Karine Poitras, *Université de Québec à Trois-Rivières* (karine.poitras@uqtr.ca)

Handling high conflict divorcing families is one of the most challenging and costly processes for actors in the Justice system. At the Superior Court of Québec (Canada), a pilot project called Parentalité-Conflic-Résolution (Parenting-Conflict-Resolution or PCR) grew out of the acute needs of the children caught in the middle of these high conflict families, of the necessity to ease the burden on the family courts, and of the wish to develop interdisciplinary solutions. The protocol involves a judge assigned to deal with the case throughout, and lawyers who agreed to avoid litigation and define the child's best interest as their primary goal and to guide and encourage their client to trust the process. Furthermore, the assigned judge and lawyers are working with the ongoing input of a systemically oriented therapist mandated to act as a family facilitator (45 hours free of charge). A mandatory participation of the parents in a co-parenting and communication group program (nine hours) completes the protocol. The unique professional and deontological challenges associated with this interdisciplinary collaboration will be discussed and the mind shifts required by all the actors will be described.

### *Individual Characteristics of Parents Involved in a Severe Separation Conflict: Actor's Perspectives from an Interdisciplinary Intervention Program*

Amylie Paquin-Boudreau, *Université de Québec à Trois-Rivières* (amyli.e.paquin@gmail.com)

Karine Poitras, *Université de Québec à Trois-Rivières* (karine.poitras@uqtr.ca)

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Élisabeth Godbout, *Université de Québec à Trois-Rivières* (elisabeth.godbout.1@ulaval.ca)

Separation is considered highly conflictual when the parents still have high levels of hostility and mistrust, frequent litigations, and dysfunctional co-parenting two years after the separation. Some research suggests that these parents have individual characteristics that may explain conflict persistence over time. The pilot project Parentalité–Conflit–Résolution was implanted in Canada specifically to respond to these families. Sixteen parents completed validated questionnaires to measure co-parenting, parental conflict, and psychological adjustment at the beginning and at the end of the intervention. Nonparametric analyses are performed to measure post-intervention effects. Results show that after the intervention, parents perceived fewer alienating behaviors, mothers perceived a better alliance, and fathers report fewer parental conflicts and lower negative communication level. Moreover, thematic content analyses are carried out on judicial decisions and focus group with psychologist and lawyers involved to explore individual characteristics identified by them to explain parental conflict's intensity and persistence. The professionals recognize parent's individual characteristics that contribute to higher the conflict through time. The results provide insight into individual characteristics that contribute to the development of severe parental conflict as well as the potential of a psychojudicial intervention with high-conflict families.

### *Families Involved in High-conflict Separation: Views and Needs of Child Protection Workers*

Élisabeth Godbout, *Université de Québec à Trois-Rivières* (elisabeth.godbout.1@ulaval.ca)

Michael Saini, *University of Toronto* (Michael.saini@utoronto.ca)

Catherine Turbide, *Université Laval* (catherine.turbide.1@ulaval.ca)

Families involved in high conflict post separation and divorce pose unique challenges for child protection services. Recent qualitative studies have documented the struggles faced by child protection workers when responding to allegations made by acrimonious ex-partners. This study builds on these exploratory findings by conducting an online survey of child protection workers (n = 309) in Quebec. Results confirm that child protection cases with high conflict families are both challenging and complex, further complicated by workers' lack of operational definition of high conflict situations, a lack of clear role expectations of working with families involved in high conflict, and no clear mandate on how best to effectively and consistently respond in these complex cases. Many workers expressed feeling higher levels of stress and feeling not properly equipped to work with families involved in high conflict. Team work, supervisors' support, access to training, and the creation of high conflict specialized teams were seen as methods to improve service for families involved in high conflict. Implications for practice include developing both an integrated approach and a differential response to better respond to families involved in high conflict.

## **42. Controversies in Bioethics**

## *Religion, Sectarianism, Fanaticism, and the Moral Point of View: Two Buddhist Views on the Withdrawal of Care*

Lloyd Steffen, *Lehigh University* (lhs1@lehigh.edu)

This presentation will analyze distinct and opposed Buddhist perspectives on the issue of withdrawing life support from a brain-dead individual. One view (Peter Harvey) argues that withdrawal of care and cessation of treatment is justifiable in a Buddhist context. Another perspective (Scott Stonington and Pinit Ratanakul) points out that the Buddhist physician who withdraws a respirator acquires a karmic demerit that can negatively affect this life and future lives. This second view then concludes that Western bioethical resources are inadequate to address the problem of withdrawal of care. This presentation will argue that religious ethics should not be considered “irrational” due to grounding in religion and that importing local religious concepts is morally justifiable if doing so endorses the “moral point of view,” which would include appeal to universalizability, impartial justice, beneficence, and adherence to a set of normative principles. Can ethics criticize religious views that do not conform to the moral point of view or that seem scientifically uninformed, irrational, sectarian, or in some cases even fanatical? Even though Western concepts for bioethical analysis should not be accepted uncritically, appeal to the moral point of view is necessary for resolving moral problems even if specifics of that perspective may be backgrounded in non-Western contexts.

## *Preventive Measures in Contemporary Islamic Medical Ethics: The Case Study of Immunizations*

Vardit Rispler-Cahim, *University of Haifa* (vrispler@univ.haifa.ac.il)

Contemporary Muslim ethicists often declare that Islamic teachings have cared for the welfare of Muslims since the naissance of the Islamic community, and that the Prophet Muhammad instructed his followers how to avoid the spread of diseases, or even how not to contract them to begin with. In general, it is accepted in Islamic sources that prevention is better than attempting a cure. Some examples of this attitude will be given. Regarding immunization, contemporary scholars advance two contradictory opinions. The first supports immunization, in line with the preventive approach mentioned above; the other recommends reducing the resort to immunizations, claiming that some of the immunizations are more hazardous to the human body than helpful; another explanation is that by using immunizations the Muslim believer expresses distrust in God to cure all diseases (tawakkul). Such a fatalistic attitude, not unique to Islam, can, if accepted, hinder the resort to medications, surgery, etc., altogether. This presentation will discuss the advantages and disadvantages of both attitudes, as Muslim jurists see them, and evaluate how Muslim populations today can navigate these two extremes.

## *The Bioethical Challenges of Biosocial Research in Criminology*

Roger Guy, *State University of New York at Oswego* (roger.guy@oswego.edu)

Biosocial criminology is the fastest growing line of research within the field of criminology. Much of the findings suggest that genetic influences (certain genetic polymorphisms) are involved in anti-social behavior including criminal behavior with the environment and genes working in a synergistic manner. According to researchers in the field, the continued accumulation of biosocial criminological data, and the development of biosocial theories is imperative to the advancement of this perspective. Recently some have argued for the use of biosocial research findings to move the field of criminology from one of the etiology of crime using a purely environmental approach to a biosocial approach that emphasizes prevention using scientific findings and methodologies for crime prevention as one would a public health problem. However, there is considerable opposition and controversy in mainstream criminology circles to the biosocial approach because it involves, among other things, genotyping offenders for genetic risks to elucidate the etiology of antisocial behavior. Using a recent example from our biosocial research in Poland, this presentation will consider the ethical dimensions of conducting such research on subjects, and whether recent findings in biosocial criminology can be integrated into current approaches to crime prevention with minimal harm to subjects.

### *Was Jesus' Death an Assisted Suicide?*

Dennis R. Cooley, *Northern Plains Ethics Institute NDSU, Fargo, USA*  
(dennis.cooley@ndsu.edu)

Christianity, Islam, and Judaism are largely against suicide. People taking their own lives act wrongly by making a decision that is allowed only to the deity that owns each and every person. Although God may do as he likes - either because he is the source of morality, and therefore whatever he does must be right and good because his doing it makes it that way - or his property rights entail his right to dispose of his property as he sees fit. For the moment, let us not question this position. Instead, let us turn to whether or not Jesus had an assisted suicide. Perhaps the closest comparison would be a human being's "death by cop". Here an individual wants to die, but also desires that the action be mitigated through another's reaction, rather than coming as a direct consequence of what the potential suicide has done. The potential suicide places another person into a position in which the latter is coerced in some way into killing the former. If this is the case, then it becomes apparent that Jesus' death was an assisted suicide, which requires us to rethink the religious morality of other people's assisted deaths.

### *Enhancing Black Participation in Clinical Trials in the United States*

Rueben C. Warren, *Tuskegee University* (rwarren@tuskegee.edu)

Racial health disparities in the U.S. have existed ever since federal record keeping began. In 1985, the U.S Department of Health and Human Services documented 60,000 excess deaths among the Black population compared to their non-Hispanic White counterparts. In 2005, those excess deaths had risen to 83,000. This disparity is a public health ethics problematic. Enhancing

Black participation in human subject's research, particularly clinical trials, is one mechanism to address this issue. In 2015, a four-phase research effort was launched by the National Center for Bioethics in Research and Health Care, Tuskegee University to enhance Black participation in clinical trials. Only 5% of the subjects in clinical trials are Black, while 12% of the U.S. population is Black. Interviews were conducted with three gatekeeper leadership groups to discern their perceptions of why Black people do not participate in clinical trials, what the plausible ethics violations are, and what are the consequences when violations occur. The responses indicate that trust and trustworthiness are essential in enhancing Black participation and the research community must establish trustworthiness before trust is expected. Increasing the number of Black researchers and establishing short and long-term positive institutional relationships are essential if the U.S. expects to improve its global population health ranking.

## **43. Correctional Psychiatry in the US**

Jagannathan Srinivasaraghavan, *Southern Illinois University* (inspirationaltraveler@gmail.com) - Discussant

### *Enhancing Mental Health Services in Correctional Systems Using Telepsychiatry*

Hossam Mahmoud, *Tufts University School of Medicine* (hossam@regrouptelehealth.com)

The need for mental health services within correctional settings is on the rise. Concurrently, many correctional systems in the United States continue to struggle to meet the mental health treatment needs of these patient populations, for a variety of reasons including shortage and uneven distribution of psychiatrists, geographic distances, and limited resources. In order to address the care access gap, increasingly more correctional systems are turning to telepsychiatry, to enhance their mental health services. Telepsychiatry is defined as the use of information and communication technologies to provide mental health care remotely through live and interactive videoconferencing. This presentation will discuss correctional telepsychiatry's role in enhancing inmates' access to mental health services, providing crisis management, decreasing wait times, reducing costs, enhancing efficiency, and improving security. The presentation will also discuss limitations that have historically hindered larger scale adoption of telepsychiatry within correctional systems, including limited connectivity and infrastructure, lack of electronic health records, bureaucracy, and misperceptions. The presentation will highlight the synergy between the use of innovative technology and the implementation of collaborative models of care to enhance our commitment to providing high quality care to our patients in correctional systems.

### *Correctional Psychiatry at the Cook County Department of Corrections*

Michael Bednarz, *Wexford Health, Pittsburgh, USA* (mbednarz@wexfordhealth.com)

There are many aspects to the variety of challenges of providing psychiatric care to the inmates at the Cook County Department of Corrections (CCDOC). One of the most crucial aspects of these challenges is evaluating for suicidal risk. Although the number of deaths at CCDOC is relatively low; since 2001, 1.9 deaths by suicide per 100,000 inmates compared to the national average of 47 per 100,000, the incidence of attempts, gestures, and self-injurious behaviour flood the mental health system on a daily basis. Differentiating these behaviours and stratifying risk as it relates to placement throughout the jail as well as treatment consumes a considerable amount of resources at CCDOC. This enormous task contributes to stress on clinicians and, if unchecked, can lead to burn out. This presentation will discuss different types of self-injurious behavior seen at CCDOC, etiologies of these behaviors specific to this population as well as treatment strategies which have been employed. Case examples will be presented and reviewed as will guidelines for clinician self-care utilized at CCDOC.

## *2018 US Corrections Prescribing Practice Resource*

Elizabeth Hogan-Ferguson, *Augusta University* (elizabeth@frmrisk.com)

The newly published American Academy of Psychiatry and the Law (AAPL) Practice Resource for Prescribing in Corrections was developed by correctional psychiatrists with various backgrounds including clinical administration, system consultations, research, teaching, and direct patient care for inmate patients. Some contributors are actively involved in administration, oversight, and academic endeavors related to psychiatric prescribing in jails and prisons. The process of developing the resource document incorporated a thorough review that integrated feedback and revisions into the final draft including the Council of AAPL. The Practice Resource is a broad document that includes medication issues pertaining to health care operations, general matters related to prescribing, evidenced based prescribing practices in correctional settings, and several special topics. General prescribing matters includes the role of patient education, psychotherapy, informed consent and coordination with custody and other professionals. Also contained in this section, are issues related to assessment in corrections to include required elements of history and the examination. The chair of AAPL's Corrections Committee will review the utility of the document and the legal framework that correctional psychiatrists and administrators operate under in the United States.

## *Misuse, Abuse, and Diversion of Psychotropic Medications in Corrections*

Abdi Tinwalla, *Wexford Health Sources, Pittsburgh, United States*  
(ATinwalla@wexfordhealth.com)

The special topics of misuse, abuse, and diversion of psychotropic medications will be reviewed with respect to the correctional setting. The need for custody and health care staff to have a high index of suspicion for diversion and trafficking will be discussed. The common reasons inmates will seek medications for nonmedical purposes will be touched on. Common presentations that

are often seen in those malingering for specific medications are reviewed. Several of the specific noncontrolled medications that are frequently abused will be covered. This includes a few medications prescribed by non-psychiatric staff. The alternative manner of administration of a few of these medications and the sought-after effect is also discussed. Strategies for mitigating the risk of misuse will also be discussed to include prescriber level interventions, as well as potential administrative and correctional officer interventions. These measures can be complementary in nature and might also be considered part of quality improvement. Time will be reserved at the end for audience members to share any additional strategies.

## **44. Crime, Prison Environment, and Mental Health in Brazil**

### *Mental Health in the Prison Environment: A Cross-Current Study with Women Arrested*

Eduardo Henrique Teixeira, *Pontifical Catholic University of Campinas*  
([eduardo.psiquiatra@icloud.com](mailto:eduardo.psiquiatra@icloud.com))

Epidemiological studies with the prison population have identified significantly higher rates of ill people compared to the general population. Considering that few studies are conducted specifically in relation to the female prison population and that the prison population has been increasing progressively in the last decades around the world, identifying mental and global health elements of this specific population is fundamental for the elaboration of approaches and interventions that will help in the process of social reintegration. We propose a study with a sample of a female prison unit, in which the prisoners will be evaluated with a questionnaire elaborated specifically for the study that assesses the risk of suicide, psychiatric and criminal antecedents, among other items, and the WHOQOL scale, created by the WHO that assesses the level of quality of life. This research will allow a detailed analysis of human behavior in the prison environment, which may have great importance in the management of socio-educational and therapeutic measures of prisoners in the Brazilian population.

### *Women Condemned for Theft*

Sérgio Rigonatti, *University of São Paulo* ([sergio.rigonatti@hc.fm.usp.br](mailto:sergio.rigonatti@hc.fm.usp.br))

We studied criminal career, alcohol consumption, and family criminal history. In summary, this presentation may conclude that women in this population constitute a heterogeneous sample. The identification of the criminal career, a criminal history in the family, and drug consumption enabled us to gather data which led to a realistic vision of women with higher potential for criminal recidivism. The variables encountered were as follows: a) a history of condemnation for crime in the family is related to earlier initiation in criminal activities; b) the

use of drugs in adolescence spurred the beginning to the criminal career; c) the history of recidivism in theft is closely related to recurrence in other crimes.

## *Recidivism in Forensic Patients Discharged from Forensic Psychiatric Facilities in Rio de Janeiro, Brazil*

Katia Mecler, *Federal University of Rio de Janeiro* (katiamecle@gmail.com)

Leila Kavanagh, *Consulting Psychiatrist, Tasmania, Australia* (leila.kavanagh@ths.tas.gov.au)

While patients with major mental illness do not always commit violent crimes, those that do are at increased risk of reoffending violently when unwell. Under Brazilian Law, the Judge (with the assistance of expert evidence from Forensic Psychiatrists), decides whether these patients can be safely managed in the community or require an initial period of hospitalization. The concept of risk of violent recidivism is therefore of vital importance. Our researchers decided to analyze data obtained from various Courts, regarding the incidence of recidivism in Forensic Patients discharged from three Forensic Psychiatric hospitals in Rio de Janeiro, Brazil between 2000 and 2013. Our hypothesis was that violent offenders suffering from major mental illnesses require multidisciplinary management plans, devised by specialized Forensic Mental Health Services, prior to their discharge into the community to decrease the incidence of recidivism. We followed the trajectory of 759 discharged Forensic Patients during this period. Of the 759 Forensic Patients, only 54 reoffended (7.11%). Of those who reoffended, 100% did not have access to community mental health services. Our study concluded that access to mental health care is vital for this patient population.

## *Tasmanian Statewide Mental Health Services*

Leila Kavanagh, *Statewide Tasmanian Forensic Mental Health Service, Australia*

Katia Mecler, *Federal University of Rio de Janeiro* (katiamecle@gmail.com)

The aim of this presentation is to focus on the delivery of Forensic Mental Health Services in present day Tasmania. This offering will begin by taking into consideration historical aspects in the delivery of mental health care in Australia, including the transportation of convicts from Great Britain, the establishment of the first asylum in Australia, and the advent of de-institutionalization, where the presenter will offer an opinion (which may be considered controversial) in relation to its aftermath; the Criminalization of the Mentally Ill. Attendees will then explore various psychiatric conditions encountered in prisons, which, in the presenter's opinion, have become modern day asylums. This will be followed by the structure of Tasmanian Forensic Mental Health Services and the provision of comprehensive mental health care, in a multidisciplinary context, to Forensic Patients in Tasmania (individuals who have been found Not Guilty by Reason of Insanity) in inpatient and outpatient settings. The provision of forensic expertise to Civil Mental Health Services in Tasmania will be explored, as well as the attempts by our service to divert mentally ill individuals to the Mental Health System instead of the Criminal Justice System.

## *Quality of Life, Visits, and Risk of Suicide: A Study with the Population of a Female Chain in the State of São Paulo*

Rogério Gomes Silva Junior, *Pontifical Catholic University of Campinas (PUC-Campinas)*  
(rogeriomedpuc@gmail.com)

Isolation has generated damaging consequences for the mental health of women who seem to encounter more difficulties than men when they are forced to remain isolated for a long time. With a view to full recovery and social inclusion, guidelines for the treatment of female prisoners and non-custodial measures for female offenders (Bangkok Rules) are included in the UN Rules. These include gender specific strategies such as gynecological care, treatment of sexually transmitted diseases, pregnancy, breastfeeding, among others. A descriptive and cross-sectional study to evaluate the quality of life and mental health of female prisoners in Campinas, State of São Paulo, Brazil, evaluates the pattern of suicidal behavior and its relation to the pattern of prison visits. Social isolation, due to the confinement itself is aggravated by the narrowing of bonds, and chronic stress, added to the factors previously described, make up an environment prone to illness, but amenable to interventions. Knowing the importance of risk factors for suicide, and considering the relevance of the visits, there is a focus on public policies, either to reduce bureaucratic visits to women, or to increase the supply of mental health services and suicide prevention.

## **45. Criminal Responsibility**

### *Agency, Mental Illness, and Criminal Responsibility: Neuroscience and Insanity*

Paul Gerard Nestor, *University of Massachusetts Boston* (paul.nestor@umb.edu)

Neuroscience suggests that free will is an illusion because studies have reliably shown that the brain initiates simple, voluntary actions before we are consciously aware of our decision to act. These findings have led to the radical claim for the elimination of criminal responsibility because it presumes a free will that has no causal explanation of human behaviour. However, legal scholarship counters this claim by arguing that criminal responsibility presumes not a free will but a rational agency. Neuroscientific studies have linked such agency to interactions of two distinct brain circuits, frontal sources supporting “intentional action” and parietal lobes supporting “action awareness”. Serious mental illness, an essential but not sufficient condition to negate criminal responsibility, can compromise these frontal-parietal interactions, leading to specific disturbances in agency. Thus, rather than explaining away free will as an epiphenomenon of non-conscious brain activity, neuroscience of agency may advance our understanding of criminal responsibility.

## *Criminal Liability of the Perpetrator Diagnosed with the Psychoorganic Syndrome*

Anna Danuta Golonka, *University of Rzeszow* (aditi@op.pl)

This presentation will address issues concerning the regulation of insanity, diminished responsibility, and so-called factual insanity in accordance with the Polish Criminal Code. Special attention will be paid to one of the sources of these states, i.e., so-called psychoorganic syndrome. This term is a product of judicial decisions and as such is considered in the context of criminal liability of the perpetrator. In practice, however, it covers a broad spectrum of nosological units. The background to the dispute in this matter is the possibility of taking into account as a cause of insanity not only pathological disorders, but also those called, in legal literature, physiological disruptions. What are the types of disruptions? How do the judicial practice and forensic psychiatrists resolve this problem? The answers to these and similar questions will constitute the main aspects of this presentation.

## *Possible Role of Brain and Cognitive Reserve in Determining the Legal Pathology-Behaviour-Mental State Relationship: A Case Study of Acquired Pedophilia*

Lorraine Boran, *Dublin City University* (lorraine.boran@dcu.ie)

Yvonne Daly, *Dublin City University* (Yvonne.Daly@dcu.ie)

This presentation reviews the neurobiological literature that establishes a possible relationship between acquired pathology and pedophilia. Pathology can be established using neuroscience evidence, including structural and functional brain imaging; and implicates regions of the brain associated with sexual motivation and inhibition. This presentation will examine the question of whether pathology can manifest as legally-relevant motivational and behavioural control, mental state, and moral knowledge associated with the disorder. Moreover, this presentation argues that any consideration of issues of responsibility and sentencing is incomplete without addressing the concept of brain and cognitive reserve (BR and CR). Reserve refers to the ability to protect against the expression of pathology, and has been modelled in progressive and acquired disorders, but not specifically in the etiology of pedophilia. Since BR and CR can explain individual variability in compensation or maintenance of behavioural functioning in response to acquired pathology, an offender's reserve status should moderate the interpretation of clinical forensic and neurological evidence as applied to assessment of responsibility and sentencing. How this may impact on sentencing in terms of mitigation and/or treatment, will also be discussed.

## *“My Brain Made Me Do It?” Reflections on the Role of Neuroscience in Assessing Criminal Responsibility: A South African Medico-Legal Perspective*

Geert Philip Stevens, *University of Pretoria* (Philip.Stevens@up.ac.za)

Recently, the role of neuroscience in the defence of pathological criminal incapacity has received more attention. A question which arises is what role does neuroscience play in assessing criminal responsibility. What role can it play in assessing the merits of the insanity defence. Can neurological disorders be of such a nature to establish the defence of pathological criminal incapacity? Neuroimaging for example has received much attention in explaining criminal behaviour - to what extent will this aid in assessing for the defence of pathological criminal incapacity? Can neuroscience provide more answers as to an accused's cognitive and conative capacities at the time of the commission of the offence? Neuroscience can further play an important role during sentencing proceedings more specifically in assessing future dangerousness in dangerous criminals. In this presentation the role of neuroscience will be assessed against the backdrop of the defence of pathological criminal incapacity in South African criminal law. Reflections will also be provided on its relevance during sentencing proceedings.

## *Developmental Disability and Sexual Offending: Brain Maturation Matters*

Natalie Jean Novick Brown, *University of Washington* (drnataliebrown@gmail.com)

A disproportionate number of people with fetal alcohol spectrum disorders (FASD), intellectual disability (ID), autism spectrum disorder (ASD), and other developmental disabilities are arrested and convicted each year of sexual offenses. Mental health professionals who evaluate these individuals often fail to take developmental disability into consideration and instead attribute causality to the same psychological and personality dynamics that characterize normally-constituted persons. Because adolescents and young adults with developmental disabilities typically have delayed social development, brain maturation is an important factor to consider along with trajectory of social development, particularly since meta-analysis has found that developmental delay is not a risk factor for reoffending sexually. It is important for mental health professionals who conduct sexual offender evaluations to understand how developmental delay typically manifests during the developmental years and how age-related brain changes in the adult years serve as a potent protective factor against future sexual offending.

## **46. Criminalization Revisited**

### *Crime and Vulnerability Among Mentally Ill Citizens: A Review*

Dorte Sestoft, *Ministry of Justice, Copenhagen, Denmark* (Dorte.Sestoft@jrklunik.dk)

It is well known that psychiatric patients are exposed to an increased risk in many different areas, including increased risk of social decline, increased mortality from suicide as well as somatic illnesses, increased risk for comorbidity in the form of substance abuse, increased risk of criminal victimization, and increased risk of committing violent crimes. From the clinicians' perspective, it is likely that the risk factors are interacting in a synergic way and leave psychiatric patients extremely vulnerable. During the last two decades, the number of forensic patients has increased dramatically in Denmark as well as in many other western countries. The causes suggested are manifold, and include more substance abuse, different practices, homelessness, and social decline. This presentation is a review focusing on what we know about the criminalization of the mentally ill and the role of access to the appropriate treatment and support.

### *Treatment and Crime: Is there a Connection Between the Treatment of the Mentally Ill and Crime?*

Gitte Ahle, *Consultant Psychiatrist, Copenhagen, Denmark* (Gitte.Ahle@regionh.dk)

The number of forensic psychiatric patients in Denmark has consistently increased since the 1980s. Compared with the other Nordic countries, the increase is the largest in the region. What is the reason for this? Is there a connection between the treatment of the mentally ill and the crimes committed? Could the crimes have been prevented with better social support, substance abuse treatment, and/or psychiatric treatment? This presentation will share the findings of a study involving 218 forensic psychiatric evaluations covering all those who were recommended for psychiatric treatment in Denmark in the second half of 2016. Data from the forensic psychiatric evaluations were extracted by a trained forensic psychiatrist and analysed within a quantitative methodological framework. To ensure the robustness of the results, an inter-rater reliability test was also conducted. The study has implications in regards to a better understanding of whether treatment and support are connected to criminal behaviour in mentally ill persons, and will qualitatively contribute to the understanding and prevention of crime among the mentally ill. Conclusions and consequences for the findings will be discussed as well as the possibilities for decreasing the number of forensic psychiatric patients in Denmark.

### *Criminalization of Persons with Autism*

Anne Vollmer-Larsen, *Ministry of Justice, Copenhagen, Denmark*  
(Anne.Vollmer-Larsen@jrklunik.dk)

There has been increasing focus on Autism Spectrum Disorders (ASD) in connection with crime within the last few years, partly because of some spectacular cases. However, no evidence has been found for a higher rate of offending among persons with autism. Despite this, there seems to be an increase in persons with ASD undergoing Forensic Examination in Denmark. This poses a problem and, when sanctioned, persons with ASD do not fit into either the probation system or the treatment/psychiatric system. This presentation will report data from a forensic examination conducted from 2012 to 2017 on persons with ASD,

with a focus on demographic data, educational level, and functioning, in order to give an impression of the group, the rate of offences, and the kind of offences. Based on the data from the examinations, this presentation will address the following questions: Is there an increase in forensic examinations concerning persons with ASD? What kind of offences are they? Can the offending be understood in the context of ASD? Do we see the same pattern of offending in Denmark compared to other countries? Are there external/structural factors in Denmark that might influence the rate of charges against persons with ASD?

## *A Qualitative Analysis of 50 Female Non-Psychotic Violent Offenders*

Michael Schiøth, *Ministry of Justice, Copenhagen, Denmark* (Michael.Schioth@jrklunik.dk)

At the Prague IALMH conference in 2017, we presented the results of a research project evaluating gender differences in non-psychotic violent offenders over a ten-year period at the Clinic of Forensic Psychiatry in Copenhagen, specifically whether more female offenders were recommended for treatment instead of prison compared to their male counterparts. We found that a significantly larger proportion of the women were indeed recommended for treatment than men, even when controlling for a number of confounders such as diagnosis and substance abuse. However, there was no significant difference when focusing solely on those charged with severe violence. This presentation will feature a qualitative description and analysis of the 50 female offenders in the project, who were recommended for treatment as a more crime-preventive measure than prison. It will, specifically, look at the criminalization process, i.e., identifying the criminogenous factors and how treatment could be assumed to be effective as a preventive intervention. The presentation will also feature a description of the two groups demographically as well as in terms of psychiatric diagnosis and treatment history, e.g., whether or not they had been sentenced to treatment earlier and, if so, what they might have gained from previous treatment.

## **47. Crisis Intervention Team (CIT) Training in Policing and Correctional Contexts**

### *Encounters with Persons in Crisis: Police Officer Decisions to Arrest, Commit, and Refer*

Therese L. Todd, *John Jay College of Criminal Justice* (ttodd@jjay.cuny.edu)  
Preeti Chauhan, *John Jay College of Criminal Justice* (pchauhan@jjay.cuny.edu)

As many as 10% of police encounters often involve persons in crisis (Cordner, 2006). However, little is known about what factors influence officers' decision-making around the outcomes of crisis calls. The present study utilizes department-wide, officer-level data of all crisis incidents from May 2015 – June 2018 in a large, urban US police department. We examined the influence

of officer, citizen, and incident characteristics on outcomes of arrest, involuntary commitment, and referral to services. We found that crisis calls involving crimes against persons and property were the largest predictors of arrest. Further, persons who presented as disorderly and disruptive were over two times more likely to be arrested than those who did not. Calls, where offense charge was not indicated were coded as only mental health calls, which were significantly less likely to end in arrest and more likely to result in referral to services and involuntary commitment. Persons who exhibited suicidal behavior were significantly more likely to be involuntarily committed, but less likely to be referred to services. This study provides insight into factors that may influence officer decision-making.

## *The Crisis Intervention Team (CIT) Model in a University Police Department*

John Vinson, *University of Washington Police Department, Seattle, USA* (vinso1jn@uw.edu)  
Cierrah Loveness, *Seattle University* (loveness@seattleu.edu)

The Crisis Intervention Team (CIT) Model has been implemented on a widespread scale in law enforcement agencies in the United States and around the world. The CIT model has particular implications for university policing where law enforcement are charged with maintaining public safety within a population of college students. College students are at increased risk for loneliness, behavioral experimentation, drug use, sexual assault, suicidal ideation, and other forms of behavioral crisis. However, to date systematic research has not been conducted on the use of the CIT model in campus policing in the university setting. This presentation will review the literature on the implementation of the CIT model in university policing, discuss the implementation of CIT in the University of Washington Police Department in the United States, and describe efforts for systematic study of CIT in campus policing.

## *Is the Decision Support Tool Supporting Decisions? Concordance Between Needs and Case Planning for People with Mental Health and Substance Use Disorders*

Amy Murphy, *George Mason University* (amurph10@gmu.edu)

The RNR Simulation Tool is an online decision support tool for justice professionals and substance use and mental health disorder treatment providers. Powered by an underlying database consisting of 25,000 profiles of individuals under criminal justice supervision, the Assess an Individual portal of the tool provides the user with recommendations and prioritization for appropriate treatment and programming for clients (e.g., cognitive behavioral interventions, mental health treatment). It also allows the user to begin a treatment plan by identifying what needs they will address and how they will address those needs. This presentation will examine the concordance between the areas recommended for prioritization and those areas actually selected for the case plan, specifically for those with mental health needs. That is, it will look at the target behaviors identified by the users and compare them to the recommendations. This presentation will also compare the degrees of concordance of

different types of users, including jail staff, community corrections officers, and behavioral health providers.

## *Continuous Improvement and Innovation Related to Crisis Intervention in the Seattle Police Department*

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

This presentation will review the continuous improvement and innovation of the Seattle Police Department's Crisis Intervention Program. The Seattle Police Department has been involved in a multi-year process culminating in the development of a leading-edge Crisis Intervention Policy, data collection strategy, training, and community partnerships. However, the Crisis Response Unit continues to see exponential growth in homeless, crisis calls, and work to address gun violence prevention through the use of Emergency Risk Protection Orders (ERPO). It will further conduct a deeper analysis into the familiar faces with crisis services and identify the need for a comprehensive approach for a small population that utilizes a large amount of public safety resources to include the Fire Department. The presentation will provide a greater understanding of the importance of a regional approach between local governments, the Seattle Police Department, other local law enforcement agencies, local courts, regional mental health providers, and academic researchers.

## *Psychopathic Traits in Police Leadership: A Contemporary Look at Potential Implications*

Diana Falkenbach, *John Jay College of Criminal Justice* ([Dfalkenbach@jjay.cuny.edu](mailto:Dfalkenbach@jjay.cuny.edu))  
Sneha Gupta, John Jay College of Criminal Justice  
Esther Kim, John Jay College of Criminal Justice  
Tahir Chatur, John Jay College of Criminal Justice

Psychopathy is typically characterized by interpersonal, affective and behavioral features. While traditionally associated with antisocial tendencies, these traits are not limited to those who engage in criminal behaviors. Research has identified some traits that may be adaptive, and even beneficial in certain circumstances. Much discussion exists about the potential advantage of these particular psychopathic traits in fields such as politics, military, and law enforcement. Police officers have displayed some traits and behaviors that are associated with successful psychopathy, such as Fearless Dominance (fearlessness, social influence, and stress immunity) and Coldheartedness (lack of emotions, guilt, empathy, and attachment to others), and “successful” and “unsuccessful” subtypes of psychopathy have been identified in police officers. Psychopathic characteristics have also been associated with potential leadership qualities (e.g., charisma and presentation styles), but has been found to be negatively correlated with other leadership skills (e.g., effectiveness, empathy). The current presentation aims to synthesize the research on psychopathic traits in leadership and law enforcement, present data on psychopathy in police leaders and discuss the degree to which the data supports research relating to successful psychopathy and leadership in law enforcement.

## **48. Critical Methods: Institutional Ethnography**

## *Reporting Violent Incidents in the Mental Health Care Setting: Using Institutional Ethnography to Map the Disconnect in the Use of Occurrence Forms*

Nicole Snow, *Memorial University of Newfoundland* (nicole.snow@mun.ca)

In mental health settings, policies govern the reporting of violent incidents. There are discrepancies identified in how and when these incidents are reported, and for what reason. As such, it is possible that data collected by institutions is not accurate. Given the myriad clinical and administrative decisions based on this information, there is a need to consider what is actually happening in the reporting process so that health care professionals and administrators have accurate information upon which to make policy, administrative, and clinical decisions. Institutional Ethnography (IE) will be used to investigate the issue of breakdowns in the violence reporting system. Interviews will be conducted with nursing staff, managers, administrators, and others involved with the use of occurrence forms in mental health settings. Because ruling perspectives are often represented through texts, the informants' engagement with documents such as policies will be cross-examined with interview data. Many attitudes about violence and subsequent policy and practice decisions are made based on ideological accounts of what should be. By using IE, there is the potential to first gain a clearer depiction of what is actually happening in practice to better prevent and mediate violence in mental health settings.

## *An Institutional Ethnography of “The Better Workplace” and the Troubles of Workplace Mental Health*

Sonya L. Jakubec, *Mount Royal University* (sjakubec@mtroyal.ca)

Rob Wipond, *Independent Researcher and Journalist*

A growing international discourse has asserted that it is vital to develop psychological health initiatives in workplaces, in large part due to negative financial and productivity impacts from increasingly poor worker “mental health.” In this presentation, the institutional ideologies and conceptual currencies located in “workplace mental health” discourse, in particular the mental health continuum model, will be analyzed for their dominance and activation in everyday workplace wellness processes. This institutional ethnographic study explored the models, discourses, and boss texts as they intersected with the everyday work of people involved in psychological assessment, human resources, and workplace wellness strategies. This study of workplace mental health discourse in action showed how issues of worker productivity, satisfaction/dissatisfaction, disgruntlement, or protest in several Canadian contexts were reframed as “mental health issues” to be addressed or resolved through a standardized approach to prevention and treatment. Consequently, coercion, force, distress, stigma, financial costs, and discrimination were shown to increase rather than decrease as a direct result of the importation of dominant mental health approaches and were ultimately propagating the very kinds of negative impacts on employees and employers alike that the workplace mental health initiatives promised to solve.

## *The Business of Managing Nurses' Recovery from Substance Use Problems*

Charlotte Annie Ross, *Douglas College* (rossc@douglascollege.ca)  
Sonya L. Jakubec, *Mount Royal University* (sjakubec@mtroyal.ca)  
Nicole S. Berry, *Simon Fraser University* (nicole\_berry@sfu.ca)  
Victoria Smye, *Western University* (nursingdirector@uwo.ca)

Managing the substance use of health care professionals has consequences for both public safety and professional interests. The approaches set in place to coordinate the disciplinary and treatment regimes for registered nurses with substance use problems have common features and processes that diverge from the everyday experiences and needs of nurses. These approaches were critically scrutinized in an Institutional Ethnography investigation of the institutional organization and nurses' experiences of one particular program of substance use management for nurses in a Canadian province. Our analysis revealed: An acritical acceptance of a standardized program that was imposed on the nurses and not based on current best practices; the nurses in the program were not afforded the same rights to quality and ethical health care as others in the general public; power imbalances, potentials for misuse of power, conflicts of interest, and furthering of corporate interests were rife in the program; abdication of power and enthroneing of and deference to 'expert' physicians; and absenting of nursing expertise from decision-making processes in the program.

## **49. Data and Information Sharing to Improve Responses to People with Mental Health and Substance Use Needs in the Criminal Justice System**

### *Criminogenic Risk, Mental Health, and Substance Use Needs Among Adults Who are Experiencing an Initial Incarceration*

Natalie Bonfine, *Northeast Ohio Medical University* (nbonfine@neomed.edu)

Increasingly, there is a recognition that even brief exposure to the criminal justice system is a disruptive and traumatic experience, especially for people who have mental health or substance use needs. Justice and mental health stakeholders are seeking ways to divert people with mental health treatment needs from the justice system as early as possible in the trajectory of criminal justice involvement. A first step towards adapting programming to meet the needs of people who are incarcerated for the first time who are also assessed as having high clinical mental health and/or high substance use service needs, is to identify sociodemographic, criminal, and clinical characteristics of this group. This presentation will do so while comparing characteristics of

these individuals to other groups of offenders. Findings from this study will inform stakeholders about relevant screening and assessment for clinical and criminogenic needs that would prioritize prevention and diversion earlier in the criminal justice system.

## *Observed Signs, Symptoms, and Risk Factors and Police Officer Strategies for Resolving Mental Health Related Encounters*

Amy C. Watson, *University of Illinois at Chicago* (Acwatson@uic.edu)  
Michael T. Compton, *Columbia University* (mtc2176@cumc.columbia.edu)

While the body of literature supporting the volunteer specialist component of the Crisis Intervention Team model is emerging, there is growing recognition that all police officers need to have a basic level of competency in recognizing symptoms of mental illness. However, to date there has been little research on the signs, symptoms, and risk factors officers observe and how they use them to make decisions about mental health crisis response strategies. This presentation will use data from a study of police encounters with persons with mental illnesses and the Crisis Intervention Team program conducted in Chicago, IL. Detailed data from 428 mental health encounters will be used to examine the symptoms and risk factors that police officers observe and how these observations relate to the strategies officers utilized to resolve encounters. Differences between CIT trained officers and non-CIT officers will be explored.

## *Combating the US Opioid Epidemic Through Strategic Community-Based Change*

Julie Aultman, *Northeast Ohio Medical University* (Jmaultma@neomed.edu)

Given the magnitude of the opioid epidemic in the United States, and the difficulty in providing mental health treatment prior to crisis events, there is a public urgency for collective and consistent action among critical stakeholders (e.g., mental health courts, health care providers, community leaders). Without strategic combined efforts, we will not be able to make effective change in reducing the morbidity and mortality among persons addicted to drugs, and the associated social, legal, and financial consequences from prolonged drug use among this growing population. Unfortunately, there are several justice barriers to address, such as the lack of consistency among state laws and policies regarding involuntary addiction treatment, access and availability of mental health resources and clinical interventions, and the way in which data and information are communicated and shared. The following presentation examines these barriers closely, while deriving ethical and legal strategies for prompting change and guiding courts, health care professionals, and others to play a more active and immediate role without waiting until a crisis event occurs. To best illustrate this complex problem, an ethics case about a heart valve recipient due to drug-related endocarditis, seeking a second transplant due to continued drug use, will be presented.

## *Crisis Intervention Team Data Collection and Information Sharing*

Christian Ritter, *Northeast Ohio Medical University* (jritter@neomed.edu)

Ruth Simera, *Northeast Ohio Medical University* (nursingdirector@uwo.ca)

Matthew Courser, *Pacific Institute for Research and Evaluation*

Natalie Bonfine, *Northeast Ohio Medical University* (nbonfine@neomed.edu)

Mark R. Munetz, *Northeast Ohio Medical University* (mmunetz@neomed.edu)

This presentation will report on the results of efforts to improve data collection and information sharing activities between mental health, law enforcement (crisis intervention team ‘CIT’), and initial detention to demonstrate effectiveness of cross-system collaboration in reducing frequency of law enforcement contacts for individuals with mental illness and disseminate a transferrable process statewide. Ohio has widely adopted CIT as a specialized police response to encounters involving individuals with mental illness and has a statewide CIT Strategic Plan to guide program development. However, data collection and sharing of CIT data are lacking. We are aware of only 16 Ohio counties where law enforcement jurisdictions track CIT data or use encounter forms. Of those, nine share some encounter data with local mental health partners. Only four county programs hold cross-system meetings, using shared data to address the needs of consumers. Results from a previous project suggest that the availability CIT encounter information improves treatment agencies’ and law enforcement responses to people with serious mental illness in crisis. This project will expand the information exchange in Delaware County to multiple behavioural health providers. This presentation will also report on our work to communicate statewide about how to establish and sustain data collection and information exchange across systems.

## **50. Dealing with Fear and Anxiety in Legal Education: Meditation, Mindfulness, and Untangling Knots**

### *Causes of, and Proposed Solutions for, the Perceived Crisis of Stress and Anxiety in Law Schools*

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

This presentation will survey recent U.S. and Australian studies on a perceived crisis in legal education. The statistics concerning anxiety and depression among law students (twice the national average in the U.S., even though pre-law students reflect the national average), as well as alcoholism and substance abuse in the legal profession, are alarming. Possible causes include the personality characteristics of students who go to law school (i.e., a predisposition for unhappiness), the structure of legal education (including the case method, Socratic dialogue,

lack of feedback), and classroom techniques such as “cold-calling” that lead to shame, embarrassment, and a sense of inferiority. Proposed solutions include (i) psychoeducation (informational, not therapy), (ii) teaching coping mechanisms (speaking up more, avoiding catastrophism, countering negative thoughts), (iii) encouraging a sense of belongingness (a key to well-being) by creating a welcoming classroom, (iv) professors admitting their own anxiety or depression, (v) teaching “stress hardiness” (including a sense of control, sense of purpose, cognitive flexibility), (vi) “self-efficacy theory (a sense of competency and control), (viii) exercising more, (ix) meditation, and (x) mindfulness training.

## *Untangling Fear in Lawyering*

Heidi Kristin Brown, *Brooklyn Law School* (heidi.brown@brooklaw.edu)

This presentation will address the reality of fear (and mistake-making) in lawyering and its effect on the mental health of law students and lawyers. In thinking about what exactly to do about fear, the usual mantras come to mind: fight it, conquer it, battle it, overcome it—verbs that imply that fear is a blobby foe that can be knocked out, skirted, stepped over. But, in reality, the worrisome aspects of doing our jobs as lawyers cannot be carted away in a Banker’s Box. Law school is inherently fraught with apprehension about grades, performance events, the curve, making law review, bar passage, landing a job, personal identity. Law practice likewise ignites panic over deadlines, win-lose dynamics, partnership tracks. Instead of just pushing through fear, we must learn how to untangle it. This presentation will draw guidance from how other industries address fear (and mistake-making) in education and training, particularly the professional fields of medicine, engineering, finance, entrepreneurship, journalism, and sports. If we can unwind the knots of fear, we can analyze it, discern its essence, alter our emotional, mental, and physical relationship with it, and transform this perceived hindrance into a gift in the practice of law and enhanced well-being.

## *Meditation in Legal Education: The Value Added Toward the Well-Being of Law Students*

Anthony Cullen, *Middlesex University* (A.T.Cullen@mdx.ac.uk)

As a contemplative practice, meditation takes different forms. A dictionary definition of the verb to ‘meditate’ states that it is ‘to focus your mind and free it of uncontrolled thoughts’ (Waite & Sara Hawker: 599). Practices with a global following include transcendental meditation, loving-kindness meditation, vipassana meditation, mindfulness meditation, and heartfulness meditation. Given the differences that exist between systems of meditation, there is no single comprehensive definition to cover all. According to Goleman and Davidson (2017: 9), ‘*Meditation* is a catch-all word for myriad varieties of contemplative practice, just as *sports* refers to a wide range of athletic activities.’ This presentation will consider the potential value that meditation adds to legal education. It will explore the introduction of meditation in law schools and review the rationale for its use in this context. The presentation will also consider the findings of a number of clinically orientated studies

highlighting the significance of meditation for the development of student resilience (including Holly Rogers' (2013) work on mindfulness meditation and Seppala et al.'s (2014) research on loving-kindness meditation). In light of the beneficial effects for resilience and the enhancement of well-being more generally, the possibilities for further research on the efficacy of meditation will be explored.

## *The Use of Meditation to Cultivate Well-Being in Law Students*

Kerin Lughaidh, *Middlesex University* (l.kerin@mdx.ac.uk)

This presentation will take as a starting point the introduction of meditation to law students at the London and Mauritius campuses of Middlesex University. The intention in doing so was to develop students' capacity of self-reflection and to explore possibilities for the promotion of student well-being. The presentation will consider the use of meditation as a way of developing the resilience of students to cope with the demands of legal practice. It examines research on the use of meditation in other contexts and then surveys the literature on meditation and legal practice, presenting some views of the prospects for further research in the area. In light of the benefits reported, the authors speculate on a potential role for the practice of meditation in clinical legal education and the programmes of continuing professional development.

## **51. Death Penalty**

### *The Death Penalty in Japan: From a Psychiatric Viewpoint*

Yoji Nakatani, *University of Tsukuba* (yojinaka47@yahoo.co.jp)

The death penalty is still permitted in Japan and causes intricate problems in mental health. Capital sentences have not decreased even after a new type of trial was introduced in 2009, in which laypersons participate in the judgement of the court. In most cases, the execution of the death penalty is carried out several years after sentencing. As a result, there has been an accumulation of inmates who are awaiting execution. As of December 31, 2016, the number of inmates to be executed was 128. Death row inmates are prone to be mentally disturbed, and occasionally require psychiatric treatment. In certain cases, questions regarding their competency for execution are raised: The Criminal Procedure Act stipulates that the Ministry of Justice shall suspend the execution of an incompetent person. However, the actual process of how death row inmates are given psychiatric treatment and deemed to be competent for execution is not made public. Thus far, this matter has been rarely discussed among psychiatric professionals. This presentation will report the present circumstances of Japanese death row inmates, emphasizing the importance of investigation as well as psychiatric intervention.

## *Prosecutorial Discretion in Capital Cases: Arbitrary and Capricious?*

Cassia Spohn, *Arizona State University* (cassia.spohn@asu.edu)

In *Furman v. Georgia* (1972), the Supreme Court of the United States ruled that the capital punishment statute being challenged provided no guidance to those charged with determining who should be sentenced to death; thus, there was a significant risk that the death penalty would be applied in an arbitrary and capricious manner. In 1976, the Court upheld Georgia's guided discretion statute, which channeled discretion and allowed the death penalty only if there was at least one aggravating circumstance. This presentation will consider whether Arizona's capital punishment statute, which identifies 14 aggravating circumstances, makes every first degree murder case potentially a capital case. Using data on all first degree murder cases from 2002 through 2013, we determine whether the case would qualify for the death penalty under Arizona law. We also use cases from 2012 and 2013 to identify the predictors of the prosecutor's decision to file a notice of intent to seek the death penalty.

## *Trauma and the Death Penalty*

Susan Marcus, *Attorney-at-law, New York, USA* (susan@skmarcuslaw.com)

Trauma impacts all aspects of a death penalty case in the United States – from the crime that was committed, to the trauma that pervades the lives and families of those facing the death penalty, to the process of the death penalty itself, to the trauma of systemic oppression that is faced by capital clients and their communities. This presentation will discuss an overview of trauma in capital cases, including a discussion of complex trauma, intergenerational trauma, systemic trauma, and the neurobiology of trauma. It will discuss the importance of understanding how trauma shapes the fabrics of people's lives, and how to present trauma in a compelling, empathy-provoking narrative, rather than a rote recitation of signs and symptoms. The presentation will highlight how commonly misunderstood presentations of trauma are used to further demonize and stigmatize clients in the US criminal justice system. Finally, the presentation will discuss how to employ strategies for healing trauma in defending a capital case. It will include a discussion of the importance of resilience, hope, integrating both/and instead of being stuck in either/or litigation strategies, employing narrative and truth-telling, and using principles of restorative justice in the context of a capital case.

## **52. Decision Making and Cognitive Outcomes in Elderly Patients at End of Life and During Anesthesia and Surgery**

*Creating a Good Death: Lessons from Japan*

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

Eriko Miwa, *University of Tokyo Graduate School of Medicine* (eriko.elis125@gmail.com)

While people are still alive, we owe them respect. Yet what, if anything, do we owe the newly dead? This question is an urgent practical concern for rapidly aging societies, because older people die at higher rates than any other age group. One novel way Japan, the frontrunner of aged societies, meets the need to accommodate high numbers of newly dead is *itai hoteru* or “corpse hotels.” *Itai hoteru* offer families a way to wait for space in over-crowded crematoriums while affording an environment conducive to grieving and honoring the dead. Using Japan to illustrate, this presentation will argue that respect for the newly dead is supported upon reflection and should constrain how people behave, although it does not dictate specific actions we must take. The presentation will defend this claim by appealing to the notion of “a good death” and showing that it requires care and respect on both sides of death’s divide: to both the dying and the newly dead. The presentation will counter common objections, which include that we cannot have duties to the dead because it is impossible to harm the dead, that duties to the dead are better understood as duties to the living, and that duties to the dead are a form of self-comfort.

### *Physician Assisted Suicide and Euthanasia: Legal and Ethical Perspectives from the United States*

Gail Ann Van Norman, *University of Washington* (gvn@uw.edu)

Physician-assisted suicide (PAS) is increasingly accepted in the United States, with more than 70% of public in favor according to recent polls, and is legal in seven states and the District of Columbia. However, confusion still exists in the media and among the public regarding the differences between PAS and euthanasia, which is not legal anywhere in the United States. Concerns about both center around the potential for vulnerable populations to be disproportionately affected. Legalization of PAS has included both “Proactive” pathways—meaning positive legislative initiatives—and “default” judicial pathways—meaning challenges in court have failed to find constitutional reasons to deny patients the right to PAS. This presentation will explore the background of legalization of PAS in the United States, legislative differences regarding PAS, recent data surrounding its implementation, and theories regarding how implementation has affected quality of end-of-life care, including the ability of palliative care programs in the United States to offer PAS.

### *Postoperative Cognitive Dysfunction: An Additional Challenge to Ill Geriatric Patients*

Christopher Hughes, *Vanderbilt University* (christopher.hughes@Vanderbilt.Edu)

Surgery is common in older adults and typically performed to improve functional status or prolong life. A high percentage of older patients presenting for surgery will have cognitive impairments despite no previous documentation or diagnosis of dementia, but screening for cognitive impairment (one of the primary risk factors for postoperative cognitive dysfunction) 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 surgery and its resulting hospitalization. This capacity, however, is paradoxically impaired by illness as well as by medical interventions to improve health. Older adults often prioritize preservation of cognition over survival, yet surgery and its resulting hospitalization are associated with significant short- and long-term cognitive dysfunction, which is not normally discussed in the consenting process. Meeting this challenge involves understanding and reducing the risks of postoperative cognitive dysfunction and undertaking preventative measures to mitigate its impact. This presentation will discuss the risks, implications, and prevention of postoperative cognitive dysfunction in older patients.

## *Organ Transplantation and Geriatric Patients: Challenges for Recipients and for Organ Availability and Procurement*

Michael J. Souter, *University of Washington* (msouter@uw.edu)

As transplant medicine and surgical techniques have evolved, geriatric patients are increasingly eligible for inclusion in the world of vital organ transplantation, both as recipients and donors. The anticipated “Silver Tsunami” presents possible concerns for exacerbating the current shortfall between the available supply of organs, and the demand for transplantation. But this older population additionally presents special challenges: firstly, in characterizing criteria other than simple chronological age to assess viability of organ procurement, and secondly, with regard to ethical considerations in the subsequent allocation of organs across a wider age interval in possible recipients. Should older organs be restricted to older recipients? Is it appropriate to give young recipients ‘old’ organs that present a higher risk of subsequent failure over an extending recipient life span? How may these issues translate into questions surrounding organ allocation and recipient life expectancy in more medically challenging circumstances? This presentation will explore the ethical and medical issues facing elderly organ recipients and donors, against a background of current trends and future implications for vital organ transplantation involving the elderly within the United States.

## *Is There Such a Thing as ‘Too Old for Surgery?’ Frailty and Outcomes Following Anesthesia and Surgery*

Itay Bentov, *University of Washington* (itayb@uw.edu)

A common view is that hospitals should serve as sanctuaries of protection and the operating theater is a harbinger of a better future. However, for aged, frail individuals a trip to the operating room to treat a reversible condition, may result in pain, discomfort, and loss of autonomy without prolongation of life. Frailty is a state of increased vulnerability resulting from aging-associated decline in reserve and function across multiple systems leading to weakness, exhaustion, weight loss, and reduced cognition and mood. In frail patients a substantial proportion of people who enter the hospital will never recover their physical or mental capabilities, even when the illness or condition that has brought them to the hospital is

successfully treated. This presentation will present some of the current research on the tools used to identify preoperative frailty and the effect of frailty on surgical outcomes. Real life scenarios will be used to discuss the question of whether surgical cures should be offered to all treatable conditions in frail patients who are weak and often impaired.

## **53. Designing Trauma-Informed Systems**

### *A Cross-Lagged Panel Design Examining the Longitudinal Relationships Among Choice, Collaboration, Commitment, and Burnout*

Travis W. Hales, *University at Buffalo* (thales@uncc.edu)  
Thomas H. Nochajski, *University at Buffalo* (thn@buffalo.edu)

Previous research has established an association amongst workplace climates of choice and collaboration, organizational commitment, and burnout. However, there has been limited research incorporating longitudinal designs to establish causal predominance. The study reported in this presentation examined whether time one (T1) choice and collaboration scores would predict time two (T2) commitment and burnout, thereby providing temporal precedence. To test this hypothesis, two waves of data were collected (N=43) from a large public hospital's behavioral health department in the winter of 2016-17, and again at 12 months. The choice ( $\alpha=.65$ ) and collaboration ( $\alpha=.81$ ) subscales of the Trauma-Informed Climate Scale, Allen and Meyer's (1990) measure of affective commitment ( $\alpha=.85$ ), and the burnout ( $\alpha=.65$ ) subscale from the Professional Quality of Life Scale were administered to staff. Cross-lagged panel analyses were conducted to test the hypothesis. The results indicated that the hypothesis was not supported, and that T1 commitment scores actually predicted T2 choice and collaboration. Through increased commitment to the organization, staff members experienced greater degrees of autonomy and participation in the organization's activities. Commitment may be conceptualized as both a determinant and effect of workplace experiences. Future research may develop strategies to increase the retention of participants across time in organizational settings.

### *Using Solution-Focused Skills to Create a Trauma-Informed Environment*

Samantha P. Koury, *University at Buffalo* (spkoury@buffalo.edu)  
Susan A. Green, *University at Buffalo* (sagreen@buffalo.edu)  
Denise J. Krause, *University at Buffalo* (dkrause@buffalo.edu)

Creating trauma-informed environments is critical to all service delivery systems given the high prevalence of trauma and adversity. There is a growing need for concrete skills and strategies in order to ensure that professionals and organizations effectively implement Trauma-Informed Care (TIC) in a way that fosters an environment of safety, trustworthiness, choice, collaboration, and empowerment. Due to the considerable theoretical overlap it has with TIC, solution-focused

practice can provide the specific skills and language that create trauma-informed environments. Solution-Focused Trauma-Informed Care (SF-TIC) considers TIC the “what,” or the overarching framework, and solution-focused techniques the “how,” as they provide concrete strategies for both organizations and professionals to foster the five values/principles of TIC. This presentation will demonstrate how specific solution-focused skills and language can be used to create trauma-informed environments. Concrete examples of how SF-TIC language can be used to elucidate the values/principles of TIC with staff, clients, students, the community, etc. will be given. Presenters will also share their successes and “lessons learned” when working with different systems of care implementing SF-TIC.

## *Traumatized and Triggered: An Exploration in Creating Trauma-Informed Field Education Opportunities*

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

Maria Picone, *Catholic Charities of Buffalo, Buffalo, USA* (maria.picone@ccwny.org)

Jamy Stammel, *BestSelf Behavioral Health, Inc., Buffalo, USA* (JStammel@bestselfwny.org)

Social work is a profession in which many students (and practitioners) have their own trauma histories. As students delve deep into difficult course content and witness challenging practice situations, social work education can be extremely triggering. This presentation will explore how field education and experiential learning can be particularly difficult for students with histories of trauma and highlight how agencies and field educators can create trauma-informed environments and opportunities for students. The presentation will explore the research in this field and spotlight two agencies’ efforts to create trauma-informed field placements for Master of Social Work (MSW) students. Catholic Charities of Buffalo and BestSelf Behavioral Health have both been at the forefront of adopting and implementing trauma-informed care in Western New York. Maria Picone (of Catholic Charities) has worked tirelessly over her 42-year career to incorporate trauma-informed principles into her work and leadership. Jamy Stammel has also been a committed proponent of trauma-informed treatment and philosophy at BestSelf Behavioral Health, a certified community behavioral health clinic in Buffalo, NY. Together with Katie McClain-Meeder (UB School of Social Work), this presentation will explore the challenges and importance of integrating the principles of trauma-informed care into field supervision and education.

## *Creating Trauma-Informed School Systems*

Thomas H. Nochajski, *University at Buffalo* (thn@buffalo.edu)

Travis W. Hales, *University at Buffalo* (thales@uncc.edu)

Schools that are trauma-informed recognize the pervasiveness of trauma and adversity within teachers, staff members, and students, understand how trauma impacts children, adolescents, and adults, and seek to incorporate this knowledge into daily educational practices. This knowledge is further utilized to inform school policies and procedures, provide a trauma-informed framework guiding the teachers’ interactions with students and staff, and to make changes to the physical environment, all in order to reduce the risk of re-traumatization while promoting healing

and growth. This presentation will describe the work that The Institute on Trauma and Trauma-Informed Care (ITTIC) has done to create trauma-informed schools as well as discuss the unique challenges of implementing and operationalizing trauma-informed approaches in schools. It will also cover the organizational assessments that may be implemented to assess school's readiness to change, the applicability and utility of trauma-informed approaches within school settings, school climate (i.e., staff's psychological perceptions of the school environment), and trauma-informed practices, policies, and procedures. It will be argued that incorporating assessment data into interventions significantly improves school's receptivity to the innovation and ultimately the success of its implementation.

## *Effect of Exposure to Traumatic Stressors on Clinical Presentation and Treatment Outcomes for Youth in Behavioral Healthcare Settings*

Braden K. Linn, *University at Buffalo* (bradlinn@buffalo.edu)

Catherine Dulmus, *University at Buffalo* (cdulmus@buffalo.edu)

Laura R. Maggiulli, *Hillside Family of Agencies, Inc., Rochester, USA* (lmaggiul@hillside.com)

Maria Cristalli, *Hillside Family of Agencies, Inc., Rochester, USA*

Youth in mental and behavioral health services (including child welfare) are an especially vulnerable population. Clinical reports suggest that they often come from fragile families, and are exposed to household dysfunction, trauma and violence, and neglect. Despite the existence of clinical reports, precise data on the rates of exposure to trauma and adversity and their impact on clinical presentation and treatment outcomes remains unclear. This investigation reports on the prevalence of exposure to ten different potentially traumatic stressors (such as abuse, neglect, and traumatic loss) and resulting clinical outcomes from youth serviced by a large youth and family agency in the United States (n=525). The most common exposure to traumatic stress was experiencing traumatic loss (40.4%), followed by witnessing domestic violence (27.8%), parent drug/alcohol use (27.8%), and emotional abuse (24.8%). Youth who reported exposure to traumatic stressors had significantly higher internalizing [ $F(1, 523) = 170.82, p < .000$ ] and externalizing symptoms [ $F(1, 523) = 249.69, p < .000$ ]. However, exposure to traumatic stress did not increase the likelihood of unsuccessful discharge. These results suggest that youth with exposure to traumatic stress have a more complex clinical presentation but are responsive to treatment efforts.

## **54. Determining Incompetence and Unfitness**

George Woods, *University of California, Berkeley* (gwoods@georgewoodsm.com) - Discussant

### *When is a Political Leader Unfit?*

Stephen Greenspan, *University of Connecticut* (stephen.greenspan@gmail.com)

The 25th amendment to the US Constitution provides a mechanism for removing a President from office if he or she is deemed “unfit,” but provides no clue as to how to define or assess unfitness. Strongly voiced concerns regarding the current President have caused many mental health experts to suggest that the mental health status of political candidates be vetted by psychiatrists. This presentation addresses three questions: (a) whether it is feasible or desirable for politicians to be vetted by mental health professionals? (b) how relevant and enforceable is the so-called "Goldwater Rule? and (c) what scientific or legal standards should be used to determine fitness? The answer to the first question is that it is anti-democratic for an educated elite to attempt to void the will of the electorate. The answer to the second question is that individual practitioners should be free to express their opinions. The answer to the third question, when considering that the 25<sup>th</sup> amendment was inspired by JFK’s massive head injury, is that finding an office holder unfit should be based on brain-based cognitive incapacity, rather than on something as amorphous and questionably valid as belief that they have a personality disorder or other mental illness.

## *Competency and the Revised ABA Mental Health Standards*

Elizabeth Kelley, Attorney-at-Law, *Spokane, USA* (zealousadvocacy@aol.com)

In August, 2017, the American Bar Association approved a document titled Mental Health Standards. The Standards contain best practices for all players in the criminal justice system: criminal defense lawyers, prosecutors, and judges. This presentation will discuss how the Standards might impact criminal defense lawyers in their decision to raise the issue of competency to stand trial. In particular, it will discuss the Standards in light of the practical considerations of whether there are some types of cases where competency should or should not be raised, what resources are available to a client if he/she raises the issues of competency to stand trial and at what cost, and what may be a conflict between assisting a client to become competent to stand trial and zealous advocacy in defense of that client.

## *Neuropsychology of Competency to Stand Trial*

Dale G. Watson, The Wright Institute, *Berkeley, USA* (watson.dale@comcast.net)

In the United States, the standards for competency to be adjudicated are dictated by *Dusky v. United States* and *Drope v. Missouri* and their progeny. To be competent, a defendant must be able to consult with counsel with a reasonable degree of rational understanding, to have a rational and factual understanding of the criminal proceedings, and to be able to meaningfully assist in his/her defense. These abilities include the capacity to weigh and evaluate evidence, to understand legal strategies, to have a realistic appraisal of possible outcomes, and make decisions as to whether to testify or not. Often determinations of competency revolve around issues of psychiatric illness. However, in cases of intellectual disability or brain dysfunction, cognitive and neuropsychological elements play a foundational role in understanding these issues. This presentation will present examples of the way that neuropsychological deficits can impact competency to stand trial with an emphasis on impairments of attention, memory, language, and executive functioning including self-regulation and abstraction capacities. Such an

undertaking does not replace a more direct inquiry into competency but does add to an understanding of functional capacities.

## **55. Developments in Legal Insanity in Europe and China**

### *Legal Approaches to Criminal Responsibility of Mentally Disordered Offenders in Europe*

Michiel van der Wolf, *University of Groningen* (vanderwolf@law.eur.nl)

The moral tradition of not holding the mentally disordered criminally responsible for certain offences seems to have similar roots across Europe in Hebrew and Roman law and Greek philosophy, while the church influenced its further development. However, the legal context and the national perspective on the contents of the tradition create a wide variety of doctrines and consequent assessment practices. This presentation will explain a few major distinctions in the legal approaches to criminal responsibility of mentally disordered offenders in European jurisdictions and its implications for assessment practice. First of all, differences in the 'form' of the responsibility doctrine are related to the context within criminal law and procedure, as well as the context within sentencing law and mental health law. Secondly, differences in the 'substance' of the responsibility doctrine are explained on three dimensions: the definition of insanity - legal versus medical competence -, the test of insanity - a general versus a specific relation between disorder and offence -, and the scale of responsibility - gradual versus dichotomous. In the presentation, the implications for the behavioural scientific disciplines that are generally asked to assess criminal responsibility will be discussed, as well as recent debates about the doctrine.

### *Legal Insanity and Forensic Services in Italy*

Stefano Ferracuti, *Sapienza Università di Roma* (stefano.ferracuti@uniroma1.it)

The assessment of imputability in Italy has undergone a progressive evolution. There has been a widening of the non-punishment in relation to the presence of mental disorders with increased responsibility of mental health workers in the management of people affected by mental disorders and offenders. The original position, in fact, allowed access to defence based on non-imputability almost only in the presence of very serious psychotic conditions (Schizophrenia or severe bipolar disorder), or overt dementias. In 2005 the Court of Cassation extended the possibility of non-imputability also to "severe personality disorders" if the crime is causally connected with the psychiatric pathology. The Court of Cassation has not affirmed that in order not to be imputable there is a need for the presence of a psychotic decompensation in the context of a personality disorder. To this decidedly more "psychological" perspective of non-imputability, the closure of the Forensic Psychiatric Hospitals and the transfer of competences

once delegated to the legal system to the national health system also increased the burden of duties on the psychiatric services. It is very doubtful that the territorial psychiatric services can cope with this extension of competences.

## *Legal Insanity: The Netherlands in an International Perspective*

Gerben Meynen, *Utrecht University* (g.meynen@uu.nl)

In this presentation, some characteristics of legal insanity in the Netherlands will be discussed. In the Dutch criminal justice system, insanity evaluations are usually ordered by the prosecution or by the court. Infrequently, the defence is raised by the defendant. In the standard case, the evaluation is performed by a psychiatrist or a psychologist, or by both a psychiatrist and a psychologist. A small minority of defendants are assessed by a multidisciplinary team in an observation clinic, the Pieter Baan centre in Utrecht. One characteristic of legal insanity in the Netherlands is that no legal standard specifies the criteria for an insanity plea. This is different from, for example, England, where the M'Naghten Rule provides the criteria for legal insanity. Another characteristic is that behavioural experts must render their explicit opinion about the defendant's (degree of) criminal responsibility. The presentation will discuss these and some other features of the Dutch system, also, albeit briefly, comparing them to Anglo-American jurisdictions.

## *Introducing Legal Insanity in Sweden*

Susanna Radovic, *University of Gothenburg* (susanna.radovic@gu.se)

Tova Bennet, *Lund University* (tova.bennet@jur.lu.se)

Under Swedish criminal law, individuals are considered legally responsible and liable for their intentional unlawful actions, regardless of their mental state at the time of the crime. Since the current Penal Code (1965) there has been no possibility of acquittal on the basis of legal insanity in the Swedish criminal justice system. The above does not mean that mental state is of marginal relevance in Swedish law. The mental state of the defendant plays a crucial role for the choice of sanction. The Penal Code prohibits the courts from sentencing an offender to imprisonment if the crime was committed under the influence of a 'severe mental disorder'. In cases where the defendant is found to suffer from a severe mental disorder, the court may commit him to forensic psychiatric care if, with regard to his mental condition and other personal circumstances, compulsory psychiatric care is called for. The court may not sentence a mentally disordered offender to imprisonment if the defendant: as a consequence of a severe mental disorder lacked the ability to understand the meaning of the act or to adjust their actions according to such understanding. Forensic psychiatric care is in those cases still a viable sentence.

## *Forensic Psychiatric Evaluation of Capacity for Criminal Responsibility and Ultimate Issue: China*

Hu JiNian, *China University of Political Science and Law* (hujinian@yahoo.com)

Forensic psychiatrists in China have traditionally been asked to evaluate the capacity for criminal responsibility. Since the early 1980's they are requested to examine suspected criminal offenders who were suspected of suffering from mental illness and therefore may have had impaired criminal responsibility. In those days the modern forensic psychiatric evaluation system was established in China. Recently, the criticism that forensic psychiatrists should not do this kind of evaluation but leave it to fact triers has become bigger in China. Critics partially based their arguments on the spirit of the ultimate issue article in Federal Rules of Evidence (FRE). In this presentation the developments in China will also be compared with the theoretical and practical differences in insanity defense in western countries, such as the U.S. In the presentation it will be argued that the current evaluation system should be maintained based on the principle that the evaluation system should match the basic criminal procedure system in a certain country.

## **56. Developments in Scottish Mental Health and Capacity Law and Practice**

*The Mental Health Tribunal for Scotland: The Views and Experiences of Patients, Named Person, Practitioners, and Tribunal members*

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

Michael Brown, *Queens University Belfast* (m.j.brown@qub.ac.uk)

Aisha Macgregor, *Edinburgh Napier University* (a.macgregor@napier.ac.uk)

In 2001, the Millan Committee recommended new mental health legislation that would be underpinned by principles that were patient-centred and human rights-based. It also recommended that a mental health tribunal be established as this was considered the most appropriate forum to ensure adherence to such principles. The Mental Health (Care and Treatment) (Scotland) Act (the 2003 Act) reflected these recommendations leading to the establishment of the Mental Health Tribunal for Scotland. The Tribunal has now been operational for over a decade and a wealth of data and experience therefore exists from which to evaluate its effectiveness. Such an evaluation of the role of the Tribunal is clearly relevant in terms of whether it is living up to its original policy and legislative objectives. It is also pertinent in light of significant human rights developments since the enactment of the 2003 Act, and structural and jurisdictional changes potentially impacting on such role. This presentation will discuss a Scotland-wide study currently being undertaken by Edinburgh Napier University and Queen's University Belfast which will evaluate how effectively the Tribunal is giving effect to the 2003 Act and developing human rights principles. Its findings are also likely to have relevance to other jurisdictions.

## *Can We Get There from Here? The Prospects for a New Legal Framework for Mental Health and Capacity in Scotland*

Colin McKay, *Mental Welfare Commission for Scotland, Edinburgh, Scotland*  
(Colin.mckay@mwscot.org.uk)

This presentation will outline recent trends in the use of mental health and incapacity law in Scotland and the focus on rights in the Scottish Government's mental health strategy. It will discuss whether the various reform initiatives underway, including reviews of incapacity legislation and of the place of learning disability and autism in mental health law, provide a basis for a coherent, rights-based legal framework, which reflects the aspirations of the UN Convention on the Rights of Persons with Disabilities. Particular challenges include how to develop a non-discriminatory approach to impairment of decision-making capacity, giving legal recognition to supported decision making, and reconciling the Article 12 requirement to maximise autonomy with the Article 16 requirement to protect people with disabilities from exploitation and abuse. The implications for Scotland of the 2018 review of the English Mental Health Act will also be considered. The key areas requiring resolution will be explored, including the interfaces between judicial and professional authority, treatment for mental and physical conditions, past and present wishes, and procedural and social and economic rights. The rights agenda in mental health will be considered in the context of the Scottish Government including in its National Performance Framework a commitment that 'We respect, protect and fulfil human rights and live free from discrimination'.

## *Health and Social Care Directorate, Scottish Government, Edinburgh UK*

Kirsty McGrath, *Equality, Engagement, CRPD, ECHR, Edinburgh, Scotland*  
(kirsty.mcgrath@gov.scot)

In 2009, the UK Government ratified the UNCRPD. The Scottish Government's commitment to meeting its obligations under the convention is demonstrated in its delivery plan 'A Fairer Scotland for Disabled People- a delivery plan to 2021 for the UNCRPD' - which was published in 2016. This plan seeks to enable and empower disabled people to live the life they choose and to participate equally in society. Of the many commitments in the plan, one is to review the Adults with Incapacity (Scotland) Act 2000, (AWI) with particular reference to looking at the policies on guardianship, and consider the circumstances in which supported decision making can be promoted. This presentation will discuss the approach taken by the Scottish Government to date in reviewing the AWI legislation and considering in particular the practical challenges faced in the promotion and delivery of effective support for decision making.

## *Understanding and Supporting Treatment Decision-Making Capacity in Psychosis: An Overview of Edinburgh-led Research on the Psychology of Decision-Making in Psychosis*

Paul Hutton, *Edinburgh Napier University* (p.hutton@napier.ac.uk)

Psychosis is associated with an increased risk of impaired treatment decision-making capacity ('capacity'). Patients who lack capacity report experiencing greater coercion from services, reduced autonomy, and their clinicians are less likely to use shared treatment decision-making. There is therefore a pressing need to improve both our understanding of capacity in this group, and develop safe and effective strategies to support it. In this talk, the progress of an Edinburgh-led research programme to develop such strategies, and the new theoretical model this work is based on, will be presented. The extent to which existing research supports this model will be reviewed, drawing on several systematic reviews and meta-analyses published by our group. New observational and experimental work which directly tests the central claims will be presented, as well as our planned programme of work. Finally, the implications of our findings for our current conceptualisation of capacity in psychosis, and interventions to support it, will be considered.

## *The Mental Health Tribunal for Scotland: Its Approach to Child and Adolescent Hearings*

Morag Jack, *The Mental Health Tribunal for Scotland* (mjack@scotcourtribunals.gov.uk)

The Mental Health Tribunal for Scotland became operational in 2005, having been established under the framework of the Mental Health (Care and Treatment) (Scotland) Act 2003. In 2011 the Tribunal invited existing Tribunal members, experienced in working with children, the opportunity to undergo specialist training with a view to setting up specialist Child and Adolescent hearings. The aim of the initiative was to respond to emerging features and challenges in the determination of applications for the compulsory treatment of those under the age of 18 years. This presentation will provide an overview of the Tribunal's approach to Child and Adolescent hearings since 2012, to ensure that hearings remain child-centred. The presentation will discuss one case study. The case highlights many of the challenges which can arise when dealing with young people and how the Tribunal responded to these; ensuring that the proceedings were concluded having regard to the principles which underpin the legislation and the overriding objective of the Tribunal Rules - to secure that proceedings are handled as fairly, expeditiously and efficiently as possible.

## **57. Difficulties with Profiling Lone Violent Actors: Under-Utilization of Evidence-Based Assessment**

### *Shakespeare on Security*

Harold Bursztajn, *Harvard University* (harold\_bursztajn@hms.harvard.edu)  
Daniella Keidar, *The University of Haifa* (keidaril@netvision.net.il)

As with much that is conflictual, Shakespeare illuminates the undiscovered country of security pitfalls and their prevention. Selected security themes will be explored with reference to what can be learned from his plays. The plays which will inform this exploration will include *Macbeth* (illustrated by the remarkable Mika Ninagawa interpretation) regarding the consequences of flight or fright concreteness, compulsivity, and constriction of imagination). Another Shakespeare's work which will inform our exploration will be *King Lear* (illustrated by the Grigori Kozinstev film production which featured Boris Pasternak's translation and Schostakovitch's score) which includes themes of how insecurity and fear can breed insensitivity and denial and unintended and tragic consequences. On the other hand, the *Tempest* (production to be specified) illustrates a model where reasonable precautions based on intelligence and temporal sensitivity are taken to address insecurity based on a traumatic history.

### *Forever Alone*

Andrew Nanton, *Oregon Health & Science University School of Medicine* (nanton@ohsu.edu)

Through a variety of web sites and social media, a disparate collection of angry young men has found a voice and a purpose. Fueled by a culture of perpetual adolescence and insincere reassurance of their endless potential (including the indirect promises from commercial marketing of sexual success) they have become jaded. In this way isolated disaffected youth, formerly isolated almost by definition, have been able to connect to one another about their disconnection from others via internet forums. This has taken the ironic form of a kinship about their loneliness and insecurity, often manifesting as a call to violence at the injustice of their lack of promised success, in ideologies such as "incel" (a portmanteau of "involuntary celibates"). Young men identified with this violently misogynistic ideology, such as Elliot Rodger, Alek Minassian, and Christopher Harper, have already been responsible for the deaths of 25 people. The Southern Poverty Law Center has identified the "incel" subculture as a hate group. The overlap between the theme of revenge for the powerless and the narratology of the power fantasy as emphasized by interactive media will be explored.

### *Difficulties with Profiling Lone Violent Actor: Under-Utilization of Evidence-Based Assessment*

Tyler G. Jones, *Oregon Health and Science University* (jonety@ohsu.edu)  
Gen Tanaka, *Oregon Health & Science University* (tanakag@ohsu.edu)

Identifying lone-actor violent offenders is difficult. The violent act itself it often out of the blue and predicated on actions that do not reach the radar of the judicial system. In addition, the post hoc-analysis is conducted under intense public, political, and temporal pressures. This reality lends itself to mistakes in identifying a motive or demographic of the offender. Inherent to such an analysis is a tendency toward certain cognitive biases based on historical offenders and known patterns, akin to “profiling” a likely serial homicide offender. This presentation will aim to discuss the strengths and weaknesses of such an approach. In contrast to a serial offender, lone actors tend to fly under the radar until the nodal event and often commit suicide or decline post detainment analysis. This lends itself to a highly speculative post hoc-analysis of their behavior. Profiling can definitely strengthen analysis but cognitive tunneling and closing one’s self off to information are the primary risks to avoid.

### *Differentiating Beliefs from Delusions in Lone Actor Violence*

Karl Mobbs, *Oregon Health & Science University* (Karl.Mobbs@dhsosha.state.or.us)

Forensic psychiatric analysis of the motivation for lone actor violence frequently leads the perpetrator down one of two tracks within the judicial system. The perpetrator may be perceived to be delusional and thus a case for leniency is made in pursuing an insanity plea. Alternatively, they may be identified as exhibiting an extreme belief which leads to a punitive approach. The delineation between psychosis and extreme beliefs is far from simple. Both require a longitudinal analysis of the culprit’s biology, schemas, influences, asocial, and social behavior. This analysis enables one to compare present with past behavior to discern similarities or differences that will tip the legal system towards one of the respective tracks. Such analysis is time consuming and often difficult given that this small rare sub-population tends to work alone and often presents a misanthropic world view. The episodic nature of mental illness, as opposed to the consistency of the personality disorder, can often be clarified with diligent attention to the appropriate data.

## **58. Disability and Criminal In/Justice**

### *Bringing the Convention on the Rights of Disabled Persons (CRPD) Together with the Convention on the Rights of Indigenous Peoples (UNDRIP)*

Constance Macintosh, *Schulich School of Law* (constance.macintosh@dal.ca)

Many countries are signatories to both the UN Convention on the Rights of Disabled Persons (CRDP) and the UN Convention on the Rights of Indigenous Peoples (UNDRIP). Although the CRPD makes reference to Indigenous persons with disabilities being subject to aggravated forms

of discrimination, and UNDRIP requires states to take special measures to support Indigenous peoples with disabilities, the scholarship on the intersection of these two instruments is scant. United Nations agencies that work either with persons with disabilities, or with Indigenous communities, have also treaded lightly in this area. This presentation will explore what it could mean to interpret these instruments together, and apply preliminary findings against situations such as mental health supports for incarcerated Indigenous persons who are over-represented and underserved within prison systems, and accessibility in First Nation communities where questions of Indigenous sovereignty and jurisdictional reach add further dimensions which must be engaged. These questions are particularly pertinent in the Canadian context, as the federal government has committed to ensuring that all of its legislation is consistent with UNDRIP, and is also undergoing a process of exploring accessibility legislation that would potentially apply within First Nation communities.

## *Specialized Courts and the Management of Complex and Mental Health Needs*

Paula Maurutto, *University of Toronto* (p.maurutto@utoronto.ca)

Kelly Hannah-Moffat, *University of Toronto* (hannah.moffat@utoronto.ca)

This presentation will examine innovations in how Canadian courts and community organizations are seeking to address the complex and mental health needs of individuals who come into conflict with the law. These individuals are more vulnerable to detention and arrest and are more likely to be remanded to detention facilities and custody for relatively minor offences. A number of specialized court models, including Community/Wellness, Mental Health, and Gladue (Indigenous) courts have emerged to manage those with mental health and complex needs. Each court has distinct practices for addressing those with complex needs. By comparing the legal processes and the forms of knowledge used across different courts, we observed how different judicial contexts influence understandings of risk and, in turn, how perceptions of risk reciprocally affect the type and management of sanctions for those that present with mental health and complex needs. Using national qualitative interviews from specialized courts, the presentation will examine 1) how courts understand and intervene upon the legal subject with mental health and complex needs, and 2) how legal provisions and community involvement shape court responses. Our data showed how risk and need information is adapted, modified, and tailored to fit within the legal parameters of specialized courts.

## *Advocacy and Activism: A Formidable Force for Change*

Patrick McGee, *Australian Federation of Disability Organisations, Melbourne, Australia* (thiswhisperinginourhearts@gmail.com)

Australians for Disability Justice is a national Australian campaign that advocates for changes to legislation policy and practice for people with disability involved in the criminal justice system. This presentation will highlight the role of the Activist in the context of Disability Justice and the powerful connections between Advocacy and Activism that can be harnessed to create powerful social, legal, and policy change. Australians for Disability Justice

Activism began in response to the specific conditions of individuals. Talking about their situation in public gave others experiencing detention and systemic injustice the chance to share the stories by attachment to a larger conversation. This sharing was therapeutic but also led to a national picture emerging through narrative that was then developed into a national policy position supported by a developing research agenda. By 2014 this ad hoc advocacy work had become a systemic coordinated advocacy campaign by which to talk about people with disability in the criminal justice system. A conversation that had not occurred in the national space.

## *The Operation of Trespass Legislation and the Erasure of Persons with Mental Health Disabilities*

Tess Sheldon, *University of Windsor* (tess.sheldon@uwindsor.ca)

Who gets to use public and semi-public space? Who belongs? Hidden from view, persons with mental health disabilities are systemically excluded from their communities. Trespass legislation has a disproportionate impact on persons with mental health disabilities, operating as a displacement tactic, inspired by neoliberal agendas and colonial conceptions of property. The presentation will explore the utility of statutory human rights legislation to challenge mental health profiling by security staff in shopping malls. It will also explore the application of constitutional law to the issuance of trespass orders to homeless persons with disabilities. There are troubling barriers to challenging the discriminatory issuance of a notice pursuant to trespass legislation. The presentation will chart the limits and possibilities of statutory human rights, civil, and constitutional law to challenge the erasure of people with disabilities from public and semi-public spaces. It will conclude with a critical evaluation of law's utility to confront the systemic exclusion of persons with disabilities.

## *Disabling Solitary: The Promise and Pitfalls of Disability Rights Litigation as Anti-Carceral Tool*

Sheila Wildeman, *Dalhousie University* (sheila.wildeman@dal.ca)

The past two decades have been marked by increased social and political (and scholarly) prominence of the movements for prison abolitionism and for abolition of disability-based deprivation of liberty. Both movements seek to transform the material and ideological conditions through which systems of confinement and control come to appear necessary. Both give rise to difficult questions about what it would take to construct an alternative system of just relations rooted in responsive and equitable distribution of social and economic supports. In recent years, critical disability scholarship has been brought into fruitful conversation with anti-carceral studies, giving rise to important synergies as well as tensions. This presentation will explore those synergies and tensions in light of a recent string of successful legal challenges to solitary confinement in Canadian prisons. It asks: is it possible to litigate solitary confinement in a manner that is conducive to anti-carceral remedies? Noting the complex interactive forms of oppression marking the lives of prisoners who are most vulnerable to solitary – patriarchal,

colonial, racial, and class-based in addition to disability-based oppressions -- it inquires into the promise and pitfalls of disability discrimination as anti-carceral tool.

## **59. Disability and In/Equality**

### *Progressive Implementation, Caseplanning, and Conceptual Challenges to CRPD Realization*

Terry Carney, *University of Sydney* (terry.carney@sydney.edu.au)

Reconfiguration of access to resources to support people with disability under neoliberal governance and personalization reforms heighten the importance of equality and other principles contained in the Convention on the Rights of Persons with Disabilities (CRPD), but its implementation has been slow and domestic law and policy also struggles to adjust to the new context. This presentation will explore possible reasons for lack of purchase of the CRPD and domestic law in setting priorities. It will engage issues associated with complex caseplanning such as Australia's National Disability Insurance Scheme (NDIS), the challenge of realizing CRPD safeguarding obligations within informal care and support arrangements, and the meeting of conceptual challenges of fostering relational autonomy and minimizing vulnerability in settings such as dementia care. The presentation will argue that in addition to conceptual limitations of overly broad and vague conceptions such as the equality principle of the CRPD or theoretical conceptions of vulnerability, a significant contribution stems from the lack of fitness for purpose of law in addressing social issues.

### *The Meaning of 'Discrimination'*

Peter Bartlett, *University of Nottingham* (Peter.Bartlett@nottingham.ac.uk)

Debates on CRPD compliance are based on differing understandings of what 'discrimination' means. This presentation will explore these differences in the light of General Comments 1 (Equality before the Law) and six (Equality and Non-Discrimination), and the overarching objectives of the CRPD. The presentation explores how far a different approach may be taken by law and policy into decision-making regarding people with psychosocial and developmental disabilities, what 'reasonable accommodation' means, and how all this is to be understood in terms of the compulsion of people with psychosocial and developmental disabilities.

### *Developing Supportive Environments: Critical Realism, Relationality, and Legal Capacity*

Amanda Keeling, *University of Leeds* (a.keeling@leeds.ac.uk)

Article 12 of the UN Convention on the Rights of Persons with Disabilities has moved the focus of capacity law from the assessment of individual's mental capacity, to the support networks in

which they make decisions and to a more relational understanding of legal capacity. In doing so, it poses a significant challenge to established protective legal frameworks, which have positioned certain groups as ‘vulnerable’ to harm and given agents of the state powers to intervene. Empirical work conducted in 2014 by the author has suggested that existing social work practice with ‘vulnerable adults’ can have the paradoxical effect that social work practice designed to protect people can in fact open them to future exploitation or abuse. This is due to practice which can marginalize the individual from the decision-making process, removing their agency and it is argued that social work practice should be refocused to create ‘supportive environments’, where an individual’s legal capacity can be fostered and developed. However, this raises questions of what a ‘supportive environment’ for legal capacity looks like, and what constitutes ‘good’ and ‘bad’ support. This presentation will describe a normative framework for a supportive environment, bringing together critical realist ethics and relational approaches to autonomy and vulnerability.

## *Ownership Type and Quality of Care in U.S. Residential Facilities for the Intellectually and Developmentally Disabled*

Alison Morantz, *Stanford Law School* (amorantz@law.stanford.edu)

Following the closure of large state hospitals in the US, which in official parlance are classified as “Intermediate Care Facilities for Individuals with Intellectual Disabilities” (ICF-IIDs), many individuals with severe intellectual and developmental disabilities have resided in smaller, community-based ICF-IIDs funded by the same federal Medicaid program. These facilities exhibit considerable heterogeneity, with private for-profit facilities operating alongside ones that are non-profit or government-owned. Using a national study, we examine whether ownership type predicts differences in facility-level outcomes that at least arguably correlate with the quality of care. The two measures we regard as the least vulnerable to bias – the frequency of regulatory citations and the frequency of complaints – suggest strongly that for-profit facilities underperform *both* government-owned and non-profit facilities. The other metrics examined tell a far more complex story that sheds little light on quality differences *per se*, but underscores the need for better data and further empirical scholarship in this neglected field. In particular, the importance of reducing the susceptibility of national datasets to reporting bias, obtaining more detailed data on the characteristics of ICF-IID residents such as comorbid mental illness and (self-)injurious behaviors, and linking facility-level datasets to individual outcomes that can be tracked over time, cannot be overstated.

## *Support to Exercise Rights: A Participating Action Research Establishing Forums on the UN CRPD*

Benoît Eyraud, *Université de Lyon* (benoit.eyraud@msh-lse.fr)

The participation of persons with disabilities in the activities taking place in their communities is a major challenge for democratic life and current public policies. Due to the fact that Article 12

of the UN Convention on the Rights of Persons with Disabilities provides that the legal capacity of persons must not be restricted, the Convention has set in motion a new debate focusing on the challenge to access rights in the French context. The “Capdroits” project is a contribution to this debate, launched with the support of a significant number of institutional and non-profit sector partners. It has a three-fold objective: Foster the participation of persons with disabilities in debates on issues which first and foremost concern them directly; promote the acceptance of their contributions by relevant academic researchers and public authorities; and shed new and experience-based light on how these persons may exercise their rights. The method has consisted of “establishing forums” to discuss experiences and expertise related to the difficulties in exercising rights. To enter into the discussion on these issues, forums participants shared their stories involving problematic situations. A certain number of these stories were selected for further interpretation, followed by an analysis. The presentation will give the main results of this project.

## **60. Disjointed: A Primer on Cannabis and Update on Current Research**

### *Cannabis for Anxiety Disorders - Systematic Review & Meta-Analysis*

Anees Bahji, *Queen's University* (0ab104@queensu.ca)

Dr. Emily Hawken, *Queen's University* (hawken@queensu.ca)

Dr. Arthi Chinna Meyyappan, *Queen's University* (14acm@queensu.ca)

In recent years, cannabis has gained increasing popularity for use in the treatment of a variety of medical disorders. As well, many patients swear by it as a potential ‘cure-all’ for a variety of ailments. However, there has been a dearth of high-quality research measuring the effectiveness of medicinal cannabis for psychiatric disorders, such as anxiety and mood disorders. Identifying the evidence base for the effectiveness of cannabis for psychiatric disorders is an important way to address controversies in claims, and in supporting patients who struggle with serious mental disorders. Our study aims to identify the available literature on the use of cannabis for the treatment of anxiety disorders by way of a systematic review and meta-analysis. A total of 3300 citations were identified from six online databases. After screening and full-text review, 35 articles met inclusion criteria for the meta-analysis. This presentation will review the results of the meta-analysis in order to inform the audience on the potential benefits and risks on the use of medicinal cannabis for the treatment of anxiety disorders.

### *The Neurobiology of Cannabis*

Matthew Pierce, *Queen's University* (16mjhp@queensu.ca)

Cannabis is the most commonly used illicit substance in the world and has recently gained significant social acceptance. As legalization is becoming increasingly common (Canada and

many US states as examples), important public health implications have arisen. However, the future remains unclear, particularly with regard to the impact on psychiatry and mental health care. Fundamental to guiding legislation, patient education and treatment is an understanding of the neurobiology of cannabis and related disorders. In this presentation, the general principles of how cannabis interacts with the brain will be discussed as well as its role in psychosis and addiction. Cannabis has an important role in the development of psychosis with the amount and type of cannabis consumed being closely correlated with levels of psychosis. The recognition of Cannabis Use Disorder is crucial in understanding the factors that can contribute to patient engagement and treatment as it relates to psychosis. The historical context of cannabis will also be incorporated.

## *Cannabis: from the Paleolithic Era to the 21st Century*

Anthi Stefatos, *Queen's University* (16as96@queensu.ca)

*Cannabis sativa* is one of the earliest plants cultivated by man, with archaeological evidence placing it in Czech Paleolithic sites. As early as 12000 years ago, its purpose was to be used in cordage and textiles, and its psychoactive effects may have been incidentally discovered with accidental burning of the plants. It was later used in religious rites of Buddhists and Hindus to facilitate communication with spirits. Its medicinal properties were first described in the Chinese Pharmacopoeia where cannabis was recommended for the treatment of malaria, rheumatism and fatigue; its medical benefits were later included in Assyrian, Egyptian, Ancient Greek, and Roman scriptures. Although the psychoactive properties were well known in Asia for centuries, it is not until 1840 that a French physician described hallucinations and delusions linked to the use of cannabis. In the twentieth century, due to its psychoactive effects, cannabis began to be prohibited, particularly in the United Kingdom and the USA. In the late 1900s, with a spike in its recreational use, research on the subject re-emerged and synthetic ligands to the cannabinoid receptors were discovered. Its evidence for use in medicine and psychiatry has increased substantially, leading to a political debate about its legalization. This history is reviewed in this presentation.

## *Non-psychiatric Medical Uses of Cannabis*

Christina Moi, *Queen's University* (13cm89@queensu.ca)

“Medical Marijuana” is a common term that describes the use of cannabis, cannabinoids, or cannabis products recommended by physicians for the treatment of a patient’s physical or mental health condition. Some non-psychiatric uses often cited include nausea and vomiting (particularly that induced by chemotherapy), multiple sclerosis (MS), epilepsy, movement problems, pain, and improvement of appetite in patients with HIV/AIDS. As the use of medical marijuana gains acceptance in the medical community, becomes more readily available, and increases in popularity amongst patients, it is important to understand and evaluate the evidence surrounding the use of marijuana for medical purposes. According to the Canadian Tobacco, Alcohol and Drugs Survey, 3.6 million (12%) of Canadians used cannabis in 2015, of which 24% said they used cannabis for medical reasons. In this presentation, the evidence for and

against the use of marijuana for non-psychiatric conditions will be explored, as well as its safety, efficacy, and the short- and long-term effects of its use.

## *Clinical Implications of Legalization of Cannabis in Canada*

Amanda Richer, *Queen's University* (a.richer@queensu.ca)

Cannabis is the second most used substance in Canada, second to alcohol. Legalization on October 17, 2018 made Canada a global research leader in this area. It also ended criminalization of people who use cannabis, lessening the burden on the courts and hopefully improve the health of Canadians due to regulation of the quality and safety of the product. However, we predict that with legalization, there may be more widespread use due to availability and increased social acceptability. Individuals may overestimate the safety of cannabis and this may have impacts on our health care system. Notwithstanding the physical health risks, we know that cannabis use can be linked to acute psychotic symptoms in those who are vulnerable as well as cognitive impairments similar to those seen in schizophrenia. Furthermore, youth's developing brains may be particularly vulnerable to the effects of cannabis and people who become heavy users may develop mental health problems including substance dependence and cannabis use disorder. We predict that legalization of cannabis will further increase utilization of mental health resources, including emergency room visits and use of treatment programs, which are already overburdened.

## *Adolescent Cannabis Use and Depression*

Stephanie Emmanuel, *Queen's University* (16se12@queensu.ca)

Cannabis is the most commonly used substance of abuse among adolescents, with nearly 4.4 million Canadians aged 15 and older reporting past year cannabis use (CTADS, 2017). Although used by many with the goal of reducing anxiety and depression, there has been little credible research about the benefits of cannabis in the treatment of these disorders. In contrast, recent studies have demonstrated a relationship between the use of cannabis in adolescence and the development of anxiety, depression, and suicidality. Extensive research has also shown that frequent cannabis use can negatively impact the developing brain, resulting in neurocognitive impairments in attention and memory. These findings are of increasing importance given the current potential public health implications associated with the recent legalization of cannabis in Canada. In this presentation, the effects of cannabis on the developing brain will be reviewed, in addition to exploring the relationship of cannabis use in adolescents and the potential development of depression and suicidality in young adulthood.

## **61. Domestic Violence**

## *Trauma Recovery and Empowerment Model (TREM): Group Treatment for Survivors of Domestic Violence*

April Bee Dirks, *Mount Mercy University* (adirks@mtmercy.edu)

Trauma Informed Care is a first-rate treatment protocol for serious assault and trauma that is experienced during episodes of domestic violence. This presentation on the topic of Trauma Informed Care for survivors is an in-depth review of the treatment method. Techniques for treatment of survivors with PTSD and secondary trauma will be reviewed as well as an exploration of group treatment methods. The Trauma Recovery and Empowerment Model (TREM) is an evidence-based group treatment method that has been found effective for treating women with histories of sexual and physical abuse. Group treatment models are effective because a main principle of Trauma Informed Care is that a survivor needs to be respected, informed, connected, and hopeful regarding their own recovery. The TREM approach is an application of Trauma Informed Care in a group therapy setting that highlights the importance of building trust, confidence, and connecting with others who have also experienced similar trauma. Resilience and group treatment are important aspects of treating abuse survivors.

## *Attributions for Violent Behaviours by Intimate Partners*

Paula Sismeiro Pereira, *Polytechnic Institute of Bragança, Bragança, Portugal*  
(paula.sismeiro@gmail.com)

For some decades the study of attributions for violent behaviour was a relevant branch of research in intimate partner violence. Some of those studies questioned the socially well-established idea that women provide acceptable explanations for their own violent behaviour, while men provide self-serving attributions. Despite the promising avenue to the understanding of intimate partner violence, this field of research is not receiving broad attention. Those studies have mostly a quantitative approach. This presentation uses a qualitative approach to explore self and hetero attributions for the violent behaviour between men and women convicted by intimate partner homicide. The data was gathered through individual in-depth interviews, collected in jail during the time of sentence serving. At research time men had served a mean of 45 months in prison (SD= 8,11), while women had served 90 months (SD= 30,02). Data analysis focuses on the appraisal of self-motives for violence, and on attributions of responsibility. For relationships marked by mutual violence, partner's motives were analyzed. Male and female explanations for violence will be compared and discussed in connection with emotions experienced and related behaviour.

## *Psychologically Informed Interventions for Intimate Partner Violence*

Nicola Graham-Kevan, *University of Central Lancashire* (Ngraham-kevan@uclan.ac.uk)

Gendered models of Intimate Partner Violence (IPV) have been largely unsuccessful in engaging

IPV perpetrators or reducing their reoffending. A program developed by applying both empirical and clinical research findings was therefore developed. The program, Inner Strength, has been piloting at a medium secure prison since 2012. There has been a total of 96 perpetrators who have enrolled in this program at this time. Attrition is usually between 35-40% in perpetrator programs in the UK; Inner Strength, however, has a 91% completion rate. In 2014, reoffending rates were explored amongst those released. UK rates of reoffending, as well as prison-based risk assessments, would predict a 35% reoffending rate within six months of release. There was no evidence of any reoffending (either domestic violence or other offences) from any of the cohort. Neither was there any evidence of police call-outs to incidents involving domestic abuse. Data from 2018 is currently being updated and will be presented. Results from pre- and post-program psychometrics suggest that enhancing emotional self-efficacy may be the ‘active ingredient’ in the success of this program.

## *Criminalising Psychological Abuse: Coercive Control and New Family Violence Offences*

Marilyn McMahon, *Deakin University* (marilyn.mcmahon@deakin.edu.au)  
Paul McGorrery, *Deakin University*

New criminal offences introduced in England in 2015 and in Scotland and Ireland in 2018 criminalise non-physical abuse in the context of certain family relationships. These laws criminalise repeated or persistent conduct that causes, or is intended to cause, psychological or economic harm without necessarily requiring that a victim sustain physical injury or fear death or serious physical harm. They are designed to protect the human rights of victims by addressing gaps in the criminal law that permitted significant harmful activities previously to go unpunished. The offences construct non-physical abuse in distinctive ways, essentially prohibiting behaviour that ‘coercively controls’ a victim by humiliating, degrading, isolating, and/or monitoring them. This significant extension of the criminal law applies to certain current or past familial relationships and supplements other laws that penalise physical assault, stalking and other offending. In the context of the ongoing debate about how best to tackle the problem of family violence, this presentation will explore the significant issues – theoretical and practical – raised by these new laws.

## *Critical Reflections on a Randomized Controlled Trial Intervention for South African Women Experiencing Intimate Partner Violence in Pregnancy*

Courtenay C. Sprague, *University of Massachusetts Boston, USA* (courtenay.sprague@umb.edu)  
Nataly Woollett, *University of the Witwatersrand, School of Public Health, Johannesburg, South Africa* (woollettn@gmail.com)  
Abigail Hatcher, *University of the Witwatersrand, School of Public Health, Johannesburg, South Africa* (abigail.hatcher@wits.ac.za)

Violence against women constitutes a significant global health and social problem. Prevalence of

intimate partner violence (IPV), defined as behavior by a current or previous partner that causes psychological, physical or sexual harm, affects an estimated 30% of women, globally. IPV in pregnancy is associated with increased risk of miscarriage, premature delivery and low birth weight. Long-term consequences for women include HIV, chronic pain, anxiety, post-traumatic stress disorder, depression and low self-esteem. An estimated 25%-35% of South African women experience physical or sexual violence in pregnancy. While research on IPV interventions in health systems is increasing, health system responses to IPV remain poorly understood, particularly in the low-and-middle-income countries. We draw upon the theoretical construct of agency to present a critical reflection on the implementation of a RCT in Johannesburg (2011-2016) for women experiencing IPV in pregnancy. Lessons learned have the potential to inform other settings. They encompass: (i) the level, type and influence of provider training and supervision on the agency of health providers to respond to IPV; (ii) the process of developing and refining referrals to extra-clinical services, e.g., psychological support and legal aid; and (iii) use of specialty-trained IPV staff to enhance institutional agency to address IPV.

## **62. Drugs: Alternatives to Criminal Justice Measures**

### *Understanding Emerging Adults in Drug Treatment Court: Short- and Long-Term Consequences*

Michael Fendrich, *University of Connecticut* ([michael.fendrich@uconn.edu](mailto:michael.fendrich@uconn.edu))  
Thomas P. LeBel, *University of Wisconsin-Milwaukee* ([lebel@uwm.edu](mailto:lebel@uwm.edu))

Drug Treatment Courts (DTCs) continue to thrive as a mechanism for diverting drug involved criminal justice system clients. Surprisingly little is known about how emerging adults differ from older DTC participants in their backgrounds, experiences in the program, completion rate, and recidivism after completing the program. We compared emerging adults who were 18-29 years (n=206; or 48.6%), to those 30 and older (n=218 or 51.4%) at admission to a Midwestern DTC during years covering 2009-2015. Compared to older adults, emerging adults were significantly more likely to be White, non-Hispanic, heroin/prescription opioid users, and intravenous drug users with an overdose history, and had less extensive criminal histories. While in the program, emerging adults had more difficulty following rules and completing phases. In analyses employing multinomial logistic regression, emerging adults were significantly more likely to be terminated from the program as opposed to being graduates with no arrests. Likewise, emerging adults were significantly more likely to be graduates with subsequent arrests as compared to graduates with no arrests. These differences at baseline, while navigating the program, and at post-graduation suggest that the orientation of DTC's may be problematic for emerging adults and that changes need to be made to improve success rates.

### *The Family Drug Court Model Standards: Advancing Implementation Science in Treatment-Oriented Child Welfare Courts*

Margaret H. Lloyd, *University of Connecticut* (margaret.lloyd@uconn.edu)

Families with parental substance use disorders (SUD) are over-represented in the child welfare system, and families face bleak outcomes, including more time in foster care and reduced chances of reunification compared to families without parental SUD. The goal of family drug courts (FDC) is to improve outcomes for these families, and two decades of FDC research suggests that goal is being met. However, variability in effectiveness exists across courts, in part due to a lack of standardized model practices. Responding to this gap, the Office of Juvenile Justice and Delinquency Prevention will soon release the National Family Drug Court Model Standards (“Model Standards”). The Model Standards enumerate characteristics of family drug courts that, in previous research, outperform non-FDC courts on outcomes of interest. The Model Standards also reflect FDC-relevant research from SUD treatment, criminal drug courts, and organizational psychology. This presentation will discuss the Model Standards, including the scientific literature underlying each Standard and common implementation issues in the field. Publication of the Standards offers an opportunity to improve the operations of existing family drug courts, spur second generation FDC research, and provide interested judges and communities with a clear understanding of the mechanisms that reunite families in recovery.

### *Drug Courts’ Conceptual Elements from the Therapeutic Jurisprudence Point of View*

Daniel Pulcherio Fensterseifer, *Universidade Regional Integrada do Alto Uruguai e das Missões* (danielpulcherio@uri.edu.br)

Drug Courts have been developed in many countries and have produced results which many people consider satisfactory. However, the focus has been given to its practical issues, while a few relevant theoretical approaches have been forgotten. The absence of a conceptual construction may weaken the goals of Drug Courts, by developing programs that have the name of drug court but neglect its principles. Using intertextuality theory, we performed literature reviews as well as interviews with potential participants in a region located in the South of Brazil. Readings and interviews were done from the Therapeutic Jurisprudence point of view. This presentation suggests that Drug Courts are an opportunity of make the participant aware of his relation with drugs and criminality. The program, necessarily, will count on professionals from different areas; the priority is on the individual damages reduction; it must avoid punishment and traditional criminal procedure; it must provide treatment for all kinds of drugs; it must focus, mainly, on persons with substance use disorders; entering criterion must not be established only on the type of the committed crime; it has traces of criminology of social defence and social control, although there are huge elements of critical criminology; and it should not discuss the pertinence, or not, of decriminalization of drug consumption.

## **63. Effective Assistance of Counsel: How Best to Investigate and Present Evidence of Serious Mental Illness in Criminal Cases**

## *From Start to Finish: How to Best Present Evidence of Serious Mental Illness in Criminal Cases*

Lyn Gaudet Kiehl, *MINDSET consulting group, Albuquerque, USA* (LKiehl@mrn.org)  
Jason P. Kerkmans, *MINDSET consulting group*

In the United States fundamental legal doctrine requires the focus of the criminal justice system to be on due process or fairness rather than on truth. Coupled with the underlying retributive philosophy of the U.S. justice system, any investigation into a defendant's mental health is not done independently by the court (as in many other countries) but must be undertaken by the defense team. Such an investigation, specifically with respect to the presence of psychosis, is paramount in ensuring that the defendant's interests are adequately presented and protected in pre-trial negotiations and at all stages of a criminal trial. In criminal cases involving defendants with serious mental illness, an effective presentation of mental health evidence is not limited to expert reports and testimony but should inform an attorney's approach to all interactions within the case. Considerations of the audience (e.g., opposing counsel versus the court versus the jury) should dictate the type of information presented and the level of explanation and detail provided. Case examples of effective and ineffective presentations of mental health evidence will be discussed.

## *Explaining Psychosis to Non-Clinicians*

Jeffrey Christopher Rouse, *University of New Brunswick* (jrouse@tulane.edu)  
John W. Thompson, *Tulane University* (jthomps3@tulane.edu)

By training and experience, clinical and forensic psychiatrists are intimately familiar with the reality distortions central to psychotic illness and how these perceptions have a profound impact on a patient's ability to function on multiple levels. However, this understanding is less familiar to key members in the criminal justice system who may encounter persons with such illness. Conveying this understanding rapidly to non-mental health professionals is a learned skill and is critical for the criminal justice system to make informed and accurate decisions regarding offenders with mental illness. The most effective forensic psychiatrists are able to educate law enforcement, attorneys, judges, and juries as to what it is actually like to suffer from psychotic illness. This presentation will discuss a number of different unique strategies—including virtual reality simulations that mimic the experience of hallucinations and novel ways to explain what it is like to operate within a delusional belief system—that can be used as teaching tools for educating stakeholders as to what it is really like to experience psychosis. In addition, potential strategies for selecting jurors more amenable to understanding psychosis during *voir dire* will be discussed.

## *Neuroscience of Serious Mental Illness*

Kent Anthony Kiehl, *The University of New Mexico* (kkiehl@unm.edu)

The goal of any type of forensic assessment is to gather the most relevant and accurate information possible so that legal decision makers can make the most informed evaluations about individuals within the criminal justice system. The premise of the field of neuroscience and law is that because the brain is the source of our perceptions, emotions, decision-making, actions, etc. when we want to study human behavior, we are really interested in the study of brain structure and function. Neuroimaging techniques provide a way to measure brain structure and function and have tremendous potential to provide relevant objective information regarding individual's mental health. This presentation will include a history of the early science in this area and the early cases that used neuroimaging data to support diagnoses of mental illness, how the field has evolved to the present day where neuroimaging data can be used to not only distinguish patients from healthy control subjects but also distinguish between subtypes of mental illness, as well as the important role neuroimaging data can play in comprehensive forensic mental health assessments.

## *Evaluating and Discussing Neuropsychological Profiles*

Antoinette McGarrah, *Consulting Psychologist, Dallas, USA*  
(dr.mcgarrah@mgarrahantx.com)

There has not been a lot of research performed on mass murderers. What research does exist, shows that mass murderers have an increased likelihood of psycho-social stressors, psychiatric issues, and head trauma. Yet, the association between neurocognitive ability and mass murder is one area where the forensic sciences are increasingly interested in reviewing. A sub-class of mass murderers, distinguishable by the degree of relationship between the murderer and the victims, can be even more central to forensic evaluations. Research indicating that mass murderers may possess the cognitive ability to engage in preventative or rehabilitative efforts, and that sub-typing based on the degree of victim relationship, is ongoing and will be discussed. Ultimately, utilizing this research in evaluating both alleged and convicted murderers in forensic settings will have an increasing place in the United States' criminal justice system. Effectively being able to convey distinctions among these differing types of murderers and relating how cognitive testing evaluations fits into the justice system for each will also be presented.

## **64. End of Life Decisions in England and Wales**

### *The Right to Request the Ending of a Life: Who Decides?*

Lisa Claydon, *The Open University* (lisa.claydon@open.ac.uk)

This presentation will look at the request by those suffering from severe disabilities or terminal illnesses in England and Wales to be allowed assistance so that they may die at a time and in a manner of their own choosing. It will consider the treatment of the case of Tony Nicklinson in some depth and look at the differing opinions given by Supreme Court Justices as to how Nicklinson's claim to be permitted to decide when his own life should be treated. Tony

Nicklinson was not able to move as he suffered from Locked in Syndrome. He was only able to communicate his wishes with difficulty, but was adamant that he wished to be assisted to die. The presentation will consider how advances in neuroscience and our understanding of the brain has facilitated the ability to communicate and it will consider how Lord Neuberger opinion as to how new technologies might assist in granting claimants, in such cases, the autonomy they seek.

## *Assisted Suicide: Circumscribing 'Dignity' in England and Wales*

Elena Roxana Tudosie, *The Open University* (elena.tudosie@open.ac.uk)

This presentation highlights the available options for individuals who wish to end their life with dignity in England and Wales. It outlines the ways in which patients and individuals with certain medical conditions are able to access a less painful end of life and a more comfortable death under the current system. It considers the implications of palliative care and the principle of double effect. The presentation questions the adequateness of options by looking at the individual's perceived dignity at the end of life. This is achieved by considering current case law challenging existing legislation and assessing the reasons behind the claimant's wishes for a legal right to die. The presentation will investigate the notion of personal autonomy as the basis for a need for an exception from the blanket ban on assisted suicide. In this way it considers whether the status quo continues to be morally justified as a necessary measure to protect the vulnerable. It culminates by asking whether a different system would be capable of meeting the current needs by implementing a safe right to die with dignity.

## *A Life-or-Death Decision: Determining the Best Interests of a Minimally Conscious Patient*

Stephanie Mary Pywell, *The Open University* (stephanie.pywell@open.ac.uk)

This presentation outlines how the courts of England and Wales decide whether adults who are in a minimally conscious state should be allowed to die 'naturally' by withdrawal of the artificial nutrition and hydration that is keeping them alive. It outlines the main characteristics of the minimally conscious state, then summarizes the law, which requires that the decisions in such cases should be determined in patients' best interests. The presentation goes on to review some recent cases, including one that clarified when a court hearing is necessary. It identifies some of the problems involved in ascertaining what a patient's best interests are when the patient is unable to communicate in a conventional way. It goes on to question the law's differing approaches to patients in the minimally conscious and 'vegetative' states, and identifies, in the light of very recent medical evidence, some of the problems that can arise in differentiating between these two states.

## *Should Court Approval be Sought When Withdrawing Life Sustaining Treatment from Adults Without Capacity?*

Adam Tanner, *The Open University* (adam.tanner@open.ac.uk)

This presentation will outline arguments as to why court overview and approval of cases concerning the withdrawal of life-sustaining treatment from patients who lack capacity in England and Wales should be retained in some form. It outlines the history of court powers in relation to adults who lack capacity and summarizes the current standing of the law in England and Wales. The presentation will further address a series of recent cases from the past two years and look at how they fit within the broader history of the law. The presentation also addresses the arguments for a continued role for the court; including medical evidence concerning rates of misdiagnosis, lack of clinical training, and understanding. This will also go on to question the standing of the Code of Practice in light of the most recent Supreme Court decision; it will further argue for a minimum safeguard in the form of a ‘fast-track’ process for patients whose clinicians and families are in agreement.

### *Ascertaining the Wishes of Some Patients in Minimally Conscious States: The Need to Change Legal Approaches*

Paul Catley, *The Open University* (paul.catley@open.ac.uk)

Under English law individuals who are competent can refuse treatment – even life-sustaining treatment. Individuals who anticipate that they may one day lack capacity to make decisions can make advance decisions with regard to their future treatment. Under the Mental Capacity Act individuals must be assumed to have capacity unless it is established that they lack capacity and all practicable steps have been taken to help the patient make a decision. Where a patient lacks capacity the best interests test has been interpreted by the courts as involving, inter alia, an assessment of the patient’s wishes and feelings and an assessment as to whether the patient is in pain. The courts have assumed that patients in minimally conscious and vegetative states have no capacity and can neither communicate their wishes nor whether they are in pain. Neuroscientific research challenges these assumptions. The presentation will call for a change of legal practice to recognize that the wishes of some patients can be ascertained and should be taken into account.

## **65. Enhancing Health Care Curricula with Forensic Concepts**

### *Developing a Victimology Course for Health Care Providers: Incorporating the Essential Elements to Improve the Quality of Care and Legal Outcomes of Victims*

Theresa Marie Fay-Hillier, *Drexel University* (tmf28@drexel.edu)

In 2016 there were 5.7 million violent victimizations or 21.1 per 1,000 persons victimizations

experienced by United State (U.S.) residents. The economic burden in the U.S. related to victimizations exceeds \$194 billion annually. Often victims who have encounters with healthcare providers identify being treated poorly with some being further victimized as a result of the encounters. Most health care educational curriculums do not include information on working therapeutically with victims. Victimology is a discipline which views the victim, the crime, the perpetrator, and the law in a social/environmental context. This presentation will focus on the development of a victimology course for healthcare providers and the key elements included in the course. Additionally the presentation will provide attendees with information on how the course has evolved over the past several years and modalities used to engage the students in the online course which includes a virtual simulation experience.

### *Utilizing Simulation Experiences in Nursing Curriculum to Enhance Healthcare Providers' Role in Addressing Victims Safety and Legal Implications Throughout the Lifespan*

Ann V. Thiel-Barrett, *Drexel University* (avt27@drexel.edu)

Violence includes psychological, or actual physical harm and affects individuals of all age across the lifespan. Even though health care providers are encouraged to screen, most studies identify routine screening does not consistently occur. Many health care providers have identified that they lack formal training in their academic setting in addressing victims. Recognizing the prevention of abuse is not just a “mental health” topic and should not be silo in one course: addressing victims of violence is integrated throughout the nursing curriculum not only in the classroom setting but also through the use of simulation. This presentation will focus on the use of live actors as a teaching modality in an effort to train nursing students to recognize abuse in all populations and provide essential strategies to ensure patient safety and health. Screening tools and legal issues are highlighted as future nurses learn the essential interventions when caring for victims of violence.

### *Preparing Tomorrow's Pediatric Nurse Practitioners for Legal Challenges as Advanced Practice Nurses*

Susan M. Solecki, *Drexel University* (sms46@drexel.edu)

Curriculum in the graduate nursing program for pediatric nurse practitioner (PNP) students aims to provide course content and clinical experiences that prepare students to assume the role of primary care providers for children from birth through adolescence. Imperative areas of PNP education require the inclusion of the legal considerations related to the mandatory reporting of child abuse and neglect (CAN) and the rights of minors to consent to treatment and confidentiality. Specifically, learning goals need to encompass current evidence in the assessment, evaluation, and diagnosis of child maltreatment, understanding the nursing role in the mandatory reporting process, and identifying methods on responding to child disclosures of abuse. Also, the curriculum needs to incorporate a knowledge base on circumstances when minors are exempt from the requirement of parental consent for medical treatment and

legislature that protects minors' rights of confidentiality. Varied teaching strategies incorporated into the curriculum, such as the use of case studies, patient simulations, and standardized patient scenarios, can prepare PNP students for the legal challenges of real world experiences as they transition into professional advanced practice nursing.

## *Addressing Current Online Student Mental Health Issues*

Karyn E. Holt, *University of Nevada Las Vegas School of Nursing (UNLV)* (keh36@drexel.edu)

Promoting and maintaining adaptive mental health, particularly during the stress of university level education, is clearly of utmost importance. A parallel issue is the exponential increase in students who pursue degrees online, which has created a new challenge for institutions and faculty alike. Clearly, both residential and remote students require mental health services. Yet, awareness around these issues and efforts to address them have drastically increased for residential students, there is an evolutionary questioning of how is the equivalency of mental health services for online students addressed? The purpose of this presentation is to provide information on the prevalence and significance of this issue in the U.S. higher education population, and provide tools to begin to address it in the online student population. An additional goal of this presentation is to suggest underpinnings for possible administrative policies and programs which prepare faculty to address these issues in the online higher education student population.

## **66. Enhancing the Identification of Substance Use Treatment Needs and Service Delivery for Justice-Involved Youth: Findings from JJ-TRIALS**

### *Overview of the JJ-TRIALS Cooperative Research Initiative*

Tisha Wiley, *National Institute on Drug Abuse, Bethesda, USA* (tisha.wiley@nih.gov)  
Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

The objective of this presentation is to provide an overview of Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS). JJ-TRIALS is a cooperative implementation science research initiative launched by the National Institute on Drug Abuse (NIDA). The JJ-TRIALS Cooperative consists of six Research Centers (Columbia University, Emory University, Mississippi State, Temple University, Texas Christian University, and University of Kentucky), their corresponding juvenile justice agency partners, and a Coordinating Center (Chestnut Health Systems). The purpose of JJ-TRIALS is to evaluate strategies aimed at improving 1) the efficiency of the behavioral health service cascade (i.e., screening, assessment, need, referral, treatment initiation, engagement, continuing care), 2) the delivery of evidence-based behavioral health services practices for juvenile offenders under

community supervision, and 3) more coordinated linkage with community behavioral health service providers. The research design uses a cluster randomized trial with a phased rollout to evaluate the differential effectiveness of two conditions (Core and Enhanced) in 34 sites in the United States. The Core Implementation Intervention consists of several implementation strategies for promoting organizational and system change. The Enhanced intervention incorporates all core strategies plus active facilitation of local interagency change teams.

### *A Structured Implementation Intervention to Reduce Gaps in Behavioral Health Services for Delinquent Youth Under Community Supervision: Findings from a Multisite Cluster Randomized Experiment*

Steven Belenko, *Temple University* (sbelenko@temple.edu)

Danica Knight, *Texas Christian University* (d.knight@tcu.edu)

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

Substance use (SU) is common among delinquent youth and increased re-offending. Approximately 51% of them have substance problems requiring treatment, and most are under community supervision, where clinical assessment and treatment linkages are inconsistently implemented. To reduce SU among juvenile offenders, probation agencies must identify youth with SU problems, link them to appropriate services, and retain them in treatment long enough to improve clinically. This requires coordination and communication across multiple service systems (justice agencies, behavioral health providers) that is rarely achieved. This multisite cluster randomized experiment examined the effectiveness of two implementation intervention strategies aimed at promoting system-wide improvement in SU service receipt. We hypothesize that participation in a core set of strategies will result in improvement in service access and that sites receiving core plus enhanced strategies (expert facilitation in using data-driven decision making) will show greater improvement compared to core-only sites. The Behavioral Health Services Cascade (Belenko et al., 2017) forms the conceptual and measurement framework for measuring and identifying gaps in services. Data from more than 25,000 justice-involved youth on probation in 34 U.S. counties in seven states are used to examine whether the interventions reduce gaps in behavioral health services over a two-year period.

### *Community Supervision Agency Practices for Engaging Caregivers in Behavioral Health Services: Findings from a National Survey*

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

Richard Dembo, *University of South Florida* (rdembo@usf.edu)

Christy K. Scott, *Chestnut Health Systems*

Michael L. Dennis, *Chestnut Health Systems*

Substantial proportions of delinquent youth under community probation supervision in the U.S. juvenile justice system have mental health and/or substance use disorders. Family engagement practices in the juvenile justice system emphasize educating parents, guardians, and caregivers about the juvenile justice system and empowering them to be involved in decision making regarding their children. This study examines the extent of caregiver involvement in identifying need for and participation in behavioral health treatment services with data from the first wave of the National Survey of Community Supervision (CS) Agencies conducted in a nationally representative sample of 20 states and 198 counties across the United States between 3/2014 and 3/2015. CS agencies that used more family engagement strategies, were located in non-metro areas and with lower annual caseloads, and agencies reporting a greater percentage of youth with mental health problems or at risk for suicide reported higher rates of caregiver involvement. The type of specialty court program mattered; greater caregiver involvement was associated with agencies having a juvenile drug treatment or a family drug treatment court program. Implication of the findings for enhancing juvenile justice agencies efforts to engage families in behavioral health services for justice-involved youth will be discussed.

## *Service Receipt as a Mediator of Treatment Needs and Recidivism*

Sheena Gardner, *Mississippi State University* (sheena.gardner@ssrc.msstate.edu)

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Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

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Substance use (SU) plays a prominent role in delinquent behavior and recidivism for adolescents involved with the juvenile justice (JJ) system. The strong association between SU and offending highlights an opportunity to reduce recidivism risk by delivering SU treatment to justice-involved youth. This study will investigate the mediating effects of receiving SU services on the relationship between need and recidivism with youth records from 12 juvenile justice agencies (six in Texas and six in Mississippi), participating in JJ-TRIALS Project. Results from preliminary analyses with simple and multiple logistic regressions indicated that need for treatment significantly predicted recidivism, and treatment initiation served to partially mediate the need-recidivism path—paving the way for analysis with more complex modeling to examine the relationship between key predictors. The findings from mediation analysis with treatment engagement and additional covariates will be discussed with implications for allocation of treatment resources by JJ agencies.

## **67. Ethical Imperatives of Representing the Underrepresented**

Kavita Khajuria, *Twin Towers Correctional Facility, Los Angeles, California, USA.*

([KKhajur@lasd.org](mailto:KKhajur@lasd.org)) - Discussant

## *Beyond Sexual Misconduct: Considering “MeToo” and the Abuse of Power*

Richard Robeson, *Wake Forest University* (robeson@wfu.edu)

The anti-sex-abuse movement known as “MeToo” has brought not only increased public scrutiny but also legal accountability (Weiber v. United States Olympic Committee, et al 2018) to the issue of workplace-associated sexual misconduct ranging from harassment to assault. This presentation will argue that it is instructive to consider “MeToo” in a broader context, in which the operative condition is a power differential that is as much about psychological violence as unwelcome physical contact. For example, Shannon Faulkner’s successful challenge to be the first female admitted to The Citadel – The Military College of South Carolina (Faulkner v. Jones 1994) culminated in her withdrawal after only five days, owing to the combined stresses of two years of litigation, the animus visited upon her as a female interloper by her fellow cadets, plus the harassment customarily experienced by all first-year cadets. Even so, there remains a cohort (including subsequent women cadets at The Citadel) who excoriate Faulkner for her inability to, in effect, pay the price of admission. A willingness to submit to calculated psycho-emotional disequilibrium, is an essential criterion of many professions, with complainants hardly limited to women. Case examples will include public service (law enforcement, firefighting, politics) as well as academia/professional school.

## *Mental Health Exclusions in Research: Appropriately Protective or Unethical?*

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

Potential research participants routinely are excluded from research because of their health status. Such exclusions sometimes promote the ethical conduct of research by reducing risks to participants. When exclusion is based on the presence or severity of a mental health disorder, it can have the opposite effect. Excluding persons with mental health disorders from research on physical health problems can undermine the generalizability of the findings and hence the social and scientific value of research, unjustly deny groups access to the potential benefits of research, and expose patients to unnecessary risk in the future. This presentation documents the exclusion of persons with mental health diagnoses from clinical research on physical and mental health disorders and demonstrates that these exclusions can undermine the ethical quality of research. Research ethics committees/institutional review boards should pay more attention to exclusion/inclusion criteria in assessing studies to fulfill their regulatory or legal and ethical obligations, and investigators should implement strategies to minimize risks to participants with mental health disorders while avoiding unnecessary exclusion. Government agencies responsible for approving new interventions also should consider more seriously the inclusion and exclusion criteria of studies in granting approval.

## *The Terms of Trying*

Nancy MP King, *Wake Forest University School of Medicine* (nmpking@wakehealth.edu)

“The Terms of Trying” addresses the uses of law to try everything to stave off death. The history of the regulatory exception that the U.S. Food and Drug Administration terms “expanded access” but is popularly known as “compassionate use” has made state and federal “right to try” statutes possible. Public attention to cases like that of Charlie Gard and misleading discussion of right to try proposals have arguably increased distrust of governmental regulation of medicine and science, and exacerbated path divergence between life prolongation and palliative care. Although heightened distress about dying too young is understandable, it is unfortunate when caring for and about seriously ill patients is viewed as being incompatible with accepting death. This presentation discusses the “pay to play” component of all right to try laws, the Go Fund Me problem of identified lives, and the need to find a better way to help patients, families, and the public to address the grief, fear, and sense of tragedy that accompanies dying when a “technological cure” for death perpetually seems to be just around the corner.

## **68. Ethical Issues in Human Enhancement**

### *Disability, Enhancement, and Flourishing*

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

A recent debate among bioethicists and other specialists concerns the potential to enhance human beings’ physical, cognitive, or emotive capacities by means of genetic, pharmacologic, cybernetic, or surgical interventions. Between “transhumanists,” who argue for unreserved enhancement of human capabilities, and “bioconservatives,” who warn against any non-therapeutic manipulation of humanity’s natural condition, lie those who support limited forms of enhancement for the sake of individual and collective human flourishing. Scholars representing these views also share a concern over the plight of human beings with various types of cognitive or physical disabilities, some of which may be ameliorable by enhancement interventions and some of which will remain intractable for the foreseeable future. The question addressed in this presentation is, for those who favour enhancement to some degree, how valuing the enhancement of human capabilities may be reconciled with valuing the existence and phenomenological experiences of disabled human beings. In other words, can we value enhanced capabilities without devaluing both the unenhanced and those whose capabilities fall below a defined threshold of “normal function”?

### *Cognitive Enhancement of Warfighters: Legal and Ethical Issues*

Efthimios Parasidis, *Ohio State University* (parasidis.1@osu.edu)

This presentation examines legal and ethical issues surrounding emerging technologies regarding cognitive enhancement for soldiers. Militaries across the globe are investing significant

resources into cognitive enhancements for soldiers. The technologies include invasive and non-invasive medical devices, such as transcranial direct current stimulation and implantable brain-to-computer interfaces. International laws are limited in scope. For example, the UN Covenant on Civil and Political Rights sets forth broad principles regarding the right to life, the right not to be treated inhumanely, and the right not to be subject to medical and scientific experimentation without consent. However, these terms are not defined precisely, and thus offer limited guidance. While international doctrines—such as the Nuremberg Code and Declaration of Helsinki—provide guidelines for research protections and fundamental human rights, the guidelines are vague and not legally binding. National legislation, thus, is the primary source of regulation, but there are over 1,000 laws, regulations, and guidelines from 126 countries. Drawing primarily on laws in the USA (one of the world leaders in military human enhancement), this presentation will provide an overview of testing methods for human enhancement, outline laws and protocols governing testing and evaluation, and discuss practical, legal, and ethical challenges.

## *Ethics, Humanities, and the Future of Mechanical Circulatory Support*

James Kirkpatrick, *University of Washington* (kirkpatj@uw.edu)

Mechanical circulatory support (MCS) for end stage heart failure involves pumps which replace the function of one or more chambers of the heart, ranging from temporary devices that are placed through arteries and veins to an implanted device that replaces the entire heart. Use of these devices has skyrocketed in recent years, but ethical discourse has not kept pace. As the devices become smaller and more durable, there is a potential for these devices to enhance, rather than simply augment, cardiovascular performance. This presentation aims to enhance ethical discourse surrounding MCS devices by addressing the following issues: 1. What is MCS and how does it work?; 2. MCS candidacy, cost, and just distribution of healthcare resources; 3. End of life care of MCS devices: Review of challenges of provision of palliative and hospice care to end stage patients with MCS devices. Under what circumstances is deactivation ethical, including unilateral deactivation?; 4. Present and future meaning(s) of MCS: Qualitative studies describe patients' and caregivers' views of MCS as salvation devices and mechanical companions but also social barriers and impediments. With increasing durability and small size, might these devices one day be used for enhancement as well as treatment, in essence "bionic people" makers?

## *In Quest of a New “Charter on Human Rights and Neuroscience”*

Federico Gustavo Pizzetti, *University of Milan* (federico.pizzetti@unimi.it)

The developing scientific and technological researches on human brain have given rise to many issues in bioethics and law. While debates in the past were focused on specific issues related to criminal behavior or informed consent in clinical research and medical treatment, the analysis now extends to the impact of neuroscience on constitutional rights of the person such as the right to human dignity, to privacy, to identity and psychological continuity, to physical integrity, and

to free auto-determination. At the same time, one must also take into consideration the possible use of neuro-devices and neuro-drugs to boost mental capacities within the more general “human enhancement” framework. Consequently, fundamental rights may be in danger. Therefore, as in the case of genomics (UNESCO Convention on Human Genome and Human Rights, 1997), one may today think about drafting of a comprehensive Charter of Fundamental Rights and Neurosciences as a piece of "soft-law". The aim of the presentation is to provide a brief explanation of the way neurosciences and neuro-techniques affect fundamental personal rights, and to illustrate and discuss the possible contents of such a "charter" which might be orient the legislative activities of law-makers and the courts.

## *A Level Playing Field? Treatment, Enhancement, and the IAAF Eligibility Regulations for Female Classification*

Susan Hall, *Stellenbosch University, South Africa* (shall@sun.ac.za)

This presentation will examine the intersection between the participation of female hyper androgenic athletes in sporting competition and the moral significance of the treatment/enhancement distinction in Bioethics. The moral importance of medical treatment is often taken to be related to the role which it plays in promoting fair equality of opportunity for the patient by protecting normal functioning, whereas enhancement has no similar morally desirable effect. The participation of hyper androgenic women with Differences in Sexual Development (DSDs) in female athletic competition, and the IAAF’s proposed Eligibility Regulations which will govern this participation, call into question many of the assumptions inherent in this moral distinction. These regulations require affected athletes to reduce their androgen levels by undergoing medical treatment in order to be eligible to compete in certain middle-distance events. In many cases these androgen levels do not pose any risk to overall health. On the contrary, according to the IAAF, they enhance athletic functioning. The moral impetus for providing treatment outlined above therefore seems to absent in this context. Instead, the provision of medical treatment here is intended to reduce the patient’s level of athletic functioning in order to level the playing field for others in her reference class.

## **69. Ethical Issues in the Rehabilitation of Offenders**

### *Bio-Criminal Rehabilitation*

Jennifer A. Chandler, *University Of Ottawa* (chandler@uottawa.ca)

The word “rehabilitation” means very different things according to whether it is used in the medical context, the criminal justice system, or in one of the ten or so other ways listed in the Oxford English Dictionary. Those who work within these various domains have an understanding of what rehabilitation seeks to achieve, and how it can be distinguished from other possible objectives of the health care or justice systems. The two come together, however,

within an ideology of crime as pathology and of biomedical methods of preventing or responding to crime. Pharmaceutical interventions are not infrequently used in criminal rehabilitation, and other biomedically oriented techniques are being explored. This raises specific questions from the perspective of the theory of criminal rehabilitation. If criminal rehabilitation is to be understood as a shift in identity or values, rather than merely a change in behaviour, how should biomedical methods that do not directly speak to the “reasons-responsive” individual be understood? This presentation will address these issues by reporting on qualitative interviews with lawyers, forensic psychiatrists, prosecutors, judges, and men convicted of sexual offences.

## *The Use of Contraception in Forensic Psychiatric Contexts*

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

This presentation will discuss whether it can ever be ethically permissible to temporarily mandate female patients in secure forensic psychiatric hospitals or long-term care facilities to use contraception. Patients detained in forensic facilities have a right to procreation and a right to retain their fertility on an equal basis with non-detained individuals. At the same time, society has a duty to protect the rights of children and to maximally prevent the suffering of vulnerable individuals. According to the Belgian Law on Patients’ Rights, all patients, including forensic patients, have the right to refuse treatment. Coerced medical treatment can only be considered if there’s an immediate and serious risk to the life or health of the patient or others. Should the rights of children extend to future children if there is a high risk of future suffering? If the future mother will be unable to care for her child due to her long-term detainment in a forensic facility and the child will become a ward of the state immediately after birth, do we have sufficient reasons to prevent the suffering that will most likely result? If yes, on which basis can such a decision be made?

## *Psychopathic Personality and Preventive Detention*

John Simpson Callender, *University of Aberdeen* (john.callender@nhs.net)

The diagnosis of psychopathic personality disorder is one that is frequently made in forensic settings. This is usually achieved using standard rating scales such as the Psychopathy Checklist- Revised (PCL-R). It has been used to inform decisions about sentencing, parole, preventive detention, and to assess the risk of future offending. This presentation will discuss the concept of psychopathy in relation to: a) Categorical vs. dimensional entity; b) unitary vs. composite entity; c) construct validity; d) predictive validity; e) reliability; f) predictive utility; and g) historical development. It will be argued that the concept of psychopathy has changed during its history in ways that are of relevance to its use in forensic settings. The construct and predictive validity of psychopathic personality are questionable. It is more likely that it is composite and dimensional in nature rather than unitary and categorical. Its reliability and predictive utility are inadequate for the purposes that it aims to serve. The presentation will conclude that the concept of psychopathy has significant weaknesses and

it should therefore not be used to inform decisions about sentencing and parole or as a justification for preventive detention.

## *Reforming the Automatism and Insanity Defences in English Criminal Law*

Elizabeth Shaw, *University of Aberdeen* (eshaw@abdn.ac.uk)

This presentation will discuss the Law Commission's Discussion Paper on Insanity and Automatism. The Commission propose to abolish the defence of insanity and replace it with a new, broader defence that will apply to both physical and mental conditions (and the effects of medication) that deprive the individual of the ability rationally to form a judgement, to understand the wrongfulness of one's conduct, or to control one's acts. In contrast, they propose to make the automatism defence much narrower – covering involuntary behaviour (e.g., due to reflexes and hypnosis) that is not the result of medical conditions or medication. This presentation will criticize the Law Commission's proposal to continue to distinguish between these two defences and their rationale for doing so. It will be argued that the defences ought to be merged into a single defence. Despite the differences between these defences, the most morally significant aspect of both defences is something that they share in common – they are based on a lack of rational capacities. The proposal to merge these defences is consistent with a trend in theorizing about the role of free will in criminal responsibility: 'Compatibilist capacitarianism'. However, those who subscribe to this theory of responsibility have not yet recognized that their approach would support the introduction of a single defence based on incapacities.

## **70. Ethical, Legal, and Practical Implications with the Impaired Physician-Resident: A Faculty Training Program with Live- Simulation**

### *The Accreditation Council for Graduate Medical Education (ACGME) Focus on Physician Well-Being*

Linda Archer, *Eastern Virginia Medical School* (archerlr@evms.edu)

Physician residency and fellowship programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME), a private non-governmental-profit organization that sets standards for US graduate medical education (residency and fellowship) programs. Since its founding in 1982, the ACGME has a history of concern for issues related to the balance of education and service demands and the need for time for educational and personal pursuits.

Initially, the interest in well-being was focused solely on duty hours and fatigue. In 1988, an ACGME task force provided recommendations for duty hour limits. These recommendations were adopted by several specialties but it was not until 2003 that Common Program Requirements were enacted for all specialties. The Common Program Requirements were revised again in 2010 with further restrictions on duty hours. The 2014 highly publicized suicide of two resident physicians in New York spurred a national discussion on physician suicide. In 2015, ACGME began a dialog on resident well-being through a national Symposium on Physician Well-Being. The momentum gained from that meeting led to a second Symposium in 2016. In 2017, the ACGME has issued requirements for addressing well-being and these include assessing for physician impairment.

## *Defining “Impaired” Physician and Ethical and Legal Implications*

Stephanie Peglow, *Eastern Virginia Medical School* (peglowSL@evms.edu)

The practice of medicine extols virtues of self-reliance, sacrifice, and extreme dedication. Ease of access and knowledge of pharmacology may promote use of substances for stress or performing to high level of expectations. These same virtues reinforce continued reliance on substances when stress is overwhelming, hiding of addiction by the impaired practitioner, and compensatory behaviors of working long hours and social withdrawal appear altruistic and further isolate the impaired physician. Physicians have difficulty recognizing impairment in their colleagues when the diagnosis may have been obvious in their patient population. This is evident in national estimates that 10-14% of physicians will be impaired by alcoholism or substance use disorders, but very few are estimated to be involved in treatment. Several states in the US have created professional health programs (PHPs) to provide care for the impaired physician. A lapse during PHP monitoring can result in loss of license and loss of livelihood for a physician; disastrous consequences that perpetuate silence even during treatment and monitoring. The ethical and legal implications for impaired physicians will be presented and discussed.

## *Benefits and Limitations of the Fit-for-Duty Assessment*

Elizabeth Wheeler, *Central State Hospital, Petersburg, USA*  
(Elizabeth.wheeler@dbhds.virginia.gov)

Physician residents with mental health challenges present complex issues for their training programs and human resources departments. In the field of medicine, the stakes are high when the impact involves the trainees' trajectory to complete the residency or fellowship, patient safety issues, productivity, and team morale. Fit-for-duty and return to work issues can be assessed formally through a systematic and focused evaluation typically conducted by a licensed and specifically trained psychologist. The fit-for-duty testing involves a comprehensive battery of assessments that include the following domains: cognitive, personality, effort and motivation, and organizational behaviour. While the results of this testing can be beneficial to the training program, it should not be used as a stand-alone measure of the physician-resident's ability to

return to work. Other assessment tools, such as rotation evaluations from faculty, remediation plan results, and direct supervisor feedback are valuable in determining the trainee's ability to return to the duty as defined by their training program expectations.

## *Designing an Educational Program to Teach Faculty how to Assess and Intervene with an Impaired Resident-Physician*

Heather Newton, *Eastern Virginia Medical School* (newtonHL@evms.edu)

Identification and interventions with impaired residents/fellows requires a specialized set of skills. The educational programs designed at our institution are tailored to our physician-faculty teaching in the graduate medical education programs where we create faculty educational modules using two platforms. The first is a face-to-face/in-person (FTF/IP) workshop style training and the second is online training modules that we call "Drive Thrus". The FTF/IP workshop style training can be delivered as a one-hour session, half-day training, or a full-day interactive workshop. The "Drive Thrus" are designed to be less than 10-15 minutes each, and there can be several "Drive Thrus" in one module. The objective of our Impaired Resident Training Program is to equip faculty and our trainees with the knowledge, skills, and ability to address and intervene with a possibly impaired physician colleague. Our educational program will be presented and resources to re-create our program for the session attendees' home program will be provided.

## *Methodology and Integration of Live-Simulation Experiences into Faculty Training*

Caroline Bertolet, *Eastern Virginia Medical School* (bertolcl@evms.edu)

Interventions with impaired resident-physicians require the ability to have crucial conversations using a rational and non-emotive perspective. Crucial conversations consist of three primary elements: opposing opinions, evokes strong emotions, and considered high stakes. One of the most stressful and challenging discussions a faculty member may have is confronting a resident physician or a colleague about possible impairment. When the need for these crucial conversations arises, most faculty do not feel equipped to manage them in a systematic way. They often defer to strategies they have "picked-up" in their own training experience, which sometimes are not the ideal methods. As part of our impaired physician educational program, we have integrated an interactive session utilizing a systematic approach with small groups and live-standardized simulation experience. The effectiveness of live-simulation in medical education has been extensively explored. Virtual patients in simulation show consistent, large, and statistically significant benefits in knowledge, instructor ratings, computer scores, and patient care behaviors. Using simulation methodology, we integrated simulation experiences into our educational program to have faculty experience, with a live-simulated standardized physician colleague, the process of using the confrontation skills with an impaired resident physician. Video vignettes of these simulations will be shared and made available during the presentation.

## *Live-Simulation Demonstration with Audience Participation*

Amelia Wallace, *Eastern Virginia Medical School* (wallacAM@evms.edu)

The use of live-simulation experiences within a training program has been reported to enhance the learners' experience. During this session, audience members will be given the opportunity to take part in live-simulation scenarios created for our institution's faculty educational program on crucial conversations with suspected impaired resident physicians. The scenarios will include the conversations with two types of the resident physicians. The first is a resident physician in denial of their impairment. The second is a resident physician who becomes angry and/or argumentative when confronted about their impairment. Using a fish-bowl technique, three to four audience members will be utilized for each simulation scenario with the impaired standardized simulated physician colleague. Audience volunteers will use the empathy communication skills of NURS (naming, understanding, respect, support) and FIFE (feelings, ideas, function, evaluation), presented earlier in the session, to effectively confront their impaired colleague. A debriefing of the simulation experiences will be facilitated. The written simulation cases will be made available at the session.

## **71. Evolution of Institutional Responsiveness in Sexual Misconduct Investigations at the University of British Columbia**

### *A Transformative Approach to Sexual Misconduct on Campus: UBC's Independent Investigations Office*

Shelley Suzanne Ball, *UBC Independent Investigations Office* (shelley.ball@ubc.ca)

Universities and other institutions continue to struggle to effectively address the trauma that can arise from incidents of sexual violence. To complicate matters, research now establishes that the way institutions respond to complaints of sexual violence can in certain circumstances cause separate trauma outcomes for complainants, respondents or others involved in the response process. This presentation provides an overview of the structure and trauma-informed practices of the University of British Columbia's independent investigation office (IIO), the first arms-length, independent investigation office in a Canadian university charged with responding to and investigating complaints of sexual misconduct, as well as discrimination and harassment against university community members. As part of the presentation, we will summarize relevant research regarding Trauma Theory and Institutional Betrayal on which the IIO has drawn in designing procedures to achieve outcomes that are both fair and transformative. We hope and believe that these principles can be easily adapted and leveraged by other institutions in responding to allegations of sexual violence.

## *Procedural Fairness and Sexual Misconduct Investigations in a Civil Context*

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Shelley Ball, *University of British Columbia, Independent Investigations Office*  
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The #metoo movement has established an important dialogue for complainants of sexual assault and misconduct. In response supports are increasing for those who make complaints during the investigation process. However, an unintended side effect of this important movement has been a lack of procedural safeguards for respondents, as they are often considered to have committed the alleged conduct before thorough inquiry and procedurally fair investigations. Respondents face jeopardy with regard to their mental health, financial, academic, and professional pursuits. A respondent's reputation can be destroyed with a single allegation, without proper and fair investigation. In this current social climate, balancing foundational legal principles of due process and procedural fairness, trauma informed practices and the rights of complainants is more critical than ever before. The Independent Investigations Office (IIO) at the University of British Columbia is rooted in key principles of fairness, neutrality and impartiality in its investigations, and is currently developing a framework for the university to provide empathetic support for respondents involved in the investigation process, to address the unequal allocation of supports available to complainants versus respondents.

## *The Murky World of Online Confessionals: Disclosure, Defamation, and Doxing*

Michelle Cameron, *University of British Columbia Independent Investigations Office*  
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Jade Scrymgeour, *University of British Columbia, Independent Investigations Office*  
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Most Canadian universities have social media or websites specifically dedicated to receiving anonymous online confessions related to life on campus. Much of the content is often benign, however, serious allegations related to sexual violence are also occasionally posted. The level of detail can also be specific enough to identify both the complainant and the respondent, which then engages the court of public opinion, with other forum members presuming guilt or innocence of the parties, based solely on posts and commentary. The liminal and anonymous nature of such posts can encourage a unique dynamic of violence where opinions are expressed as fact. This presents significant risk for complainants and respondents. Complainants risk re-victimization and perpetuation of trauma by others online, and respondents may be subjected to defamation or reputational harm due to the absence of fair process in an online setting. Retaliatory cyber actions such as doxing the respondent have also been noted to occur. Therefore, in addition to already heavy considerations of individual safety, privacy, fairness, and supports for complainants and respondents, universities must also carefully consider their

implementation of thorough procedures for initiating third party and anonymous complaints, including the related challenge of properly capturing and storing the relevant digital evidence.

## *The Practicalities of Conducting Trauma-Informed Sexual Misconduct Investigations*

Gabrielle Berron Styan, *UBC Independent Investigations Office* (g.berron-styan@ubc.ca)

The University of British Columbia's Independent Investigations Office (IIO) employs a trauma informed approach to its sexual misconduct investigations. The approach is rooted in the awareness of the neurobiological impact and physiological processes of trauma, including the impacts to memory, reactions, behavior, and mental health, which are integral to the institution's duty to minimize re-traumatization via the investigative process. Careful consideration is given to avoiding preconceptions or misconceptions of how a survivor "typically" responds to a traumatic event. Complainants and respondents are both approached with trauma informed practice. Practicalities of this approach range from dressing more casually when meeting and interviewing parties, selecting appropriate, safe and trauma-informed environments for interviews, using plain language when communicating to parties, practicing cultural safety, and emphasizing basic but often under-utilized techniques of listening, and silence. It is a process that is respectful, safe, clear, and it offers participants a sense of agency which is key to an effective investigation and a fair outcome.

## **72. Expertise, Evidence, and Ethics in Decisions on Compulsory Psychiatric Care**

### *Patient-Rights in Swedish Mental Health Law Proceedings*

Moa Kindström Dahlin, *Uppsala University* (moa.k.dahlin@jur.uu.se)

Lena Eriksson, *University of Gothenburg* (lena.eriksson@theorysc.gu.se)

Susanna Radovic, *University of Gothenburg* (susanna.radovic@gu.se)

Sven Pedersen, *University of Gothenburg* (sven.pedersen@vgregion.se)

In this presentation, results from an interview study with Swedish judges will be presented. The project is a multidisciplinary investigation of how a combined legal and medical assessment is made in decisions concerning the continuation of involuntary psychiatric treatment, and discharge from forensic psychiatric care with "special court revision", respectively. Constitutional law demands a fair trial, which, in addition to procedural requirements, requires the impartial and correct application of clear and consistent rules. However, psychiatric involuntary treatment legislation provides ample room for assessment based on medical expertise. According to the judges the focus in mental health law proceedings is primarily on patient care, i.e., an ambition to protect life and health. When judges and other actors focus more on patient care than human rights protecting autonomy and integrity, there is a risk that the

constitutional requirements will not be met. Care ambitions are problematized based on the international human rights requirements that Sweden has undertaken to follow.

## *The Insidiousness of a Considerate Court: Structure and Compassion in Mental Health Court Proceedings*

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Susanna Radovic, *University of Gothenburg* (susanna.radovic@gu.se)  
Moa Kindström Dahlin, *Uppsala University* (moa.k.dahlin@jur.uu.se)  
Sven Pedersen, *University of Gothenburg* (sven.pedersen@vregion.se)

In this presentation, we examine how blurry boundaries and unclear divisions between court actors, driven by a collective professional concern for the patient's well-being and desire to avoid "anti-therapeutic" effects of legal proceedings, result in a perfunctory judicial process already limited by a non-viable timeframe. Recent findings from a transdisciplinary research project regarding expertise, evidence, and ethics in decisions regarding involuntary care point to a gap in rule of law, bridged by professional respect and trust between two traditionally powerful guilds, and justified through a paternalistic view of subjects suffering from mental health issues. We draw attention to unspoken premises and unintended consequences of practices tailored to accommodate perceived collective needs of patients with mental health issues, and discuss damaging effects of applying a softly-softly approach inspired by – but not adhering to – a therapeutic jurisprudence framework. Such an approach is insidious in proceedings designed to safeguard the protection of civil rights for individuals suffering from mental health problems, as the premise for adjusting the procedure preempts central questions that ought to be examined in the hearing.

## *The Crucial Object and Insignificant Subject: A Therapeutic Jurisprudence Investigation of Forensic Mental Health Courts in Sweden*

Sven Pedersen, *University of Gothenburg* (sven.pedersen@vregion.se)  
Lena Eriksson, *University of Gothenburg* (lena.eriksson@theorysc.gu.se)  
Susanna Radovic, *University of Gothenburg* (susanna.radovic@gu.se)  
Moa Kindström Dahlin, *Uppsala University* (moa.k.dahlin@jur.uu.se)

In this presentation, we argue that reoccurring administrative court hearings concerning the continuation of forensic psychiatric care risk having a detrimental effect on the mental health of the individual undergoing care. This stands in contrast to ambitions of care and concern described by the court's professional actors elsewhere in the project – expertise, evidence, and ethics in decisions regarding involuntary psychiatric care. Based on interviews with patients undergoing forensic psychiatric care in Sweden, aspects of the court hearings that could result in detrimental effects on the patients' mental health are described. In summary, informants describe a process that is opaque and difficult to influence, in which they are central objects for inspection, but not granted a place at the table as significant parties. Goals that seem to evade

every attempt at grasping; an excluding medico-legal jargon; an air of respect for the professional and disdain for the mundane and personal; a sanction without time-limit coupled with snap-shot evaluations; the risk of having everything you say used against you; and a toothless advocate – all risk inducing a sense of powerlessness and defeat. These results are discussed in light of research on the link between stress and symptoms of mental illness.

## *Insight as a Catch-All Extra-Legislative Factor in Swedish Mental Health Law Proceedings*

Susanna Radovic, *University of Gothenburg* (susanna.radovic@gu.se)

Sven Pedersen, *University of Gothenburg* (sven.pedersen@vgregion.se)

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This presentation will examine how the concept of insight is used by participants in administrative mental health court hearings regarding compulsory psychiatric care. This transdisciplinary Swedish case-study comprises of in-depth interviews with judges, attorneys, expert psychiatrists, and psychiatrists. Lack of insight is used to back up all three legal criteria for compulsory care in Sweden, as well as the criterion for release from forensic psychiatric care. Lack of insight is used to demonstrate that (i) the patient has a severe mental disorder, (ii) that he/she has an indispensable need for in-patient psychiatric care, and (iii) if the patient agrees that he/she has a severe mental disorder and an indispensable need for care, lack of insight shows that this is not an informed decision. Finally, lack of insight is also a factor that speaks against release from forensic psychiatric care.

## **73. Exposure to Violence: Psychological and Social Consequences**

### *Hate Crime: The Impact on a Student Population*

Sandra Flynn, *University of Manchester* (sandra.m.flynn@manchester.ac.uk)

The number of reported hate crime incidents has increased substantially in the UK following the terrorist attacks in Manchester and London in 2017. Manchester is estimated to have a student population of approximately 80,000 people, covering three universities and other higher education institutions. However, the proportion of students affected by hate crime is unknown. Hate crimes have a negative psychological and social impact on the victims and their families, which makes this an important topic of research. The purpose of this study is to explore the prevalence and impact hate crime has on the health and well-being of university students in Manchester. A mixed methods research design using qualitative and quantitative methods will explore the impact on all groups who experience hostility due to disability, race, religious beliefs, sexual orientation, transgender identity, and those who affiliate with alternative sub-cultures. The findings will inform the development of a help-seeking pathway.

## *Missed Connections: Psychological Trauma and Disability Law*

Rabia Belt, *Stanford Law School* (rabiabelt@gmail.com)

The aftermath of the school shooting at Stoneman Douglas High School rehearses a now familiar routine in American life. News accounts depict photos of weeping student survivors and mugshots of the shooter. Articles try to decipher why someone would shoot schoolchildren. Mostly absent from these stories, though, are the answers to another set of questions: are traumatized students entitled to accommodations in schools under the Individuals with Disabilities Education Act? Are teachers and first responders entitled to accommodations under the Americans with Disabilities Act? Could they receive disability benefits from the Social Security Administration if they are too traumatized to work? Could members of the disability community offer advice, information, resources, and consolation as people who navigate the world with impairments and who may have had their own lives upended in an instant? The school shooting phenomenon is only one example of a deeper and longer-standing trend: our discussions and impressions of psychological trauma are often disconnected from our thoughts about disability. The aim of this presentation is to question why they stand apart, link them together, and think through what a tighter connection would mean.

## *Towards Public Health Policies for Prevention of Bullying and Other Forms of Maltreatment*

Jorge Srabstein, *George Washington University School of Medicine* (jsrabstein@gmail.com)

There is evolving evidence that bullying is associated, throughout the lifespan, with other forms of victimization occurring across social settings and is also significantly linked to morbidity and health risks. In the last two decades, many nations have implemented legislation for the prevention of bullying, across social settings and other forms of victimization which have primarily targeted the preclusion of victimization through different strategies, but mostly lacking guidelines for appropriate detection, intervention and treatment. This presentation will outline a three-tier public health strategy for the prevention of bullying and other forms of victimization. This approach includes a primary level of prevention, based on disseminating public awareness about the nature and toxicity of bullying and other forms of victimization as well as promoting mutual respect and sensitivity to others in all social settings. Furthermore, it encompasses a second stage of prevention based on universal screening for different forms of victimization by all health practitioners and intervention to stop ongoing episodes of maltreatment. Moreover, it involves a third step of prevention consisting in the treatment of morbidity associated with all forms of victimization.

# *Prevalence of Intimidation, Harassment, and Discrimination Concerning Resident Physicians: A Systematic Review and Meta-Analysis*

Josephine Altomare, *Queen's University* (8ja28@queensu.ca)  
Anees Bahji, *Queen's University* (anees.bahji@gmail.com)

The main aim of the systematic review and meta-analysis reported in this presentation is to quantify and characterize the prevalence of intimidation, harassment, and discrimination (IHD) among psychiatry and other residents. A PRISMA-guided systematic review of five databases was conducted, measuring the prevalence, sources, risk factors, impacts, and proposed solutions for IHD among resident physicians. Meta-analysis was conducted random-effects modeling. The study found that 52 cross-sectional studies met inclusion criteria. The pooled prevalence of IHD among residents was 64.1% (95% confidence interval [CI]: 51.0%–77.1%). Verbal IHD was the most commonly cited form (61.5%). The prevalence of sexual and physical IHD was significantly higher in psychiatry residents (39.5% and 46.0%, respectively). Several deleterious impacts of IHD were identified, but studies also proposed multiple potential solutions for IHD. In conclusion, the prevalence of IHD in residency is high and is adversely associated with multiple negative outcomes. Psychiatry residents are at higher risk for particular types of IHD. Future studies should explore the effectiveness of anti-IHD interventions.

## **74. Family Justice: Protecting the Child's Interests**

### *Why Parallel Parenting Rather than Co-Parenting is the Better Option for Parental Alienation and High Conflict Custody Cases*

Catherine MacWillie, *Custody Calculations, Calendars & Orders, San Dimas, USA*  
(DivorceCoachServices@yahoo.com)

In today's high stakes of custody and divorce families dealing with parental alienation and high conflict cases struggle to parent under the most difficult of circumstances. Parents working with the reality of their new family structure under court orders and the requirement to co-parent feel doomed to failure through no fault of their own due to the actions of the other parent. The court rarely factors in the dynamics of personality disorders, abuse, power, and control in families when ordering co-parenting. This is also due to lack of knowledge that there does exist an alternative to co-parenting which is parallel parenting. An additional new dynamic in court that is being exploited by the alienator is that parents are losing custody over the argument that they are unable to co-parent with the other parent. To provide protection from this scenario and ensure that parents are able to have a relationship with their children parents need the alternative

that parallel parenting provides. So how does it work, what does it take, how difficult is it to implement, are court orders necessary, and can anyone do it?

## *What Does the Literature Say About Joint Physical Custody?*

Eileen A. Kohutis, *Consulting Psychologist, Livingston, USA* (eakohutis@gmail.com)

Joint physical custody is a hotly debated topic in the scientific community as scholars and practitioners examine the data about what is best for children when parents divorce. What is in the child's best interest encompasses many areas of a child's life ranging from education and academic success to physical health and illness. Some of the mental health issues may include anxiety, depression, substance abuse, and peer relationships. These topics are particularly important for not only professionals working with families but for mental health practitioners who conduct parenting time evaluations for these families because each evaluation is case specific. Some of the available research makes it difficult for practitioners to know where to turn when researchers take one side and become advocates for a position rather reporting the data objectively. The GRADE is a systematic rating approach utilized in describing methodological strengths and weaknesses of research studies. This presentation will discuss how readers can avoid some of the pitfalls encountered in reading the research by using GRADE.

## *Mentalizing for the Young Child in Parenting Mediation*

Jill Howieson, *University of Western Australia* (jill.howieson@uwa.edu.au)  
Lynn Priddis, *Edith Cowan University* (l.priddis@ecu.edu.au)

Considerable efforts have been made to increase the 'voice of the child' in mediation. And there is considerable research that shows that these efforts are largely successful. However, for younger children and infants being actively engaged in the mediation process is not possible. While there have been several significant studies that show that family mediation can lead to good outcomes for separating parents in terms of the settlement of their disputes, there is little research on the outcomes for the children involved, especially young children. This presentation will explore the concept of 'mentalizing for the child' in parenting mediation. It will discuss research that shows that by taking a mentalizing approach to mediation, mediators can increase the meaningful and productive interaction between the parents, and in turn, their good decision-making. The presentation will outline techniques that mediators can use to encourage parents to mentalize for their children (of all ages) and to encourage the parents to make decisions that will work in their children's best interests. It will also outline a research regime that will evaluate the efficacy of these techniques and whether they lead to any significant change in outcomes for the family and the children.

## *Dignity or Due Process: Reconfiguring the Rights of Children in Child Welfare Proceedings*

Lisa Ann Kelly, *University of Washington* (lisak2@uw.edu)

In the United States, the legal status of minors in child welfare proceedings is contested. Are children objects of protection, without legal standing, or subjects with a role in the legal proceedings? Are they entitled to representation; and if so, what kind? Are their voices to be heard or are they entitled to an adult who advocates for some ideal of the child's best interests? Adding to the analytical framework challenges is the fact that minority encompasses a wide range of developmental stages—from the preverbal newborn to the 17-year-and-364-day-old teenager. Efforts to examine these questions through the traditional constitutional due process lens have been largely unsatisfying due to these and other unresolved questions. Similarly, the more “empirical” approach of looking for the best outcomes based on various models of representation have often raised more questions than they have answered. This presentation will seek to address the more fundamental question of whether minors have dignity interests in child welfare matters, what those might be, and how surfacing them might help to resolve their legal position within them.

## **75.FASD and ID-Equivalence**

### *FASD and ID as Disorders of Judgment*

Stephen Greenspan, *University of Connecticut* (stephen.greenspan@gmail.com)

Of all the potential deficits that are tapped by mental health professionals in evaluating offenders awaiting trial or sentencing, the one given least attention (in part because reliable measures are lacking) has to do with the ability to make wise decisions and show good judgment in situations that are fraught with peril. (For example, measures of “adaptive functioning” have very few judgment items). Yet regardless of one's character, what causes someone to face incarceration is to a large extent his or her demonstration of poor judgment, particularly an inability to anticipate social and physical consequences of actions. The thing that causes people with FASD to be characterized as having “ID equivalence” is the fact that both populations (often more dramatically in FASD (even when IQ is above 70-75), have a propensity to make foolish (i.e.. risk-oblivious) decisions. In this paper, this will be illustrated by particular criminal acts in which poor judgment played a critical role. A four factor model (situations, cognition, personality and state) will be used to explain why people with FASD/ ID Equivalence make foolish decisions that get them repeatedly in trouble.

### *Investigating ID-Equivalence in Evaluations of Persons with FASD*

Natalie Jean Novick Brown, *University of Washington* (drnataliebrown@gmail.com)

‘Intellectual Disability (ID) equivalence’ is a term that applies to people who function as if they have ID because of brain damage but are not diagnosed with ID because their IQ scores are considered too high. Those with fetal alcohol spectrum disorders (FASD) often are in this category and consequently are excluded from receiving services reserved for those with low

functionality. Despite IQs that may fall in the average range or higher, the FASD population typically has executive function deficits and adaptive behavior impairments similar to those with ID. In particular, literature reviews have found a generalized information processing and integration deficit in FASD that significantly impairs adaptive behavior in complex situations involving novelty, lack of structure, time pressure, ambiguity, social distraction, and lack of structure. Simultaneous state factors such as mental illness, stress, or intoxication further increase this generalized processing deficit. This presentation will describe the cognitive and behavioral characteristics that make those with FASD equivalent to those with ID in terms of functionality, which is what counts in terms of disability.

## *Mens Rea Through the Lens of FASD: Convincing of Truth by Appealing to Lifelikeness*

Karen Steele, *Attorney at Law, Salem, USA* (kastele@karenasteele.com)

For purposes of criminal responsibility or culpability, a “bad” act coupled with some degree of “bad” intent leads to societal support for a certain degree of punishment, with intent (or mens rea) presupposing the individual’s decision-making autonomy. Generally, the questions for judges, prosecutors, and defenders are whether the “bad” act qualifies as a punishable act and whether there is (and to what degree) “bad” intent. Whether a particular act occurred can be answered with relative ease. Whether an individual had the requisite “bad” intent at the time of the act is not so easily answered because intent is inferred from the relationships between words, actions, environments and contexts, based upon generally-held assumptions and expectations about what it all means. For a person with an FASD – a brain-based condition seen not with the eye but instead through observation of function – generally-held assumptions and expectations don’t square with reality, calling into question generally-held inferences of intent. Conveying and appealing to lifelikeness with that experienced by the person with a FASD leads to more accurate appraisals of intent, revealing that what is generally assumed intentional is instead revealed to be without “bad” intent, undercutting societal support for responsibility and/or punishment.

## *Importance of Assessing for FASD and ID Equivalence*

Paul David Connor, *Private Practice, Seattle, Washington USA* (paul@connornp.com)

Though many individuals who are defendants in the criminal justice system have FASD, they are often not recognized as such and instead are identified with other psychiatric disorders, which do not fully explain the cognitive impairments they experience. Therefore, the impact of impaired brain function is often not investigated or utilized in criminal proceedings to address mitigation issues that are similar to defendants who have intellectual disabilities (ID). Individuals with FASD often have IQ scores that are somewhat above the traditional cut point for ID. However, their functioning in other areas such as executive functions, judgement, suggestibility, and adaptive functioning can be entirely consistent with individuals with ID. Indeed, as the level of abstraction increases and the amount of structure decreases, individuals with FASD often demonstrate greater impairments in functioning, emphasizing ID equivalence. The DSM5 has

deemphasized the importance of IQ scores and has instead highlighted executive and adaptive functioning as being the most critical aspects of intellectual functioning. Thus, Individuals with FASD, who have particular impairments in these areas, should routinely be assessed for ID equivalence in criminal proceedings.

## **76. Female Circumcision: Let's Start from Interdisciplinary Compliance! Law, Medicine, and Anthropology Engage to Strike the Balance Between Multiple Sensitivities**

### *Italian Law 7/2006, Regulations Concerning the Prevention and the Prohibition of FGM: A Legal-Anthropological Critique*

Giorgia Decarli, *Università degli studi di Trento* (giorgia.decarli@unitn.it)

This presentation will set forth some anthropological readings on female circumcision in reference to the only one used in the Italian legislation that criminalize the practice. This comparison has the double effect of disproving the universality of an interpretation that rather reflects a particular way of portraying reality and, at the same time, proving how the dominance of this reading has resulted in ignoring alternative ways of perceiving female circumcision, with significant consequences in legal and judicial spheres. It will be argued that in fact, while trying to protect the rights of the child and the real victims of FGM, law must remember that also women's choice to control their own bodies – in a condition of non-discrimination and respect for cultural diversity – must be supported.

### *Why Do Western Doctors Often Encourage Alternative Practices for Banning FGM?*

Lucrezia Catania, *Università degli studi di Firenze* (lucrezia.catania@unifi.it)

In 2003 in Italy (Florence), two experts in FGM gynecologists who worked in diagnosing, treating, and preventing infibulation, developed an alternative proposal to infibulation (a superficial puncture of the clitoral prepuce, almost a scratch, without removal of tissue after temporary local anesthesia with specific cream) as an extreme attempt to dissuade a small group of Somali women who were preparing to take their daughters abroad (Somalia and Syria) to infibulate them. Women and the leaders of their community supported the proposal. The proposal was rejected with great outcry and was identified as soft infibulation by the media and by zero tolerance associations. Political forces exploited the debate that ensued and legal and favourable opinions of the Committee of Bioethics of Tuscany and of a renowned jurist – who described the proposal as an intermediate step to the total abandonment of FGM – were ignored. Over the years, similar debates have occurred in various parts of the Western world. They have

always been triggered by the medical world proposing concrete actions for the prevention of severe forms of FGM, where information on health and respect laws and the right to integrity had not worked. These debates were always marked by violent protests.

## *Qualitative Research on FGM/C Prevention Strategies in Sudan, 2004-2017*

Ellen Gruenbaum, *Purdue University* (egrueba@purdue.edu)

Ethnographic research in several areas of Sudan and interviews with activists involved in the effort to end FGM/C suggest that legislation to abolish FGM/C practices is only one of several factors that are involved in people's decisions about whether to continue or discontinue these practices. Cultural, familial, religious, aesthetic, economic, and health concerns are all found in the discourses utilized by both defenders and activists, suggesting that the tension between viewpoints will continue to result in uneven adoption of change. Consideration is given to how this impacts the wider set of ideas about human rights. Since FGM/C has been claimed as a violation of women and girls' rights, this presentation will consider questions such as whether the resistance to that perspective is consistent with the protection of other rights that might be more agreed upon, such as rights being advocated—e.g., for security, water, education, and public health protections. This presentation will also ask whether rights-based strategies are effective.

## *Suffering and Discrimination Resulting from FGM Discourse and Western Repressive Actions*

Sara Johnsdotter, *Malmö University* (sara.johnsdotter@mau.se)

Female genital cutting (FGC), often referred to as FGM, 'female genital mutilation', is condemned at the global level by actors such as WHO and western state governments. It has now evolved into being an object of a global prohibition regime that is sustained by criminal laws and police action in host countries where migrants from FGC-practicing countries live. The system has been elaborated in order to prevent and deter FGM actions among migrant populations. But such an order – accompanied by a forceful anti-FGM discourse – may have a negative impact on people's lives. What are the possible ramifications of this situation for individual migrant girls and women in western host societies? The presentation builds on an analysis of 120 police files (reports to the police and criminal investigations), all of the known cases of suspected FGM since Sweden banned the practice in specific legislation in 1982.

## *Gender or Genital Autonomy? Why Framing Nontherapeutic Genital Cutting as a Children's Rights Issue is Both Ethically and Pragmatically Necessary*

Brian Earp, *Yale University* (brian.earp@yale.edu)

There are now prohibited forms of female genital cutting (e.g., the so-called ritual ‘nick’) that are less severe than permitted forms of male and intersex genital cutting (e.g., circumcision, clitoral reduction). Attempts to “quarantine” male vs. female forms of cutting (MGC, FGC) based on appeals to health consequences, parental intentions (regarding, e.g., sexual control), and religious versus cultural status have been undermined by recent scholarship. Recognizing that a “zero tolerance” policy toward FGC may lead to restrictions on ritual MGC, defenders of the latter practice have begun to argue that purportedly “minor” forms of FGC should be considered morally acceptable and should be legally tolerated. This trend in the literature has emboldened proponents of female “circumcision”, who are now basing their defense of the practice on Western tolerance and even promotion of MGC and intersex cutting, citing problematic (e.g., racialized) double standards. To push back against this trajectory, this presentation argues that efforts to eliminate FGC must be rooted in a sex and gender-neutral (that is, human) right to bodily integrity and genital autonomy if they are to be successful in the long-run.

### *All Women are Free to Choose: The Voice of Circumcised Women's Resistance to Global FGM Campaigns*

Fuambai Ahmadu, *National Coalition of Independent Scholars* (fuambaiahmadu@gmail.com)

All Women are Free to Choose (AWAFC Inc.) is the first and only organization in the world created to advance the human rights of women who uphold various forms of female circumcision for cultural, religious, and aesthetic reasons. The fledgling movement has as its key mission to advocate for the rights of circumcised women to inter and intra gender equality, self-determination, and full bodily autonomy that are enjoyed by other women and men in the world who uphold parallel genital aesthetic practices or male circumcision respectively. This presentation will discuss AWAFC’s current activities in Sierra Leone, The Gambia, and among Dawoodi Bohra women in various parts of the world, paying particular emphasis to the challenges circumcised women face in overcoming social stigma and discrimination brought on by aggressive anti-Female Genital Mutilation campaigns and criminal legislation. This presentation will also highlight the impact of the organization’s efforts to legalize minor forms of female circumcision (such as WHO Types I and IV) on girls under the age of 18 while advocating for an age of consent of 18 for more anatomically altering procedures on external female genitalia.

## **77. Female Offenders in the Criminal Justice System I**

*Utilizing a Feminist Framework to Explore the Role of Disempowerment in Female Offenders’ Criminal Behaviours and Perceptions of Criminal Behaviours*

Adrian Kunemund, *University of Georgia* (adriank31@uga.edu)  
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Robin Shearer, *Judge, Athens-Clarke County Juvenile Court, Athens, USA*

The present study explores gender related differences in reasons for offending and how adolescent offenders perceive their criminal behaviour. Using a feminist theory framework, we hypothesized female offenders would have a unique set of experiences and perspectives rooted in feelings and experiences of relational disempowerment. We collected information regarding criminal behaviours, personality, and perception utilizing clinical interviews, the Self-Report of Personality – Adolescent, and the Behavioural Assessment System for Children measures. We conducted a descriptive discriminant analysis and discovered significant differences between male and female offenders. Additionally, we found the constructs of empowerment/disempowerment accurately captured the experiences and perspectives of female offenders regarding their criminal behaviour. We will be presenting the profiles of both female and male offenders. We will compare them and explore the different reasons for offending and differences in self-perception within the context of feminist theory.

## *Predicting Offence Severity and Recidivism Among Female Juvenile Offenders*

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Brittany Field, *University of Georgia*  
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Several states within the United States are experiencing a significant increase in the number of girls reoffending and a sharp increase in the severity of their offences. To understand factors related to recidivism and offence severity, we examined the personality characteristics of female offenders as measured by the Minnesota Multiphasic Personality Inventory Adolescent (MMPI-A). Utilizing an independent sample t-test, significant differences were found among varying levels of severity of offences. Results indicated that certain personality characteristics were associated with an increased severity of criminal behaviour. In addition, we investigated personality factors associated with recidivism. A stepwise multiple regression revealed that scores on two MMPI-A scales accounted for 12.4% of the variance in the number of recidivistic offences. We will discuss the personality factors and MMPI-A scales associated with increased severity and recidivism. Additionally, we will discuss the clinical utility of our findings for creating therapeutic interventions to prevent reoffending.

## *Young Women Detained: Needs and Services in England and Wales*

Annie Bartlett, *St. George's, University of London* (abartlet@sgul.ac.uk)

Heidi Hales, *Consultant in Child and Adolescent Forensic Psychiatry, West London Mental Health Trust* (heidi.hales@nhs.net)

There is a complex system of care and detention for young people in England and important gender differences were apparent from a national study of those detained within it. There are three legal frameworks under which young people can be deprived of their liberty in England: The Mental Health Act (1983, as amended 2007) placing them in hospital, Section 25 of the Children Act (1989) placing them in a secure children's home, or under the youth justice system on remand or serving a sentence in a secure children's home (SCH), secure training centre (STC) or young offender institution (YOI). Most of the placements available to young people are within the Youth Justice System (YJS) but more therapeutic input is available for those in secure hospitals. This presentation will focus on the pathways into services, needs and systems of care for young women, noting and exploring how they are different in important ways from those of young men. We consider the extent to which it is reasonable to see these differences as intrinsic to the young people concerned or whether they are a byproduct of gender biased decision making styles within services.

### *Distinguishing Features of Female Juvenile Offenders: Intelligence, Personality, and Offense Pattern*

Tres Stefurak, *University of South Alabama* (jstefurak@southalabama.edu)

While male juvenile offenders continue to commit most delinquent acts in the United States, the growth in female juvenile offending is at least double the growth for male between 1989 and 1993. By the beginning of the 21st century, the Office of Juvenile Justice & Delinquency had identified female juvenile offending as a concerning trend, and a set of scholarship identifying potentially unique needs of female offenders has been compiled. This presentation examines a mixed sex sample of juvenile offenders from an urban juvenile court in the southeastern United States. Two hundred and one males and 98 females completed the Personality Assessment Inventory - Adolescent and the Wechsler intelligence scale appropriate to their age (WISC or WAIS). A logistic regression was conducted with PAI scale scores and validity scales and Wechsler index scores as predictors of gender. Results show that female juvenile offenders were characterized by more somatization, depressive symptoms, borderline traits, less drug use, more negative treatment indicators, and more interpersonal warmth. A secondary analysis was conducted examining gendered variations in terms of offense patterns. Here females had higher levels of status offending and lower levels of drug and alcohol related offenses.

## **78. Female Offenders in the Criminal Justice System II**

Lyn Gaudet Kiehl, *MINDSET consulting group, Albuquerque, USA* (LKiehl@mrn.org) - Discussant

## *Pathways to Prison: The Impact of Domestic Abuse on Women Prisoners in Oregon*

Mark Leymon, *Portland State University* (mleymon@pdx.edu)

Breanna Boppre, *Wichita State University* (breanna.boppre@wichita.edu)

Over the last half-century, the United States has undergone an era of mass incarceration, with a rise in imprisonment rates by over 500 percent. Yet, the increase in imprisonment for women was at a rate 50% higher than of men. Between 1980 to 2014, alone, the number of women prisoners increased by 700 percent. The state of Oregon was no exception to this national trend as the female prison population nearly tripled over the past 20 years. The gendered pathways perspective seeks to account for women's distinct experiences that lead them into justice-involvement. Major antecedents to women's pathways include relational dysfunction and substance abuse. Accordingly, this study explores such factors through results from a large survey of 142 women at Oregon's only female prison. The survey results included both qualitative and quantitative responses regarding women's history of domestic abuse and substance abuse. Two-thirds of women reported experiencing some type of domestic abuse and that it played a significant role in their conviction. The results highlight the need to consider the impact of domestic abuse as a catalyst for women's justice-involvement and the importance of relationally-based treatment to prevent recidivism after release.

## *The Psychopathology and Adjustment Reaction of Female Offenders and the Implications of Jail Versus Prison Incarceration*

Kayleen Islam-Zwart, *Eastern Washington University* (kislamzward@ewu.edu)

With few exceptions, the proportional representation of women in United States (US) jails and prisons has been increasing over the last four decades. Along with this growth there has been greater focus on the incarceration experiences of female inmates, with particular attention to psychological reaction. Rates of mental illness and substance misuse among incarcerated individuals are quite high, as much as four times that of the general public, and women are disproportionately impacted. This presentation will review findings from two separate studies (one conducted in a metropolitan county jail and the other in a state prison in the Western US) examining the initial psychological sequelae and adjustment reaction of incarcerated women. The presentation of psychiatric distress, psychological disorder, and adjustment reaction among women will be reviewed and discussed, with particular consideration for how such symptoms manifest as a result of incarceration setting. Findings articulate the link between psychopathology and adjustment to incarceration for female offenders, and highlight the importance of assessment of personal vulnerability and resilience factors in order to better tailor interventions to facilitate rehabilitation and successful release.

## *Navigation Towards Resources of Choice? Resilience, Complexity and Recovery: Towards an Understanding of How the Lived Experience of Women, Who Have Offended, Can Be Used to Inform Service Delivery Within the Criminal Justice System.*

Rebecca Gomm, *Middlesex University* (r.gomm@mdx.ac.uk)

It is clear that mental and physical health support needs are high for women who have offended and is related to experiences of violence and abuse and other adversity. This presentation will discuss how working with women within the Criminal Justice system, requires an understanding of how both health and justice systems operate and integrate and that this is a complex area. The presenter will argue that working with women within the criminal justice system is frequently viewed as problematic and that a paradox operates whereby women are viewed as both victims and offenders, which adds to the complexity of this area of work. Narrative examples from women with experience of the criminal justice system, within the United Kingdom, will be used to explore how they have made sense of approaches which have supported their desistance from offending. Women's hidden resilience and the role of services in supporting recovery journeys will be discussed. It is argued that women navigate towards resources of choice and that health related provision is essential, to enable women choice in accessing their particular support needs. It is also argued here, that governance and evidence-based systems within health and justice systems, need to be effectively integrated.

## **79. Feminist and Queer Bioethics**

Akshay Khanna, *Independent* - Discussant

### *Queer Vulnerabilities*

Tiia Sudenkaarne, *University of Turku* (tiijun@utu.fi)

Queer bioethics is an explicated field of bioethics focusing on issues concerning lesbian, gay, bisexual, trans, and intersex individuals, and others whose gender and sexual variance is deemed somehow problematic by medical ethics. Queer bioethical analyses can discuss, for example, the global accessibility of gender reassignment for transgender people, the ethics of sex affirmation when treating intersex conditions, or reproductive justice in queer reproduction. Further, however, queer bioethics interrogates the basis on which socio-medicalized views on gender and sexuality are produced and reproduced. A development in feminist empirical bioethics, this presentation will discuss the concept of layered vulnerability and apply it to queer bioethics. The layered account of vulnerability disputing individuals or groups from being vulnerable rather than being rendered vulnerable – crucially, also without being rendered powerless – the presentation will offer an original approach to LGBTQI vulnerabilities. Drawing from queer

bioethics and the queer bioethics inventory, a methodological tool for both theoretical and practical uses, the presentation will discuss suggestion for layers to be used in further analyses for queer bioethical vulnerabilities.

## *Whose Interests are Advanced by LGBT/ Queer Bioethics?*

Cristina Richie, *East Carolina University* (richiec17@ecu.edu)

Before there is sexual orientation there is sex. And lesbians, as a class of women, have been right to point out that men—gay and straight—still benefit from a patriarchal society. Lesbians remain more vulnerable to misogyny, underemployment, discrimination, sexism, and a lack of social representation. Sexual orientation cannot be separated from patriarchy, privilege, and dominance. It is precisely these differences which Doris Leibetseder has so incisively pointed out. These are inequalities are compounded when speaking of access to medical reproduction. Theorists writing about the biological children of gay people—as a blanket term for both gay men and lesbian women—often gloss over these facts. It is sloppy conceptual work to place gay men and gay women together when discussing LGBT/ Queer bioethics, yet this is often done for expediency. This presentation will explore medical reproduction as a case study in LGBT/ Queer bioethics emphasizing that the homosexual experience—physically, socially, economically, emotionally, and politically—is not homogenous. Bioethicists must clearly define whose interests are at stake when advancing LGBT/ Queer bioethics and ensure that lesbians, and other queer women, are not disadvantaged.

## *Queer and Transgender Reproduction in Six EU-States*

Doris Leibetseder, *Uppsala University* (doris.leibetseder@gender.uu.se)

One social group particularly affected by biotechnological and legislative changes around Assisted Reproductive Technologies (ART) are queer and transgender people. This comparative presentation will examine which possibilities and constraints they experience in six purposely selected European countries (Austria, Estonia, Poland, Spain, Sweden, the UK), including countries where none or less research on queer and transgender use of ART is done. Based on the results of the presenter's Marie-Skłodowska Curie project "QTReproART -Towards an Inclusive Common European Framework for Assisted Reproductive Technologies (ART): Queer & Transgender Reproduction in the Age of ART", this presentation will address two aspects: First on the outcomes dealing with the regulation of ART for LGBTQ-people, the second on the experiences of self-identified queer and transgender people with ARTs. The first part of the talk on the legal regulations of ART for queer and transgender people consists of laws on family, kinship, and gender recognition and a comparative national analysis. The second part of the presentation will show the outcomes of the analyses of queer and transgender experiences with ART and suggestions on how to improve their precarious reproductive situations.

## *Queer Bioanalytical Analysis of Community Engagement and Negotiating Mistrust in HIV Vaccine Development in Kenya*

Salla Sariola, *University of Helsinki* (salla.sariola@helsinki.fi)

Community engagement is a ubiquitous tool in Global Health research. International bioethical guidelines mandate community engagement as a way of ensuring that research is socially relevant to communities taking part in research, collaborative, and democratic. A key theme in the study of community engagement and Global Health research is trust. Engagement is seen as trust-building *par excellence*. This presentation will argue, however, that particularly in contexts of sub-Saharan Africa it would be analytically more productive to think with mistrust. History of medical research in sub-Saharan Africa is marked by conflicts between communities and health professionals and research has been associated with colonial and postcolonial forces, black magic, and experimentation. Based on ethnographic research from Kenya in 2014-2015, this presentation uses a queer bioethical framework to analyze a conflict that ensued between an HIV vaccine research group, LGBTIQ study participants, and the community living in the vicinity of the study centre. The case demonstrates the conditions and limits of engagement, and how queer bioethical thinking about mistrust is relevant to understanding the role sexuality and vulnerability in conflict. In this context engagement tools are made to work across differences of race, class, education, and sexuality, with precarious results.

## *Is “Gender Disappointment” a Mental Disorder?*

Tamara Kayali Browne, *Deakin University* (tamara.browne@deakin.edu.au)

Tereza Hendl

“Gender disappointment” is the feeling of sadness when a parent’s strong desire for a child of a certain sex is not realized. It tends to be framed as a mental disorder on a range of platforms including the media, sex selection forums, and among parents who have been interviewed about sex selection. This presentation will aim to investigate whether gender disappointment qualifies as a mental disorder under the current criteria and whether it is in the public interest to recognize it as a valid justification for sex selection. We agree with Rashed and Bingham who call for attention to the origins of distress related to a particular “condition” and claim that if the distress is socially constituted, then it should not be considered a mental disorder. This presentation argue that the distress related to gender disappointment is socially constituted as the parent’s desire for a child of a particular gender is grounded in a socially harmful set of beliefs: Gender essentialism. The presentation will argue that the framing of gender disappointment as a mental disorder is therefore unconvincing and inconsistent with important public values such as gender equality and respect for diversity of gender identity.

## **80. Filicide: An International Review**

## *Literature Review - Why and how do mothers kill ? what do we know till now.....*

Vivek Bisht, *Consultant Forensic Psychiatrist, Eput Secure Services* (v.bisht@nhs.net)

The phenomenon of child killing can be traced back through the centuries. Under the Roman law of 'Patria Potestas', fathers were given the right to commit infanticide, but it was a punishable act for mothers. The term the 'Medea Complex' was coined by Stern in 1948 and denotes spousal revenge. It originates from the Greek play 'Medea' by Euripides, which describes the story of a jealous wife who punishes her husband by killing their children. The presenters will summarize the current literature review looking at filicide to provide a summary of the key research studies undertaken into cases of filicide, both in the UK and internationally. Six key questions will be explored: How common is filicide? Who commits filicide? Who are the victims of filicide? What are the circumstances surrounding filicide? Is there a link to suicide? Can filicide be prevented? In addition to this, particular focus would be given to the role of mental disorder in this offending and the legal defenses available to these mothers. It would be interesting to compare how these cases are disposed of in various European countries. Case examples will be presented to highlight the clinical challenges.

## *Filicides: Characteristics of Victims and Typologies*

Paula Murphy, *Consultant Forensic Psychiatrist, St Andrews Health Care*  
(themurf60@gmail.com)

This presentation will summarise a review of the international literature to identify what the key characteristics of the victims of filicide are, in terms of age, sex, and method by which they are killed. The circumstances surrounding filicides will be also discussed and in particular, the classification systems used to describe filicides will be presented. The first classification system proposed by Resnick in 1969 was based on the perpetrators motivation, according to actual or perceived motives. Later developments categorised the origin of the offence as emanating either from the parent, the child or situational factors. Typologies have continued to be added to and adapted over the years. The main circumstances and motivations for filicide can be categorised into Altruistic / mercy killing, Unwanted child (Neonaticide), Accidental filicide, Retaliation/spousal revenge and Mental illness'. Each will be reviewed in detail. Filicide is however complex and multi-factorial and cannot be easily subsumed into any one, classification system. The limitations of classification systems will also be discussed.

## *The Role of Mental Disorders & Legal Defences Available to Mothers*

James Lee, *Oxleas NHS Foundation Trust, London, UK* (jamesoelee@hotmail.com)

In addition to this, particular focus will be given to the role of mental disorder in this type of offending. Several studies have highlighted the role of mental illness as an important factor in

filicide. Affective disorders, in particular, depression have been shown to commonly play a part in the offence. A significant proportion of perpetrators has either a history of depression or was deemed to be depressed at the time of the filicide. Other key mental disorders identified in such cases include schizophrenia, other psychoses and personality disorder. Psychotic parents reportedly experience auditory hallucinations or delusions about the child or their ability to care for the child. The role of suicide and its link to filicide will be explored. It would be interesting to compare how these cases are disposed of in other jurisdictions. The presenters will offer insight into how similar cases are presided over in other countries. In the UK, those with mental disorder may be diverted from the Courts to a secure hospital as part of their sentencing. Case examples will be presented to highlight the clinical challenges of dealing with these cases.

### *Managing women who have killed their children in a hospital setting*

Liam Dodge, *Oxleas NHS Foundation Trust, UK*  
([liamdodge@nhs.net](mailto:liamdodge@nhs.net))

Like other offenders against children, mothers who kill or injure their own children generate anger, hostility and questions as to their motivations: this can include from professionals concerned with their rehabilitation. Many such offenders in England and Wales receive treatment in secure psychiatric hospitals, but they are often quite different from the ‘typical’ hospital patient in terms of their backgrounds, mental disorders and risk profiles. They frequently generate difficult feelings in those involved with their care which need to be identified and managed. This provides challenges for the clinicians looking after them, for the women themselves, and for the various other agencies who may be involved in their future risk management. The presentation will illustrate some of the challenges faced in managing such cases, including: handling negative reactions from the public and media; balancing the management of risk of future harm to others with the risk of harm these individuals pose to themselves; and undertaking these tasks alongside other agencies whose focus is primarily on public protection. We will look at approaches used to address these challenges using examples of cases managed by the presenters.

## **81. Forensic Assessments and Symptom Validity**

### *Forensic Psychological Assessment and Symptom Validity Testing in Denmark*

Sofia Gudmundsson, *Ministry of Justice, Copenhagen, Denmark* ([sofia.karlsson@jrklunik.dk](mailto:sofia.karlsson@jrklunik.dk))

An important part of conducting psychological assessments and interpreting the results involves evaluating the validity of the obtained data. It is well documented and widely acknowledged that this is a particularly relevant matter when examining individuals undergoing pre-trial or pre-

sentencing forensic psychological assessments. The defendants may have an incentive to exaggerate or fabricate symptoms and difficulties as well as deliberately underperform on the psychological tests to achieve a lesser punishment or psychiatric treatment instead of imprisonment. It has been well established that professionals using only their clinical judgement for this task will fall short. A multidimensional approach is widely recommended in the literature, preferably involving at least one stand-alone symptom validity test. In Denmark, there are two standardised stand-alone symptom validity tests available: The Test of Memory Malingering (TOMM) (measuring performance validity) and the Structured Inventory of Malingered Symptomatology (SIMS) (measuring symptom validity). It is previously unknown how often these tests are used in this setting, under which circumstances, and how the results are incorporated into the conclusion of the assessment. This presentation will focus on this issue as well as compare the results with the recommended best practice and the possible implications of the current practice.

### *Are Symptom Validity Tests Too Difficult for Asylum Seekers?*

Douwe H. van der Heide, *GGZ Centraal* (d.vanderheide@ggzcentraal.nl)

Measured with standard Western instruments the average IQ in central Africa is about 70. Are 'fake' cognitive tests in fact 'real' cognitive challenges to some non-Western asylum seekers? To test this, this study compared the outcomes of 72 inpatients in a psychiatric clinic for asylum seekers on two 'fake' cognitive tests (the TOMM and a forced-choice test modeled after Morel's MENT) to their outcomes on a 'real' cognitive test (the Study Path Selection Test). The patients were divided in a group with a positive incentive to exaggerate their symptoms (n = 52), a group with no such incentive (n = 14), and a group with a negative incentive (n = 6). For the 'fake' tests significant differences were found, but not for the 'real' cognitive test. The scores on the forced-choice test of African asylum seekers (n = 93) from the same clinic were compared to those of asylum seekers from other parts of the world. After correction for incentives, there were no significant differences (n = 110). These findings provide no evidence that 'fake' cognitive tests are a 'real' cognitive challenge to some non-Western populations.

### *Normal Personality Traits as a Valid Symptom Indicator of Paraphilia*

Ingrid Bertsch, *University of Tours* (i.bertsch@chu-tours.fr)

T. Pham, *University of Mons, Belgique*

C. Réveillère, *University of Tours, France* (christian.reveillere@univ-tours.fr)

R. Courtois, *university of Tours, France* (christian.reveillere@univ-tours.fr)

According to some etiological theories, some personal factors are implicated in violent sexual behaviors. It appears that Personality is one of these personal factors. Understanding the personality component, as part of the symptoms of Paraphilia, could be one of the keys to adopt an appropriate attitude and develop a therapeutic rapport while addressing the deviant disorder. Personality as an indicator of symptoms for paraphilia may be explored by using the five-factor models. This model has been used as a valid construct in other disorders. The innovative aspect

of using this model in the context of Paraphilia, is to address a pathological and stigmatized phenomenon by looking at normal personality characteristics, whereas clinicians and researchers tend to focus on deviant behaviors and their underlying cognitive basis. This presentation aims to present how the five-factors model (neuroticism, agreeableness, conscientiousness, extraversion and openness) can contribute to provide some understanding of deviant behaviour in the forensic context. These factors do not only help understand the violent pattern, but they identify which rehabilitation will be the most beneficial for the individuals, as it looks at how these traits impact social interaction in the community. This presentation will also highlight some of the research that has been conducted about normal personality within the forensic population.

## *Forensic Assessment via Videoconferencing: Are Observed Symptoms Valid?*

Sebastien Prat, *McMaster University* (prats@mcmaster.ca)

A simple, innovative method of delivering medical services has involved the use of videoconferencing systems to conduct interviews in regions that lack adequate representation of certain specialties, such as psychiatry. For multiple reasons, forensic psychiatry has contemplated this option as a way to accomplish court-ordered evaluations for inmates or any individuals that may be limited in terms of their ability to travel. However forensic assessment is dissimilar to general psychiatric assessment, due to the legal context and related possible outcomes. In general, individuals may try to portray themselves in a favorable fashion; the role of the clinician is to be accurate and detailed in seeking to detect any inconsistencies in the accused's behaviour and statements. This presentation will demonstrate that this forensic assessment modality is not a barrier to gathering accurate, legally relevant information. Symptom validity in the forensic context is an important issue; indeed, if an evaluator fails to consider this aspect, final recommendations may be misguided. Beyond addressing the issue of symptom validity, this presentation will highlight the additional benefits of conducting general clinical assessments via this technique.

## **82. Forensic Facets of PTSD**

### *The Association of PTSD and Psychopathy in Torture Cases*

Carlos Hugo Isaac Serna, *Instituto Jalisciense De Salud Mental, Zapopan, Mexico* (cisaacx@hotmail.com)

In the general population, it is reported that posttraumatic stress disorder (PTSD) is the most frequent mental health disorder following torture. An evaluation using the Istanbul Protocol was conducted on a prison population who apparently suffered torture. It was observed that those who also meet the criteria for psychopathy do not present signs of PTSD or any other affective symptoms, unlike the general population. In fact, in many cases, there was no emotional

response. Some researchers have found an association between psychopathy and affective symptoms (anxiety and depression), and their protective effect against the development of PTSD after exposure to trauma has been studied. Research suggests that personality traits are a vulnerability factor in conjunction with the intensity of the trauma and other post-traumatic factors. Psychopathy itself is very complex to understand, as it is not a clinical diagnosis, and while studies have explored the neuroanatomical and neurophysiological differences in psychopathy, which might explain the diminished emotional response, there is currently not enough international research to provide relevant data on these associations. A better understanding of PTSD and its associations would help improve forensic assessment methods. This presentation will report on the results of a study on the association between torture and psychopathy in a prison population. Findings and conclusions will be discussed.

### *Forensic Evaluation of Posttraumatic Stress Disorder (PTSD)*

Britta Ostermeyer, *The University of Oklahoma* (britta-ostermeyer@ouhsc.edu)

Posttraumatic stress disorder (PTSD) is a complex disorder caused by exposure to actual or threatened death or serious injury and can arise in response to experiences such as war combat, first responder rescue, sexual trauma and abuse, or torture. DSM-5 PTSD symptom complexes include re-experiencing, avoidance, negative alterations of cognition and mood, and marked alterations in arousal and reactivity. The fact that PTSD can result from traumatic experiences, which implies a causal relationship of psychic injury to trauma, often gives rise to personal injury lawsuits. There is a complex interaction of PTSD and litigation, and mental health professionals are often asked to step in and evaluate trauma survivors who claim PTSD. In such forensic evaluations, it is of particular importance to be mindful of malingered PTSD by evaluatees for the purpose of financial gain or to offset criminal responsibility. While certain traumatic experiences, such as rape, carry a high risk of PTSD development, not everyone who experiences a traumatic event will develop PTSD. This presentation will discuss the forensic evaluation of PTSD, including how to detect malingered PTSD.

### *Domestic Violence and PTSD in a Safe House Program*

Carmen Leticia Aranda Gomez, *Centro Universitario de los Altos, Universidad de Guadalajara, México* (coord.medicina@cualtos.udg.mx)

Domestic violence it is a worldwide phenomenon that deeply hurts society. Some of the most vulnerable victim groups are women and children who suffer from violence at the hands of their own family. According to the World Health Organization, 1/5 of the world population of women has been the subject of some type of violence in their life. Literature reports that depression, anxiety, and PTSD are the most frequent symptoms associated to this kind of trauma exposure –

other sources point out that PTSD is the most frequently developed disorder. There are variations in prevalence across countries. There is a direct relationship between the severity and duration of the exposure to violence and the severity of the symptom. Exposure to domestic violence is also associated with 12 times more suicide attempts. There is clear evidence that the social perspective plays a very important role, as domestic violence is more frequent amongst people with medium and low educational and socio-economic level. This presentation will report on the results of a one-year follow-up with domestic violence victims in a safe house program. The presentation will focus on a forensic point of view, showing that there are different types of victims according to personality and other factors, and not all victims have subsequently developed PTSD.

### *Forensic Facets of Trafficked Survivors Suffering from PTSD*

Mariam Aboukar, *Advocate Aurora Health Care, Chicago, USA*  
(Mariam.aboukar@advocatehealth.com)

Human trafficking is estimated to be a \$32 billion per year industry. Approximately 23 million people are affected by trafficking globally. Often, trafficked victims are kidnapped, manipulated, and sold into the work force or commercial sex trade. This industry's ability to manifest itself in adverse health outcomes for victims may be underestimated as trafficking survivors often suffer from mental illness and physical illnesses that may go undiagnosed. They are often times neglected, despite seeking medical attention through the underground trafficking system. Despite this, most trafficking survivors see community healthcare providers however are not properly identified. Approximately 80% of trafficking victims see a health care provider while actively involved 'in the [trafficking] life.' In addition, trafficking survivors are often conflicted as to whether or not to reach out to law-enforcement. Often, traffickers are involved in the corruption of law-enforcement agents and thus manipulate trafficking victims to doubt the safety of those respective agencies. This panelist, a psychiatrist, will use a case study of a trafficking survivor identified in Chicago to share the unique forensic facets that contributed to the health care and legal challenges that this survivor faced due to trauma-related disorders.

## **83. Forensic Psychiatry I: Gender Bias in Forensic Psychiatry**

### *Sexual Harassment in Medicine*

Helen M. Farrell, *Harvard Medical School* (hfarrell@bidmc.harvard.edu)

Sexual harassment hit a peak of cultural awareness during the course of the past year. In 2017, the popular American magazine *TIME* awarded its "Person of the Year" designation to "The Silence Breakers," observing that: "This reckoning appears to have sprung up overnight. But it

has actually been simmering for years, decades, centuries.” The exposure of predatory behaviour exhibited by once-celebrated movie producers, newscasters, and actors has given rise to a powerful change. The #MeToo movement has risen to support survivors and promote an end to sexual violence. Just like show business, medicine—a profession rife with entrenched male domination, gender-driven hierarchical structures, and striking power differentials—bears a long and storied history of discrimination and outright abuse. For instance, a shocking number of female doctors are sexually harassed in the workplace to this day. The presentation will explore how harassment manifests as disparities regarding leadership roles, faculty appointments, and career longevity for women and discuss how individuals can play an active role in identifying harassment and intervening.

## *Sexual Harassment: Noted Triumphs of Female Litigants*

Kelly L. Coffman, *Emory University* (kerwin@emory.edu)

The field of forensic psychiatry, as applied to the criminal and civil justice systems alike, has consistently remained attentive to themes of sexual harassment and discrimination. The American Academy of Psychiatry and the Law (AAPL) has long maintained and supplemented a robust list of landmark cases considered particularly important for mental health professionals practicing in the legal arena. This list includes cases brought forth by tenacious female litigants who used the law to advocate, and some of these women have taken their fight all the way to the Supreme Court of the United States. In the course of an overview of relevant legal matters, two such important cases will be reviewed in particular detail: *Meritor Savings Bank, FSB v. Vinson* (1986) and *Harris v. Forklift Systems, Inc.* (1993), both of which served to establish that a pattern of sexual harassment can create a “hostile working environment” covered by Title VII of the Civil Rights Act of 1964.

## *Boundary Violations in the Realm of Academic and Professional Psychiatry*

Thomas Gutheil, *Harvard Medical School* (gutheilg@cs.com)

Male colleagues, however well-intentioned, may fail to grasp the true import of their behaviour when interacting – or failing to do so – with their female counterparts. This is no less true in forensic psychiatry than in any other academic or professional workplace. In some particularly regrettable instances, poorly informed attempts to “bridge the gap,” hampered by a less than optimal combination of cluelessness and concern, may come across as patrician, patronizing, or condescending. The most egregious instances, of course, are those of outright predation. This presentation reviews the extant literature on sexual and non-sexual boundary violations and seeks to apply its principles to the experiences of women in academic and professional psychiatry. Whether surfacing as patients, clients, co-workers, consultants, supervisees, litigants, or forensic examinees, these women convey experiences that constitute a unique blend of concerns. How can those providing care, guidance, and expert testimony seek to understand and address these concerns? How will attorneys, judges, and jurors attempt to make sense of these phenomena?

## *The Perspective of the Early Career Female Forensic Psychiatrist*

Sara Brady, *Harvard Medical School* (sarajbrady@gmail.com)

Women are trained throughout academia to learn that success comes from achieving objective goals, such as test scores and performance competencies. However, success and achievement aren't based upon simple metrics in the "real world" of practice. Although women increasingly pursue male-dominated professions, the glass ceiling continues to limit female advancement in these fields, especially for the early career female psychiatrist. With so few seasoned female forensic psychiatrists to serve as mentors, early career female psychiatrists often seek guidance from veteran male colleagues. However, such mentorship can be experienced as patronizing or condescending. In those situations, how does a young female psychiatrist navigate the conversation to educate her male colleagues to facilitate a meaningful dialogue about said behaviour without jeopardizing the mentor-mentee relationship or risking retribution? Furthermore, in the midst of the #MeToo movement how do women effectively approach men for mentorship? This presentation will answer those questions using contemporary examples.

## *Mentoring Female Forensic Psychiatrists*

Eric Drogin, *Harvard Medical School* (eyd@drogin.net)

Have the rules changed, or is it rather that those to whom the rules apply – specifically, all of us – are now going to be held accountable? Evolving in this highly charged contemporary environment is the role of the male colleague providing mentorship to female professionals. The task is the same, but the methods must be revisited. No longer are transgressions going to be judged by relatively basic metrics of egregiousness and intentionality, and no longer is their analysis going to be confined to notions of harassment or abuse. Among the predictable sequelae of the #MeToo movement is the real or constructive absence of supervision, as current and potential male mentors shy away from the prospect of awkwardness, embarrassment, or even liability by the simple expedient of limiting their exposure to female professionals. This presentation conveys an optimistic and action-oriented perspective on these issues, with particular attention paid to legal and ethical as well as practical ramifications for males seeking to mentor female forensic psychiatrists.

# **84. Forensic Psychiatry II: Psychological Well-Being and Quality of Life in Forensic Psychiatry**

## *Well-Being of Forensic Patients*

Maximilian Lutz, *Ulm University* (maximilian.lutz@uni-ulm.de)

The basis of the current study is a measure of the quality of prison life developed by Liebling and colleagues. They proposed that a good test of the performance or quality of a prison is what prisoners have to say about those aspects of prison life that ‘matter most’. Using appreciative inquiry, they held careful discussions with prisoners over the period of one year. What matters, according to this research, is a set of concepts that are all about relationships like fairness, respect, humanity, and order, to name just a few. A process of dialogue, deliberation, and refinement lead to the compilation of a set of dimensions, with items to measure them. For our present study we translated this measure and adapted it to forensic settings. The questionnaire was then administered to 300 forensic patients in 14 different forensic hospitals. Using this measure in an exploratory way, we found significant differences between institutions in the aforementioned areas indicating quality of life.

## *Psychological and Physiological Stress Levels of Forensic Patients*

Stefanie Nigel, *Ulm University* (stefanie.nigel@bkh-guenzburg.de)

Research consistently shows that inmates not only suffer from prior traumatic experiences and stressful life events, but also from high levels of current subjective distress. However, acute stress in the context of forensic psychiatry has been poorly understood. Recent studies suggest the distinction between psychological and physiological symptoms of subclinical stress experience. In our present study we investigated possible differences regarding these two dimensions of stress and their relations to psychopathy factors. Therefore, 164 forensic patients with a substance use disorder were administered the Psychopathy Personality Inventory and the Subclinical Stress Questionnaire. Our results indicate that inpatients experience a higher level of stress than general population samples, which is predicted by psychopathy scores. More precisely, the psychopathy factor “Impulsive Antisociality” (IA) is a positive predictor of psychological stress symptoms, while the factor “Fearless Dominance” (FD) is a negative predictor. Physiological stress, however, is not directly predicted by the psychopathy factors, but by psychological stress. In conclusion, FD serves as a resiliency factor mediating against the adverse effects of stress on mental and physical health, while IA constitutes a risk factor for stress symptoms. These findings are important for the development of more specifically targeted treatment programs in forensic psychiatry.

## *The Prevention of Suicide and Suicide Attempts in Forensic Psychiatry*

Manuela Dudeck, *Ulm University* (manuela.dudeck@bkh-guenzburg.de)

Numerous studies have shown that suicide risk is significantly increased in prison. Prison inmates are five to ten times more likely to kill themselves than members of the general population. The greatest risk exists for mentally ill offenders who are characterized by a high potential for violence. As forensic patients belong to this high-risk group, the prevention of

suicide and suicide attempts is of special importance in forensic psychiatry. Recent results show that the existing questionnaires for evaluating the general risk of suicide (such as Beck's Scale for Suicide Ideation) tend to measure persistent personality traits and are not suitable for predicting acute suicidality. Yaseen and colleagues developed an instrument that captures an acute state of affective and cognitive dysregulation, the suicide crisis syndrome. According to the authors this syndrome includes feelings of extreme hopelessness, flood of thought, and psychotic somatization disorders. In the present study, this instrument was translated, adapted, and administered to 300 forensic patients.

## *Biographical, Socio-Demographic, and Criminal Differences Between Male and Female Forensic Patients*

Irina Franke, *Ulm University* (irina.franke@bkh-guenzburg.de)

Gender differences in the base rate and severity of offending have been relatively undisputed and stable over time. It is argued that different factors may be associated with violence among men than among women. To shed more light on this relationship, we compared biographic and psychiatric histories and socio-demographic and criminal characteristics of female and male forensic patients. From a total sample of 115 male and 61 female patients, we formed two parallel groups with regard to age, diagnosis, and graduation. The patients were interviewed on the basis of a self-developed guideline and were administered a questionnaire measuring adverse childhood experiences by Isele and colleagues. We found various prominent differences, for example, that female patients report more and longer-lasting adverse childhood experiences than male patients. Women have also been in psychiatric pre-treatment more often, whereas men had an earlier start of their criminal history. In addition, men were convicted for violence more frequently than women. With regard to sociodemographic variables such as marital status and employment, no differences emerged between male and female forensic patients. Several recommendations for gender-responsive treatment and directions for future research are provided.

## *Psychopharmacologic Treatment of In-Patients with Schizophrenia: Comparing Forensic and General Psychiatry*

Nenad Vasic, *Clinical Centre Christophsbad, Goepfingin, Germany*  
(nenad.vasic@christophsbad.de)

Patients with schizophrenia constitute a substantial proportion of patients hospitalized in forensic psychiatry. Antipsychotic medication is an essential part of evidence-based treatment and can significantly improve both the medical and legal prognosis. In our study, we compared psychopathological features, psychopharmacological treatment, and the neurologic and metabolic side effects of treatment in demographically comparable inpatients with schizophrenia being treated in either forensic or general psychiatry. Regarding the psychopathology, megalomaniac ideations, animosity, affect flattening, weak will, social passivity, apathy, uncooperative behavior, and poor impulse control were more pronounced in the forensic

psychiatry sample. Nevertheless, patients in the forensic setting were prescribed less antipsychotic medication than the general psychiatry patients. Polypharmacy was pronounced in both samples. There were no significant differences in prescription rates of depot antipsychotics, movement disorders, or metabolic parameters. The side effects were similar in both groups. Although preliminary, our findings suggest a number of differences in the symptomatology and antipsychotic drug treatment of forensic and general adult psychiatry patients with schizophrenia. The presentation will offer a basis for discussion and reflection of both current and future psychopharmacological treatment strategies of patients with schizophrenia in forensic and general psychiatry.

## **85. Forgiveness and Conflict Resolution in High Conflict Families**

Sergei V. Tsytsarev, *Hofstra University* (Sergei.V.Tsytsarev@hofstra.edu) – Discussant

### *Self-Focused Conceptualization of Forgiveness for High Conflict Families*

Paul J. Meller, *Hofstra University* (paul.meller@hofstra.edu)

For the past 20 years psychologists have been wrestling with developing psychologically sound definitions of forgiveness, and determining how forgiveness may impact a person's psychological functioning. While a variety of definitions have been espoused, Wade Hoyt, Kidwell, and Worthington (2013) have pointed out that contemporary conceptualizations of forgiveness include both a) the reduction in vengeful and angry thoughts, feelings, and b) motives that may be accompanied by increasing positive thoughts, feelings, and motives toward the perceived offending person. Forgiveness is an internal self-directed process that does not necessarily include reconciliation with the person who perpetrated the misdeed at its core. The research demonstrates that forgiveness is associated with many emotional, psychological, and physical health benefits. This presentation will provide definitions and an overview of self-focused forgiveness, and how it relates to decrease in familial conflict in both pre- and post-divorce families.

### *A New Four-Component Conceptualization of Conflict*

Kathryn Coyle, *Hofstra University* (kcoyle4@pride.hofstra)

Previous research has viewed conflict resolution type as two end points along a single dimension. The present research sought to expand the present understanding of conflict resolution in high conflict families by viewing constructive and destructive conflict resolution as separate dimensions as opposed to the end points of a single dimensions of conflict style. The resultant model yields four distinct conflict resolution types: Constructive (High on Constructive/Low on Destructive); Destructive (Low on Constructive/High on Destructive);

Combined Type (High on Constructive/High on Destructive); and Avoidant (Low on Constructive/Low on Destructive). It was found that people who utilize constructive conflict resolution styles reported significantly higher levels of marital satisfaction compared to the combined resolution type, the avoidant resolution type, and lastly, the destructive resolution type. The destructive resolution type had significantly lower levels of marital satisfaction compared to the avoidant resolution type, the combined resolution type, and the constructive resolution type. The combined resolution type and the avoidant resolution type did not significantly differ in terms of marital satisfaction. Results will also be discussed in terms of the fundamental attribution error as a moderating variable for conflict type and marital satisfaction.

## *The Impact of Forgiveness on Enhancing Post-Divorce Outcomes for Mediating and Litigating Parents*

Anna Varfolomeyeva, *Hofstra University* (psypzm@hofstra.edu)  
Kristina Kuznetsova, *Hofstra University*

The purpose of this study was to explore the differences between people who mediated their divorce and those who litigated on quality of co-parenting, forgiveness, satisfaction with the divorce agreement, and conflict. The role of forgiveness in predicting quality of co-parenting, agreement satisfaction, and level of conflict was also examined. Participants were divorced for two to seven years, had at least one child under the age of 19, engaged in on-going communications, and had an arrangement in which both parents had parenting time with the child. A total of 129 participants were surveyed; 73 mediated and 56 litigated their divorces. Differences in current conflict were significant even when controlling for level of conflict prior to the divorce. However, the groups did not significantly differ on level of forgiveness. Actually, forgiveness enhanced the relation between dispute resolution type and current inter-parental conflict. Specifically, people who mediated and had higher levels of forgiveness were found to have the lowest levels of conflict. Additional analyses identified forgiveness as an important factor contributing to better post-divorce outcomes for families independent of type of dispute resolution used in the divorce.

## *The Role of Forgiveness in Therapeutic Visitation*

Gia Campagna, *Hofstra University* (gcampagna1@pride.hofstra.edu)  
Ashleigh Garretson, *Hofstra University* (amgarretson@optonline.net)

Therapeutic visitation is a process designed to facilitate a healthy relationship between an estranged parent and their child. While there are many reasons a court might order therapeutic parenting time, the most common precipitating factors are: 1) Adverse parenting, 2) custodial interference, 3) prolonged separation, and 4) child welfare issues. A five-step process is used to overcome this cycle of disengagement: Graduated exposure, decrease the negative emotional response that is associated with the parent, normalization of the relationship, resolution of underlying conflict, and generalizing the therapeutic benefits. This presentation will focus on the introduction of two forgiveness and gratitude interventions which were implemented as an adjunct to the therapeutic visitation process, a parent-parent forgiveness intervention, and a

child-parent forgiveness intervention. In the parent-parent forgiveness intervention both parents are provided with pre-therapeutic visitation training on forgiveness and are asked to participate in a forgiveness exercise with their former partner. In the child-parent forgiveness the child is provided a forgiveness training prior therapeutic visitation. In addition, the child and parent will engage in a forgiveness exercise prior to the start of therapeutic visitation. Data will be presented to demonstrate the differential efficacy of these therapeutic interventions.

## **86. Healthcare and Services: Minorities and Marginalized Groups**

### *Co-Production to Understand the Black, Asian, and Minority Ethnic (BAME) Experience of Mental Health Legislation and Medication*

Laurie Dahl, *Kingston University* (L.Dahl@sgul.kingston.ac.uk)

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Black and Asian minority ethnic (BAME) service users receive more compulsory medication in the UK than other groups. This project builds on the results of an earlier qualitative study that analyzed case studies involving Black, Asian, and minority ethnic (BAME) service users (SUs), carers; lay and professional with experience of compulsory medication; focusing on developing education for already qualified practitioners. However, in subsequent consensus workshops with the research team, SUs, and carers, the SU and carer participants queried the focus on already qualified practitioners and stressed the need to address student professional education. Consequently, another co-produced study with SU and carer participants from the earlier study will engage with BAME mental health nursing students in consensus workshops to design an educational experience to improve collaborative practice and understanding of the BAME perspective on medication taking. The project is ongoing so we cannot predict the exact outcome of this work. However, early discussions suggest possibly a practice placement and/or a virtual reality experience (in combination with Sage publishers). The educational experience will be piloted in an English university and attitudes evaluated pre and post intervention using the validated Leeds Attitude Towards Concordance Scale.

### *Not Going Anywhere Without My Dog: A New Service Delivery Model for Youth Experiencing Homelessness with Their Companion Animals*

Lisa Ann Kelly, *University of Washington* (lisak2@uw.edu)

Research shows that 10-25% of people experiencing homelessness in the United States own pets.

The percentages may skew higher for youth experiencing homelessness where companion animals can be both a source of comfort for those suffering trauma and protection for those at high risk of exploitation. However, pet ownership is also a barrier to accessing necessary services, including temporary shelter, long-term housing, mental and physical health care, and social/legal services. Several schools at the University of Washington have united to research and design a new service delivery model that seeks to provide a one-stop shop for the human-animal dyad. The schools of Public Health, Veterinary Medicine, Nursing, Social Work, and Law engaged in research to uncover the experiences of homeless youth and their pets, the legal challenges surrounding the design of a human-animal service model, and the ways in which these challenges can be overcome. This presentation will report on the results of this yearlong research and service delivery design project.

### *The Indigenous Forensic Patients Through the Lens of the Ontario Review Board*

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Mirna Batinic, *St. Joseph's Healthcare Hamilton, ON, Canada*

Indigenous forensic psychiatric examinees represent a culturally unique group at the intersection of psychiatry and the law. The low numbers of Indigenous forensic psychiatric examinees entering the Canadian review board process is inconsistent with their over-representation in the criminal justice system—a circumstance that raises critical medicolegal and service-related questions. This presentation reviews a recent analysis of Ontario Review Board (ORB) reports of Indigenous forensic examinees, with particular attention to sociodemographic statistics, personal history, psychiatric history, criminal records, neuropsychological testing, clinical treatment, service trajectories (including length of stay), and risk assessment. A discussion of findings concerning psychosociological and criminological attributes of Indigenous forensic psychiatric examinees will enable attendees to understand the unique experiences of this population, and to consider the role of these experiences in the development of an evidentiary base for comprehensive and culturally sensitive service provision in the future.

### *Limits to the Human Rights of Persons with Variations of Sex Characteristics in a Stereotyped Legal System: Lessons from Belgium*

Pieter Cannoot, *Ghent University* (Pieter.Cannoot@UGent.be)

The legal system devotes very little attention to the situation of persons with variations of sex characteristics. Although variations of sex characteristics is a common phenomenon, data about the prevalence of medical treatment regarding persons with variations of sex characteristics and their living conditions are rare. Persons with variations of sex characteristics are currently put

under particular pressure by the legal system because of its binary normativity. The connected conceptualization of “sex” according to the binary maintains the pathologization of variations of sex characteristics and reinforces the focus on sex normalizing treatment on children who are too young to provide their informed consent. This presentation will focus on the right to personal autonomy of persons with variations of sex characteristics and will make use of the Belgian legal order as a case study. This presentation argues that the Belgian legal system needs to end its structural conflation between the legal meaning of sex and gender (identity) in order to effectively protect bodily autonomy of persons with variations of sex characteristics. Lastly, the presentation will examine whether the law should include a specific ground for non-discrimination of persons with variations of sex characteristics.

### *Adolescent Frontal Lobe Brain Development: Effects of Social and Economic Deprivation and Implications for Intellectual Assessment, Academic Remediation, and Juvenile Court Case Disposition*

Michael Lindsey, *Southern Methodist University* (mllind@swbell.net)

Neuroscience has documented the substantive growth of frontal lobe grey matter during the adolescent years, similar to the brain growth spurt in early childhood – both precursors of preparation for quantitative and qualitative adaptive learning. Current educational and IQ normative data we have on adolescents is from majority (i.e., non-ethnic majority) youth. Not yet answered is what are the norms for ethnic minority young adults (mid-20’s), who have social, economic, academic, and/or experiential deprivation? If such life experiences result in less white matter, and thus, less complex white matter – are consequently, the normative data on “deprived” ethnic minority youth significantly different from majority youth? If yes, the implications are enormous for such issues as: (1) Educational remediation, (2) IQ testing, (3) juvenile court case disposition, (4) the youth’s lifelong success, (5) citizenship behaviours, (6) self, and (7) familial sufficiency. This presentation will explore these complex issues, and make recommendations for the following next steps: Empirical data collection, ‘intervention’ program changes, and policy reforms.

## **87. Health Ethics and Regulations**

### *International Oversight Regulation of Health Professionals: It's Time!*

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Notwithstanding the International Court in The Hague, there is currently no international body that oversees and regulates breaches of medical ethics. Many health professionals are involved in torture and other cruel inhuman and degrading treatment, some with impunity. Conversely, many health professionals are being targeted for their commitment to provide ethical care. The UN Global Strategy on Human Resources for Health: Workforce 2030, outlines objectives that are compatible with the establishment of a Medical Ethics Oversight Committee, such as: All countries have regulatory mechanisms to promote patient safety and adequate oversight; all countries have established accreditation mechanisms for health training institutions; all countries are making progress on health workforce registries to track health workforce stock, education, distribution, demand, capacity, and remuneration; and all bilateral and multilateral agencies are strengthening health workforce assessment and information exchange. This presentation will propose an Oversight Committee that would operationalize these objectives and will address the following questions: How can an Oversight Committee monitor the inclusion of training units in medical ethics among health training institutions? How can an Oversight Committee contribute to strengthening health workforce throughout the world? How can an Oversight Committee protect the integrity of health workers concerned with patient safety and adequate oversight?

## *Mental Health Legislation and Eugenic Thought in Modern Japan*

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The concept of prevention in Japanese mental health legislation was first introduced into the Mental Hygiene Act established in 1950 (which is still valid now after several revisions). The purpose of the law is “to maintain and improve people’s mental health by giving medical treatment and protection to mental patients and trying to prevent their occurrence”. The previous two laws, Mental Patients’ Custody Act (1900) and Mental Hospital Act (1919), both of which were abolished in 1950, mainly dealt with mental patient's confinement and establishment of public mental hospitals. On the other hand, the Mental Hygiene Act in 1950 emphasizes the improvement of Japanese people’s mental health. However, as the above-mentioned phrase of the law “prevent their [mental patients’] occurrence” implies, the practice of mental health as a preventive measure seems to be connected to eugenic thought, by which Japanese psychiatrists were influenced in the context of mental hygiene movement in the first half of the twentieth century in Western countries. This presentation explores the close relationship between mental hygiene and eugenics in modern Japan.

## *Lack of Third Party Perspective in Ethical Guidelines for Research*

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International ethics guidelines on medical research involving humans, such as the Declaration of Helsinki, the ICH-GCP, and the CIOMS guidelines, have an important aim to protect the rights of the participating subjects. However, the research project Priotab, a study involving research subjects with pedophilic disorder, brought to light the fact that all of these guidelines fail to address the issue of medical research studies involving subjects who are at risk of harming others, i.e., people in a third party (3P) position. This means that there are individuals who might get hurt or have a reduced wellbeing as consequence of the research but who are not asked for informed consent to take this risk. This seems to be in conflict with the underlying principles of the above mentioned international ethical guidelines. In this presentation, using the Priotab study as an example, we will analyze and elucidate the lack of protecting ethical guidelines for 3P ethically, applying principlism specifically.

## *Genetic Risk of Psychiatric Disorder: Ethical and Legal Obligations to Disclose*

Teneille Ruth Brown, *University of Utah, College of Law* (teneille.brown@law.utah.edu)

In previous work, the presenter has explored whether physicians or laboratories have a legal duty to disclose incidental genetic findings to their patients. Applying US negligence case law, the presentation concluded that because we currently have limited information on the likelihood that even a monogenic mutation will develop into disease, and the information we do have likely inflates this value for people who are currently symptom-free, having an incidental, genetic mutation does not present the kind of foreseeable, imminent, and serious risk that creates a common law duty to warn. But what about the risk of developing a mental illness such as schizophrenia, depression, anxiety, or substance abuse disorders? Rather than focusing on whether the tests results were incidental, this article discusses the unique role of genetics in predicting the development of mental illness. Does US tort law, or professional ethical obligations, look different in this context? Patient stigma, risk of civil commitment, DTC-genetic testing companies, and access to treatment will be explored as potential moderators to answer the following question: When, if ever, is a physician obligated to alert someone to their genetic risk of developing a particular mental illness?

## *Nurse's Experiences of Investigation for Allegations of Unprofessional Conduct*

Diane Kunyk, *University of Alberta* (diane.kunyk@ualberta.ca)

For nurses, there is a fine line between every clinical encounter and the potential for error and patient harm, and an allegation of unprofessional misconduct. Nursing regulators must investigate these allegations to ensure safe and ethical nursing care is provided, and are afforded provisions to enforce their standards. Nurses experience significant personal and professional

vulnerability and hardships when confronted with allegations of unprofessional conduct. Further, the process of investigating unprofessional conduct has a profound impact on our nursing practice, the health and well-being of nurses, and the very relationships within the nursing community. The effects of nursing regulation have profoundly understudied particularly in the Canadian context. This research study asks the question: What are nurses' stories about their experience with the regulatory process of discipline for professional misconduct? Our preliminary findings uncover stories of suicidal ideation, unsupervised substance withdrawal, isolation, vulnerability, and sacrifice all within a context of an unknown process with uncertain outcomes. This knowledge is essential for better understanding the real-world constraints for regulators and for opening up the potential in the processes involved.

## **88. Health, Mental Health, and Social Conflict: Syrian Refugees in Host Countries**

### *Non-Communicable Disease Burden and Barriers to Accessing Healthcare Among Camp-Dwelling Syrian Refugees in Beirut, Lebanon*

Fatima M. Karaki, *University of California, San Francisco* (Fatima.Karaki@ucsf.edu)

The study reported in this presentation aims to evaluate the burden of non-communicable diseases (NCDs) and to understand the barriers to accessing healthcare among Syrian refugees living in Burj el-Barajneh camp in Beirut, Lebanon. Participants completed a quantitative survey and qualitative open-ended interview about their health concerns, living conditions, and healthcare experiences. Of 106 participants in the quantitative survey, 93 (88%) were female and the average time displaced from Syria was three years. Most common self-reported NCDs included arthritis (37%), hypertension (25%), skin disease (24%), and lung disease (15%). In qualitative interviews, 20 participants cited their main health issues as stress, hypertension, diabetes, and pregnancy concerns. Almost all refugees considered healthcare costs prohibitive. Many refugees felt discriminated against by healthcare workers as well as by the surrounding host Palestinian and Lebanese communities. This presentation will conclude that NCD prevalence is high among the Syrian refugee population in Lebanon, placing significant demand upon the Lebanese healthcare system. Cost is a major barrier to care among Syrian refugees; this is compounded by their fragile economic status and a significant impact to seeking care of perceived discrimination in host communities.

### *Syrian Refugees' Traumatic Experiences and Couple Intimacy in Jordanian Host Communities*

Niveen Rizkalla, *University of California, Berkeley* (rizkalla555@berkeley.edu)

This presentation will examine the impact of traumatic-experiences on marital lives of Syrian

refugees in Jordanian host-communities. Refugees, 158 married adult Syrians seeking services from NGOs, reported on their current circumstances and war exposure. Assessments included the Harvard Trauma Questionnaire (HTQ)-PTSD and the Personal Assessment of Intimacy in Relationships (PAIR). The impact of HTQ-PTSD on intimacy scores as well as on seven dimensions of intimacy—i.e., anger, emotional, intellectual, recreational, sexual, and social intimacy—was assessed with multiple regression. Forty-three percent of the refugees screened positive on HTQ-PTSD. Overall intimacy-scores were low:  $M= 2.4(\pm 1.1)$  of a possible five. Refugees screening positive on the HTQ-PTSD scored lower on intimacy ( $M=1.95(\pm 0.65)$ ) compared to the ones screening negative ( $M=2.23(\pm 0.66)$ ). HTQ-PTSD seemed to have its significant negative impacts in three areas: Emotional ( $b=-.37$ ,  $p=.05$ ), recreational ( $b=-.35$ ,  $p=.006$ ), and sexual ( $b=-.34$ ,  $p=.014$ ) intimacy. Furthermore, the higher the HTQ-PTSD symptoms reported, the lower the overall couples' intimacy, whereas the higher the years of education and economic status, the higher the couples' intimacy. It is essential to better address the overwhelming impact of PTSD on Syrian refugees' interpersonal relationships.

## *Syrian Refugee Women Displacement Challenges: A Qualitative Study*

Laila Soudi, *Stanford University* (lsoudi@stanford.edu)

The Syrian Civil War has created a mass exodus of people, with more than half the country's pre-war population having been displaced. The grand majority of refugees from the War fled to neighbouring countries, including Jordan. This study explores the displacement challenges of Syrian women after seeking refuge in various urban communities of Jordan. Twenty open-ended interviews were conducted in 2014 with Syrian refugee women at various humanitarian organizations, public spaces, or at refugees' homes. Participants reported on their displacement challenges and current unmet needs as refugees in urban communities of Jordan. Of these participants, 94% reported exposure to war before seeking refuge in Jordan, with all women reporting on their displacement challenges. As newly displaced women, they faced housing difficulties, suffered from the high cost of living, the illegality of work, scarce economic resources, poverty, inability to admit their children in schools, hostility of locals, as well as hyper-attention to the events in Syria and the status of the family members they left behind. Many women reported feeling hopeful about being able to return to Syria, feeling sad about losing their country, and feeling disappointed in yet grateful for the hospitality of local Jordanians. The needs of Syrian refugee women are enormous, especially in an already-overwhelmed, low-resource host country like Jordan.

## *Well-Being and Post-traumatic Growth Among Syrian Refugees in Jordan*

Steven P. Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

The Syrian war has exposed people to trauma beyond comprehension and created a mass-exodus to neighbouring-countries. The study reported in this presentation explored the factors affecting

the well-being and posttraumatic growth of Syrian refugees while residing in the urban communities of Jordan. The sample (N=250) included data collection of surveys (in Arabic), with Syrian refugees who were interviewed at humanitarian organizations in Jordan. The survey included a global rating of well-being, the Posttraumatic Growth Inventory, The Harvard Trauma Questionnaire (HTQ), The War Events Questionnaire, K6, and The Modified Mini Screen. Univariate and multivariate results indicated that enhanced well-being was associated with income, health, and absence of affective disorder. Posttraumatic growth increased in association with income, assistance from non-governmental organizations, and absence of psychosis and affective disorder. Findings suggest having sufficient income and gaining humanitarian assistance can contribute to Syrian refugees' mental health.

## **89. Hidden Complicities: How Feminist Bioethics Can Help Us See Otherwise Invisible Wrongs**

### *Choosing a Deaf Child*

Teresa Blankmeyer Burke, *Gallaudet University* (teresa.burke@gallaudet.edu)

Some signing deaf people seek to increase their chances of bearing a deaf child. One objection raised against this use of genetic technology is that this would be unfair to the child. The assumptions grounding what is fair to the (deaf) child include access to the sensory capacity of hearing, and many think that access to this sense should override any claims to bodily or genomic integrity. Yet self-reports from deaf persons indicate that it is not the lack of a sense, but the presence of socially sanctioned discrimination that has significant impact on their well-being. Should negative impact on well-being be a consideration in determining policy regarding constraints on reproductive decisions to pursue the birth of a deaf child? How should such discussions about said impact be evaluated? Is audist bias (bias against deaf persons) present in empirical studies assessing such outcomes on well-being? What would a non-audist approach to deaf well-being look like? This presentation will give an account of deaf flourishing using analogical reasoning grounded in gender and racial discrimination to counter the claim that choosing to bear a deaf child harms the child in non-physical ways.

### *Covert Drugging in Food: A Feminist Ethical Analysis*

Elizabeth Victor, *William Paterson University of New Jersey* (victore@wpunj.edu)

Laura Guidry-Grimes, *University of Arkansas for Medical Sciences* (lguidrygrimes@uams.edu)

Megan Dean, *Georgetown University* (mad301@georgetown.edu)

Covert drugging in food is a relatively common practice in caregiving contexts, including psychiatric and long-term care facilities. It has received little attention in bioethics and there are few (if any) procedures or rules governing the practice. This presentation will begin with the idea that eating is a relational practice that entails significant vulnerability to and dependency on

others. In cases of covert drugging, relationships between feeders—whether unpaid caregivers, or professionals within medical contexts—and eaters are central. These relationships can be undermined and trust eroded through covert drugging of food. When patients refuse food they believe to be drugged, they are susceptible to being labeled as “difficult patients” which can lead to further restrictions to their autonomy, eating agency, and ability to form therapeutic alliances. In the final section of the presentation, we will consider cases in which covert drugging could be ethically permissible, given these concerns. While there may be cases in which covert drugging can be ethically justified, given a lack of suitable alternatives, we argue this practice in any given case should be continually reevaluated in light of the building moral costs to the relational agent over time.

## *Fat is a Feminist Issue, Obesity is a Public Health Issue*

Cristina Richie, *East Carolina University* (richiec17@ecu.edu)

“Obesity” refers to a range of conditions that indicate surplus body weight or body fat, including “overweight,” “obese,” “morbidly obese,” or high Body Mass Index (BMI). While being obese does not necessarily make one “unhealthy,” hypertension, stroke, cardiac disease, infertility, high cholesterol, and Type II diabetes are among obesity-associated comorbidities. The *Lancet* and *New England Journal of Medicine* have recognized that obesity is a public health concern. However, in the United States, public health measures attempting to address obesity encounter resistance. One place of resistance is the advent of “body positivity”. This has been a useful propaedeutic in identifying sexist body standards. As society has moved from fat to obese, public health concerns have taken a backseat to libertarian feminism, which fails to examine lifestyles that not only lead to—but also maintain—obesity. This presentation will offer a public health feminist ethics dually rooted in female liberation against patriarchal notions that women ought to be underweight and the public health concerns of obesity. Feminist public health ethics must accept women of all sizes and shapes without recklessly endorsing harmful practices. Fat is a feminist issue, but obesity is a public health issue.

## *Patient Testimony, Pain, and Epistemic Injustice in the Practice of Medicine*

Alison Reiheld, *Southern Illinois University – Edwardsville* (areihel@siue.edu)

A pernicious and epistemic form of medical paternalism arises when physicians find patient testimony about their own bodies to be literally in-credible. In essence, providers treat patients as children and retain the privileges of adult authority, such as knowledge production and possession, and decision-making, for themselves. This presentation will examine how black patients and women have their testimony about pain pervasively discounted in American medicine. This falls under what Fricker calls “epistemic injustice”, a kind of harm done to people with respect to their status as a knower. Classically, the physical complaints of women in particular are seen as psychological rather than physical in nature which contributes to the dismissal of their testimony, and the complaints of black folks are too often

interpreted as drug-seeking or black folks are presumed to be harder and less sensitive to pain than white folks. In medicine, the harms of epistemic injustice are compounded by harms of poor outcomes, undertreated suffering, and damaged patient-provider relationships. We can expect to see such harms for other vulnerable groups in any nation where stigma exists that will lead health care providers to unjustly view some patients' care-seeking and patient reports as illegitimate.

## **90. Human Trafficking: Children, Homeless Youth, and Adults**

### *Youth Experiences Survey: A Four-Year Study on the Combined Experiences of Homelessness and Sex Trafficking*

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

The Youth Experiences Survey (YES) is a 65-item, paper and pencil survey which has been given each year for the past four years to a complex and difficult population to assess. Homeless runaway young adults (ages 18 to 25) are difficult to find and can be challenging to engage, and there is limited knowledge about their needs and experiences. The purpose of this study is to understand the scope and complexity of sex and labour trafficking among homeless young adults in the Southwest region of the United States of America. Of the overall sample of 187 homeless young adult respondents, 58 (31%) reported experiencing sex trafficking exploitation, and 60 (32.1%) reported experiencing labour trafficking exploitation. At least one form of human trafficking (either sex or labour) was reported by 80 (42.8%) respondents and 38 (20.3%) respondents reported experiencing both sex and labour trafficking exploitation. Information from the YES study provides the community with rich data about the scope and complexity of their needs and challenges including the sex trafficking experiences of these young people.

### *A Four-Year Analysis of Labour Trafficking Cases in the United States*

Kristen Bracy, *Arizona State University* (kbracy@asu.edu)

Although there has been a recent increase of attention and interest on the issue of labour trafficking in the United States of America, there continues to be limited research on the incidence of labour trafficking cases and characteristics. The ASU Office of Sex Trafficking Intervention Research examined labour trafficking cases from throughout the United States of America from 2013 to 2016. The research identified 125 persons arrested for labour trafficking of migrant workers and US citizens and 120 victims of labour trafficking during this time period. Out of 50 states in the United States of America, there are 20 states that have documented arrests for labour trafficking from 2013 to 2016. Over three-quarters (n = 92, 76%) of the cases included transportation across national borders from 16 different countries. Almost one in three victims (n = 39, 31.2%) originated from Mexico. Almost half (n = 62, 49.6%) of the labour

traffickers crossed state lines with their victim(s) and moved victims to up to eight states. Details about the cases will be explored and characteristics such as transportation, recruitment, and control tactics will be presented. Recommendations for future research and community action will be discussed.

## *The Role of Childhood Trauma as a Risk Factor for Sex Trafficking Among Youth Experiencing Homelessness: The Need for a Trauma-Responsive System of Care*

Jennifer Middleton, *University of Louisville* ([jennifer.middleton@louisville.edu](mailto:jennifer.middleton@louisville.edu))

The study reported in this presentation utilized the Youth Experiences Survey (YES), a self-report measure that includes questions regarding demographics, place of origin, living situation, family connection, drug and alcohol use, trauma history, and physical and behavioral health history. Bivariate and multivariate analyses were conducted to compare sex-trafficked youth relative to non-trafficked youth, and to examine trauma and mental health diagnoses as important predictors for sex trafficking. Findings indicate that 40.9% (n=54) of the homeless youth participants report being a victim of sex trafficking. Sex-trafficked youth reported statistically significantly higher rates of mental health disorders, self-harming and risk-taking behaviors, suicide attempts, and childhood trauma (e.g., Adverse Childhood Experiences). This has important implications for homelessness service provision sites, as well as the broader system of care that serves these youth and young adults. Findings can assist organizations in developing innovative, trauma-informed intervention and prevention programs focused on combatting sex trafficking among young, vulnerable populations. Such efforts are key to enhancing service provision and ultimately, to reducing the prevalence and consequences of sex trafficking.

## *Human Trafficking Prevention in Healthcare*

Anne Dolores Troy, *University of Holy Cross* ([atroy@uhcno.edu](mailto:atroy@uhcno.edu))

The issue of modern-day slavery demands a response from healthcare providers. Healthcare providers and all community members have a role in the primary prevention of this worldwide travesty. The prevention of sexual abuse of children, a known risk factor for future victimization, requires an understanding of the means to target-harden children as a universal vaccination against the risk of exploitation. The evidence-based programs of Darkness to Light and ending corporal punishment have the potential to change the objectification of human beings which underlies the atrocity of commercial sexual exploitation. In the United States the mean age of 13 has been determined as the age of initiation of exploitation. This fact requires that all community members understand trauma bonding and signs of vulnerability in children. This presentation will address primary, secondary and tertiary responses to this epidemic through case studies reflecting missed opportunities. Generational abuse will be addressed in an ecological context that examines the challenges faced by those addressing exploitation in the southern parts of the United States as it relates to Race, Class and Gender inequalities in a culture saturated with images of violence and pornography.

# 91. Identifying and Managing Vulnerability in Prison Custody

## *Identifying and Managing Vulnerability in Prison Custody*

Andrew Forrester, *University of Manchester* (andrew.forrester1@nhs.net)

This presentation will take a human rights-based approach to the identification and management of vulnerability in prison custody, as well as touching on the need to identify illness as early as possible within the offender mental health, or correctional, pathway. It will describe the global development of human rights instruments and reviews their usefulness in protecting the human rights of people who are detained in custodial settings across the world. It will also discuss the development of the World Psychiatric Association's recent position statements on prison public health and a recommended educational curriculum. These documents were developed with input from expert representatives from each of the world's continents, reflecting the sheer scale of the international challenges that exist. The role that health professionals can play in ensuring systemic improvements will then be discussed. There is some evidence that such improvements can be hard-wired into even the most highly resistant systems by adopting specific clinical practices and an emerging global consensus for these systems-based approaches will be reviewed.

## *Peer Support Schemes in Managing Vulnerable Prisoners*

Tammi Walker, *University of Huddersfield* (T.Walker@hud.ac.uk)

The most recent review in the UK illustrated that the prevalence of all investigated mental disorders is higher in prisoners than in the general population. The prison environment is very challenging for prisoners and staff as they are overcrowded, noisy, tedious, and porous to illegal drugs. Prisoners are often confined to their cells for as long as 23 hours a day and access to purposeful activity is often limited. Safety in prison has therefore deteriorated rapidly during the last six years and in 2016 there were 120 self-inflicted deaths and 40,161 self-harm incidents reported in UK prisons, the highest on record. The notion that prisoners mutually support each other as part of daily interactions within the custodial setting has been known for many years and in recent times, formal peer interventions have also become an important feature of prison life based on the assumption that peer support are both effective and cost-effective at addressing prisoners' health and social need. There is a shortage of evidence of these types of intervention models in prison settings. This presentation will aim to contribute to this research gap and discuss how peer-led support schemes could have a successful impact on prison policy and practice.

## *Understanding the Impact of Restrictive Punishment Regimes on Self-Harm Behaviours*

Karen Slade, *Nottingham Trent University* (karen.slade@ntu.ac.uk)

The use of restrictive regimes, such as segregation and isolation regimes, are commonplace in many prison and correctional services and used to control violent behaviour or as punishment for rule-breaking behaviours. However, these regimes are also a high-risk location for suicidal behaviours. Our understanding of the risks (especially self-harm and suicidal behaviour) posed by restrictive regimes and to whom remains unclear. A study aimed to explore how restrictive regimes may affect the risk of self-harm and which groups were most vulnerable to these regimes. The study utilized routinely gathered data from all residents in a UK prison (N = 650). This included demographic and offending information plus details of their experience of restrictive regimes and recorded refractory incidents during their imprisonment, including self-harm. Results confirmed that restrictive regimes are widely used for sub-groups of the prison population, including prisoners who self-harm but without a history of institutional violence. A sub-group of prisoners are vulnerable to increased use of highly lethal methods of self-harm whilst under restrictive regimes. The implications for our understanding of the impact of restrictive regimes and identification of those most vulnerable plus challenges to current prison practice will be discussed.

## *Vulnerabilities of Offenders with Autism Spectrum Disorders*

Jane McCarthy, *London South Bank University* (jane.m.mccarthy@kcl.ac.uk)

Eddie Chaplin, *London South Bank University* (chapline@lsbu.ac.uk)

There is increasing recognition of people with autism spectrum disorders (ASD) across the criminal justice system. Prevalence studies of prisoners found rates of 1 to 4% for ASD with up to rates of 18% in specialist juvenile courts. More recently there has been an increasing recognition of the vulnerabilities of offenders with ASD, including their risk for self-harm behaviour and mental illness. In a study, 240 male prisoners were recruited in a prison in London and screened for an autism spectrum disorder using the AQ-20. Forty-six had significant autistic traits and 12 met the diagnostic threshold for ASD using the Autism Diagnostic Observation Schedule. This group of prisoners had significantly higher rates of depression compared to prisoners without neurodevelopmental difficulties (NDD) and were at greater risk for self-harm behaviours (15% v. 1.5% for prisoners without NDD). In order to support offenders with ASD at different points of their journey we need to improve and adapt approaches to the early identification of such offenders across the criminal justice system. This requires further research into the role of liaison and diversion services in supporting offenders with ASD to ensure their vulnerabilities are recognized early on in both the court and prison setting.

## *Identifying and Managing Intellectual Disability in Prison Custody*

Eddie Chaplin, *London South Bank University* (chapline@lsbu.ac.uk)  
Jane McCarthy, *London South Bank University*

In the UK, intellectual disability (ID) is not routinely screened for across the criminal justice system. The consequence is that people may not be identified and therefore will not receive the support they require. This study aimed to examine the mental health and offending characteristics of intellectual disability prisoners. The study used the LDSQ to screen 240 prisoners for Intellectual Disability and the MINI for mental health diagnosis and compared them to a group of prisoners without ID or significant traits of neurodevelopmental disorder. From those assessed (n = 65), 33 screened positive for ID. Of these, 18 met diagnostic threshold for ID. These were compared to 77 prisoners with no ND. Prisoners with ID were significantly more likely to have comorbid mental illness and 25% had thought about suicide in the last month and 63% had attempted suicide in the past. Prisoners with ID were also more likely to be housed in the vulnerable prisoners' wing and significantly more likely to have committed robbery than other prisoners. Equity of service for prisoners with ID needs to be a priority often this group in spite of increased vulnerability to poor mental health, self-harm, and suicidality.

## **92. Identifying Physical Health Problems in Severely Mentally Ill Patients and Their Management**

### *Current Status of Research Ethics and Projecting Future Initiatives*

Amarendra N. Singh, *Queen's University* (singha@queensu.ca)

The ethics of human research and regulation have greatly evolved over the past 50 years. Balancing general welfare and individual rights have become the backbone of ethical regulations. The principles of respect for persons, justice, beneficence, and informed consent are the guidelines to protect the independence of human subjects in research activities. Regulations and guidance from the UK, USA, Canada, and European countries were compared. Initiatives for future improvements include: 1. Simplification of regulations; 2. Improvement in communication and engagement with all concerned parties; 3. Removing unnecessary barriers to producing evidence about safety and efficacy; 4. Harmonizing ethical regulations in research and minimizing the inequalities between countries throughout the world with the help of the W.H.O; 5. Removing concerns by making clear and solid regulations in the areas of genetic and stem cell research, and gender equality; 6. Respecting the cultural variation of native, aboriginal people worldwide; and 7. Enhancing the attention to research regulation ethics, governance, and

consultation for improvement in future. While new areas of research in the future will expand and the need of reformulation of ethical guidelines will occur, the presentation will argue that importance and necessity of research ethics should never be overlooked.

## *Physical Health Monitoring in Schizophrenia: Why Don't We Talk About it?*

Gaurav Mehta, *Southlake Regional Health Centre, Newmarket, Canada*  
(gmehta@southlakeregional.org)

Physical health aspects are often ignored whilst providing psychiatric care of a person with Schizophrenia, whereas actually these are the individuals who require a robust care from a physical health perspective. There is lack of consensus amongst health care professionals about how often the blood test and other investigations including ECG, weight monitoring, and physical health examinations should be undertaken. It is debatable whether annual physical health general examination is of much benefit in patients with chronic schizophrenia. Some guidelines recommend that smoking cessation advice is more effective when it comes directly from physicians. It is not uncommon for prescribers to go above the highest recommended dose of antipsychotics and mood stabilizer medication, in order to achieve maximum relief from psychiatric symptoms and functional recovery. However, this does increase the risk of physical health complications such as Metabolic Syndrome, Diabetes, and Obesity. The presentation reviews these issues and concludes that prescribing physicians should assume responsibility for ensuring that the patients are adequately monitored for any physical health abnormalities, by working together with the multidisciplinary team, in an interprofessional manner.

## *Physical Exam in Mental Health: Implementation of a Form to Guide Medical Assessment of Acute Psychiatric Inpatients*

Jennifer Pikard, *Queen's University* (jennifer.pikard@kingstonhsc.ca)

The physical health of individuals suffering from mental illness is known to be diminished compared to the general population, with worse health outcomes and shortened life expectancy. Due to stigma and clinician attitudes, it may be difficult for physicians to engage with mentally ill patients to screen for physical disease and implement physical health interventions. Engaging with these patients during acute inpatient admission is an ideal time to identify any specific problems which may be the focus of medical attention. Our study aimed to implement a form to guide physical screening for all psychiatric patients admitted to an acute inpatient Psychiatric unit in Kingston, Ontario, Canada, and underwent two cycles of clinical audit between 2014 and 2015 to measure completion of forms. Although the completion rate decreased, the frequency of consultation to the hospitalist physician increased significantly between the two cycles. Furthermore, no relationship was found between patient age, psychiatric diagnosis, and day of admission during the week did not affect completion of physical health screening. Further education and advocacy are needed to ensure appropriate screening of physical problems in

patients admitted for psychiatric reasons. The presentation concludes that future studies are needed to study the effectiveness of these forms and whether or not they are effective in improving health outcomes in the long-term.

### *Metabolic Syndrome: A Psychiatric Perspective*

Tariq Munshi, *Queen's University* (dtariq2000@yahoo.com)

In recent times the issue of metabolic syndrome has come up in various settings including the care of Psychiatric patients. The life span is shortened for various reasons in severely ill psychiatric patients. Psychiatric patients are perceived to be difficult to deal with therefore they tend to be taken off registers of family physicians, thereby making it difficult for them to receive physical health care. In the last decade, mental health services have become more aware of the importance to include the physical health management of psychiatric patients on the provision of holistic care. There is a literature to identify that the prevalence of metabolic syndrome is twice as much in patients with severe mental illness, if compared to the general population where it is about 25%. The revelation of the metabolic side effects of the atypical antipsychotics has further alerted clinicians to take active steps in attempting to minimize them; the development of newer antipsychotics with favourable metabolic profiles has been beneficial. The presentation reviews these issues and concludes that in view of the current environment and the availability of modern psychotropic agents, it would be prudent to include the assessment of the metabolic risk factors from the outset by the Psychiatric services.

## **93. Impact of Culture on Eradicating Violence Against Women Around the World**

### *Cultural Considerations of Gender-Based Violence in Jordan*

Tara Sloan Jungersen, *Nova Southeastern University* (tj290@nova.edu)

Western and Middle Eastern experiences of and attitudes about domestic violence differ based on different gender and societal norms (Kulwicki, 2002). The Syrian conflict has resulted in an unprecedented number of refugees seeking opportunity and safety in neighboring countries, including 1.266 million in the country of Jordan alone. As 50.6% of the refugee population is female, gender equality has been labeled as a critical cross-cutting issue. Specifically, gender mainstreaming, gender-based violence services, and interventions that promote gender equality are necessary to attain and maintain health resilience in this vulnerable population. Dominant middle eastern cultural norms dictate that women's perception of mistreatment in the form of violence perpetrated by men is based from an intention of protection as opposed to harm (Parker, 2015). This presentation will discuss these gender and societal norms related to gender-based violence as experienced with various populations in Jordan in order to provide a framework from which Western mental health treatment providers may adapt their interventions.

## *Responding to the Consequences of Trauma & Gender Violence in a Problem-Solving Mental Health Court*

Ginger Lerner-Wren, *Judge, Broward County, USA* (jwren@17th.flcourts.org)

The Broward County Mental Health Court is a specialized treatment court dedicated to the safe diversion of people with mental illness and co-occurring substance use disorders arrested for non-violent criminal offenses. The Court was the first of its kind in the United States and applies the science of therapeutic jurisprudence to offer community-based treatment over incarceration. This presentation will include case studies from the book, “A Court of Refuge: Stories From the Bench of America’s First Mental Health Court,” authored by Judge Wren. Emphasis will be on how dignity becomes an actionable centerpiece of court process to build trust and promote engagement in treatment. The Court is deemed a human rights strategy and treatment planning is integrated into court process to identify needs and linkages to appropriate community-based treatment and services. In the U.S. women comprise the fastest growing segment of inmates in U.S. jails and prisons. According the research up to 85% or more women have been subject to physical violence, trauma and/or adverse childhood experiences. The vast majority of women in jail suffer from PTSD, anxiety disorders, depression and co-occurring substance use disorders. Many women, fleeing from domestic violence are homeless.

## *Italian and European Sociocultural Factors in Gender Violence Services*

Alessandra Pauncz, *Associazione Centro di Ascolto Uomini Maltrattanti, CAM, Florence, Italy* (info@centrouominimaltrattanti.org)

Services for battered women and other victim/survivors of gender violence are available all over Italy and the rest of Europe. There is a certain level of coordination among various levels of the government with women’s groups. The European Union provides assistance in the form of grants for projects and information where appropriate so that women can move across borders in order to seek safety and shelter when necessary. In Italy the services are mostly delivered at a local level with battered women shelters and other services available. Since the ratification of the Istanbul Convention, Italy has been gradually questioning culture and attitudes towards various forms of violence against women and has introduced significant changes in the legal system. However, measures introduced to support holding men accountable are not implemented. The issue of impunity and how this relates to perpetrator programs is a particular example of the contradictions of the Italian system and some significant data will be provided in the presentation. The workshop will present the development over the past 10 years of perpetrator programs engaging men on a voluntary basis (about 80% of men accessing programs in Italy is voluntary).

## **94. Implications for Treatment for BWS in Different Countries**

## *Implications for Treatment for Battered Woman Syndrome in Different Countries*

Lenore E. Walker, *Nova Southeastern University* (walkerle@nova.edu)

Many victim/survivors of different forms of gender violence have also experienced or witnessed domestic violence in their homes. This presentation will focus on interventions that have been helpful in reducing symptomology and restoring resilience to those survivors. We also look at the potential of intervention with the batterers. Different treatment modalities such as groups and individual psychotherapy will be presented. Work with immigrants and others from different populations as well as substance abusers and false allegations of child sexual abuse will also be addressed. Each of the countries have modified the STEP program to fit their own needs. For example, in Puerto Rico the 12 units have been utilized as part of individual psychotherapy by women referred by the courts. In Costa Rica, the 12 units have been used in group therapy with women who utilized the national services for battered women. The 12 units include materials to work with labeling abuse and creating safety plans, teaching relaxation techniques to reduce stress, overcoming cognitive distortions, assertiveness training, understanding your cycle of violence, healing from PTSD and trauma triggers, substance abuse and other self-injurious behavior, helping children exposed to domestic violence heal, beginning new relationships and thriving by restoring resilience and achieving well-being.

## *False Allegations Of Child Sexual Abuse When Parents Separate*

Christina Antonopoulou, *University of Athens* (antono.chri@gmail.com)

False allegations of sexual abuse in children when parents separate or child custody disputes are complex and extremely difficult to investigate. Many factors can lead to false allegations of sexual abuse in children. Failing to believe an abused child or believing a child who has not been abused has a heavy burden and consequences so much for the child, the offender-(mother or father), the police officers, the expert psychologists and above all the legal authorities and justice. Allegations of child sexual abuse must be taken seriously and very carefully investigated by all being involved in those cases. While most allegations of child sexual abuse are true, false allegations are not uncommon. In Greece in the past five years approximately ten cases of false allegations were reported. In some of them the justice system found the offender innocent. The others are still waiting trial. This presentation will try to describe and analyze two of the cases that I have been involved(a Jewish family and a Muslim family). In most of the cases insufficient investigations by police and professionals who were highly suggestive pressured the children into making unfounded allegations.

## *A Court of Refuge*

Ginger Lerner-Wren, *Judge, Broward County, USA* (jwren@17th.flcourts.org)

In 1997 in Broward County Florida the first mental health court in the U.S. became a reality with Judge Ginger Lerner-Wren sitting on the bench. This presentation will describe the trials and tribulations of a court dedicated to promoting wellness in the people who come before it, using their stories from the recently published book, *A Court of Refuge*. Eventually, hundreds of similar courts have been founded, many of which are modeled after this one, and a new form of justice called “therapeutic jurisprudence” became available around the world. Although not specifically designed to help battered women and others suffering from gender violence, many of the people who have come into this court have experienced and healed during the 21 years the court has been in existence. This presentation will discuss the human rights framework of Broward’s Court, the unique application of therapeutic jurisprudence from a dignity model and lessons learned. Broward’s mental health court has inspired a mental health court movement in the U.S. and on a global level. This presentation will discuss research findings, lessons learned and barriers yet to be overcome regarding institutional bias, access to care and public policy. As well as new opportunities to leverage successes in mental health courts from a trauma-informed perspective.

## *Interventions with Immigrants and Refugees Who Experienced Gender Violence*

Giselle Gaviria, *Attorney-at-Law, Fort Lauderdale, USA* (Gisellegaviria.psyd@gmail.com)

During these recent times, we have seen an increasing influx of immigrants and refugees in different parts of the world via social media and the news outlets. Many of these individuals are making these dangerous strides due to war, religious persecution, and lack of opportunity. Although, much of the time gender violence is a key contributor to these individuals making these life altering decisions. Specifically, at the US-Mexican border more than 50% of women are noting having experienced or being placed at risk of rape, assault, extortion, and other threats in the home countries. As mental health workers, many of us are motivated to aid in these efforts with mental health services. This presentation will discuss interventions used in the United States in assessing and evaluating survivors of gender violence including intimate partner violence and sex trafficking, who are seeking asylum. Understanding the importance of being culturally competent and being trained in trauma informed care are just two of the key components of being an effective mental health provider with immigrant Latinx community.

## *Treating Batterers and Sex Offenders in Individual Psychotherapy in Israel*

Hannah Rosenberg, *Domestic Violence Specialist, Israel* (hannahr@bezeqint.net)

Treatment of abusive men in individual psychotherapy has been a controversial choice given the ability of the abuser to manipulate, deny, and subvert the treatment. Groups that deal specifically with challenging abusers to take responsibility for their behavior have been the predominant

protocol in the field. Keeping the abuser in treatment especially if there are no such domestic violence specific groups appropriate for some abusers often occurs. Working with them individually may be the difference between getting treatment or none. Men who will attend the private Clinique will be those who understood that if they will not join treatment they are going to lose more than to gain benefit from their abusive behavior. As perpetrators are found at all socio demographic levels in most industrialized countries, including Israel, some are being successfully treated in individual psychotherapy. The intervention methods are tailor made and are operated according to the men's responses. Techniques are various like EMDR, Bio Feedback, CBT, Anger Management, and Psychodynamic. Techniques used will be described and outcomes discussed.

## *Group Interventions when Domestic Violence is Present*

Tara Sloan Jungersen, *Nova Southeastern University* (tj290@nova.edu)

Group interventions provide a powerful intervention modality for both perpetrators and survivors of domestic violence. The group modality offers participants the opportunity for vicarious learning with group members at different stages in the cycle of violence and recovery. Additionally, group interventions offer the opportunity to mitigate the isolation that is often present within violent relationships. This presentation will review the Survivor Therapy Empowerment Program (STEP) as one such manualized treatment program that offers a trauma-informed group intervention for domestic violence. STEP is a 12-unit, psychoeducational group aimed at individuals who have been affected by intimate partner violence (IPV), and who may have extensive trauma histories, substance use, anxiety, and interpersonal deficits. Based in trauma and feminist theories, STEP teaches participants about different aspects of IPV and trauma, allows for processing among members, and establishes skills useful in mitigating anxiety and distress. Considerations for group co-facilitation will be reviewed as an isomorph for positive conflict resolution and the promotion of positive exchanges for individuals affected by domestic violence.

## *IPV Survivors Can Learn to Self-regulate Anxiety and Manage Internal Systems of Emotions and Intellect*

Karen Shatz, *Barry University* (kshatz@barry.edu)

Rachel Dekel, *Bar Ilan University* (rachel.dekel@biu.ac.il)

Most individuals involved in relationships where violence plays a central role lose their sense of self. IPV relationships are fraught with chronic anxiety, which in turn diminishes the ability to separate thoughts and emotions and to react using the intellectual system rather than the emotional system. Based on Bowen's understanding of natural systems, he theorized that at the intra-psychic or individual level, a differentiated person can functionally separate thought from emotions. From the orientation of Natural Family Systems, individuals in the therapeutic work reflect on family of origin influences and reactions are maintained. In learning the theory, IPV survivors work towards increasing their own level of differentiation, which is demonstrated through acknowledging their anxiety and potential for reaction. With ongoing work, clients learn

to manage the anxiety, which in turn diminishes emotional reactivity and provides the opportunity for the intellectual system to take over. Not only does differentiation increase, but pride in self-regulation and self-empowerment become increasingly evident.

## *Addressing Trauma in Those with Substance Use Disorder and Why Specialized Training in Trauma is a Necessity*

Rachel Needle, *Whole Health Psychological Center, West Palm Beach, USA*  
(drrachelneedle@gmail.com)

There are been much research showing that traumatic experiences are associated with substance abuse, mental health problems, and other risky behaviors. An early traumatic experience can increase the risk of substance use disorders for a number of reasons including but not limited to manage distress, self-medicate, or to damped mood symptoms associated with a dysregulated biological stress response. Estimates are as high as 75% of individuals in treatment for substance use disorder have a history of trauma. It is important to address trauma when treating an individual with substance use disorder. It is important to acknowledge a history of trauma, as well as to process the trauma and the impact the trauma has had on an individual's life. Of course, a therapist must first ensure that the individual has the coping skills to manage the distress that might occur as a result of bringing up the trauma. In addition, trauma treatment should be paced based on where the client is at. Asking for permission to talk about the trauma, and then following the client's lead is helpful in trauma treatment. One goal, of course, is not to re-traumatize someone. The necessity of specialized training in trauma will be discussed.

## **95. Improving Care for Mentally Disordered Offenders and Patients with Risk of Harm to Others in Japan**

### *Introduction of an Online Database System to Forensic Mental Health Services in Japan*

Toshiaki Kono, *National Center of Neurology and Psychiatry, Tokyo, Japan* (konot@ncnp.go.jp)

The Medical Treatment and Supervision Act (MTSA) was enacted in 2005 as the first legislation in Japan for forensic mental health services provided to those who committed serious offenses under insanity or diminished responsibility. Monitoring the application of the Act is of particular importance considering that the services are compulsory to the patients and completely funded by national expense. However, it has depended on several surveys funded by competitive research grants. Recently, an online system was developed as a national project to build a database of medical information regarding inpatient treatment services provided to cross-sectionally about 700 patients in all 33 hospitals with secure units designated by the MTSA. The system enables certain and prompt acquisition of data. Through practical use of the results of

analyses, clarification of issues to be improved, standardization of the services, and efficient allocation of service resource are expected. The presentation will outline the way in which the system operates and discuss how it can be utilized in the future.

## *Changes Observed in Mentally Disordered Offenders During Forensic Probation in Japan*

Akiko Kikuchi, *National Center of Neurology and Psychiatry, Tokyo, Japan* (akikuchi@ncnp.go.jp)

In Japan, those who have committed certain serious index offence in a state of insanity or diminished criminal responsibility are treated under the Medical Supervision and Treatment Act (MTSA). Designated inpatient and outpatient facilities provide psychiatric treatment for such mentally disordered offenders (MDOs). To date, a study has shown the three-year recidivism rate to be less than 3% for the MDOs discharged from designated inpatient facilities and supervised under forensic probation (Nagata et al., 2016). We have conducted some studies to examine the changes in dynamic risk and strength factors observed in the MDOs during forensic probation. In one study, data on MDOs in forensic probation was obtained from the rehabilitation coordinators. Risk of violence and other problematic behaviors were assessed using the Japanese version of Short-Term Assessment of Risk and Treatability (Webster et al., 2009) at baseline and six months later. Vulnerability and strength scores, as well as each item of START before and after the six months, were compared. Results show consistent improvement in strengths in general, except for those who were recently discharged into the community and were in the transition phase. Implications of the results will be discussed.

## *Positive Experiences Promoting Recovery in Japanese Forensic Mental Health Setting*

Junko Koike, *National Center of Neurology and Psychiatry, Tokyo, Japan* (koike@ncnp.go.jp)

This presentation will aim to clarify the experiences of patients with mental disorders who had committed serious offences in regaining positiveness during treatment in a secure unit in Japan, and examine the relevance of these experiences in promoting recovery. We conducted an interview consisting of questions about experiences in regaining positiveness during the hospitalization with seven patients. All patients engaged in serious harms under a condition of insanity or diminished responsibility. We performed a qualitative analysis, using the Modified Grounded Theory Approach (M-GTA). Ten notions and six categories (relief by holistic understanding of having both strength and weakness; regeneration of emotions without maliciousness; awareness of interpersonal relationships developed with consciousness of existence of others; reconstruction of self-identity in relationship with others; acceptance of the wishes sent from the past myself to the present self; and preparations for re-starting) were generated. The experiences in regaining positiveness during the hospitalization were consistent with the recovery in life. Supporting recovery focusing on human relations is necessary for offenders with mental disorders. Particularly, the most important thing is encouragement to give

a significance to the experiences caused by the mental disorder and the serious harm, which is exactly the essence of nursing (Travelbee, 1971).

### *Administrative Involuntary Admission for Patients with Mental Disorder in Japan: Days of Future Past*

Akihiro Shiina, *Chiba University* (olreia@yahoo.co.jp)

Japan had no particular forensic mental health systems until the Medical Treatment and Supervision Act was enacted in 2005. Therefore, patients with a mental disorder who had a risk of harm to self or others were hospitalized by the prefectural governor's order. This scheme has been administered for over a half-century without meaningful evaluation or amendment. Some surveys suggested that patients subjected to this scheme tended towards recurrent involuntary admission without social supports. In 2016, a person who had experienced an involuntary admission by the prefectural governor's order intruded into an institution for disabled people, to take a total of 19 residents' lives. He committed this massacre a few months after the discharge. This incident ignited a broad argument about mental health systems and public safety. Responding to this tragedy, the Japanese government is contemplating reforming the Mental Health and Welfare Act. This presentation will report on the findings of our research team, which investigated the characteristics of subjects of involuntary admission by the prefectural governor's order, the different forms of this scheme between prefectures, patients' opinion upon involuntary hospitalization, and so on, to clarify the current status and challenges of this scheme.

### *After-Care Services for Administrative Involuntary Admitted Patients*

Chiyo Fujii, *National Center of Neurology and Psychiatry, Tokyo, Japan* (chyfujii@ncnp.go.jp)

On July 26, 2016, a man who had a history of involuntary admission by the prefectural governor's order broke into a residential care center for people with severe mentally and physically disabled and stabbed 19 residents. The government quickly established a review team of the incident to work out measures for preventing a recurrence of such an incident. Based on the review team's report, the government took steps to revise the Mental Health and Welfare Act to place an obligation on the local government to provide after-care services for patients involuntarily admitted by the prefectural governor's order. After-care services are designed to meet the patient's needs related to their mental disorder and give them their own life to live in the community. The planning of after-care is supposed to start as soon as the patient is admitted to the hospital. The local government should take reasonable steps, in consultation with the multi-disciplinary team at the hospital to identify appropriate after-care services. Although the process of amending the law is now under way, some local governments have started the after-care services at their own initiative. This presentation will discuss the current situation.

## **96.Improving Medical and Law Education**

## *How to Effectively Communicate and Negotiate the Outcomes You Really Desire?*

Shakaib Rehman, *Phoenix Veterans Administration Medical Center, Phoenix, USA*  
(Shakaib.reham@va.gov)

Great leaders are great negotiators, they resolve seemingly intractable disputes and yet enhance working relationships. Their negotiation and communication skills determine their effectiveness. Law, business, and public policy schools offer curriculum in negotiation but most other professions lack this vital training. It is time for all professionals to be trained in negotiation skills. The ability to negotiate requires a collection of interpersonal and communication skills used together to bring about a desired result. It is based on exploring underlying interests and positions to bring parties together in a constructive way. Effective negotiators use innovative thinking to create lasting value and forge strong professional relationships. They take a deep dive in to what is behind the opponent and their own positions that may not seem logical at first but essential to understand the issues/ideas behind the problem. The session provides the following tools: 90/10 Principle; 4-E Model of Communication; Principled Negotiation; Six habits of merely effective negotiator; BYAF (But You Are Free) Technique; Best Alternative to a Negotiated Agreement/BATNA; Thomas-Kilmann Conflict Mode; Communication preferences.

## *A Healthcare Administration Curriculum for Physicians in Training*

Sabrina Taldone, *Jackson Memorial Hospital, Miami, USA* (staldone@med.miami.edu)

Core competencies for the graduate medical education (GME) of trainees (physician residents) in the USA include “systems-based practice” training such that the future physician labour force will be able to serve their patients in the real world environment. The traditional GME training often leaves graduates ill prepared for such a transition. We designed and implemented an innovative curriculum to provide trainees with the knowledge and skills essential to bridge clinical practice and management. Subject areas addressed in the curriculum include patient safety and quality improvement, health insurance, federal and local regulatory policies, business management, patient experience, and risk management. We captured knowledge and attitudes of trainees through pre- and post- curriculum surveys. In the short term, the aim is to improve patient safety and quality, patient care coordination, and value-based reimbursement. In the long term, the skills gained will prepare trainees as physician leaders, capable of organizing support to change systematic problems in health care, including those contributing to the high rate of physician burnout (e.g., regulations affecting workload; consequences physicians face for seeking mental health care).

## *Fostering a Medical Education Beyond Diversity & Inclusion: An Evaluation of Medical Schools' Racial Justice Initiatives*

Mariquit Lu, *University of Miami School of Medicine* (mariquit.lu@med.miami.edu)

Over the past 30 years, the word “diversity” has risen in the lexicon. Metrics of diversity first became an embraced benchmark in corporations and politics, then adopted among academic institutions. The next step was “inclusion”, fostering an environment where diversity thrives. Offices of Diversity & Inclusion are now a staple in higher education. In 2018, medical students across America developed the Racial Justice Report Card to encourage medical schools and affiliated institutions to promote not only diversity and inclusion, but also racial justice. Given their tremendous footprint in healthcare, academic medical centers have a key role in pursuing racial justice in policy, practice, and in role-modeling for students. The report card, an annual assessment, measures institutions against 15 metrics that evaluate curriculum, climate, diversity, policing, and protection of marginalized patient populations. Research for the report is spearheaded by students at evaluated schools and composited by a nationwide student group. Institutions are given an opportunity to respond with discussion of their current initiatives and improvement goals. This presentation discusses the ongoing impact of the 2018 inaugural Racial Justice Report Card a year after its publication and the student-led movement to integrate racial justice into health professions’ scope of practice.

## *Policy and the Poppy: How Laws Can Affect the Opioid Crises in America*

Leah Colucci, *University of Miami* (L.colucci@med.miami.edu)

The Infectious Disease Elimination Act (IDEA) was passed in 2016 on World Aids Day allowing the University of Miami to create a Needle Exchange Program. This program permitted the University of Miami Miller School of Medicine to become one of the only medical schools in the United States to have its own Needle Exchange. In September 2017 the Mitchell Wolfson Sr. Department of Community Service Program, with the help of a group of medical students, created a Wound Care Clinic that would serve this population of IV drug users with basic wound care and health screenings. This presentation will investigate the impact that being exposed to marginalized populations, such as IV drug users, has on medical students. It will discuss the influence on students such as skills they have developed for rotations, empathy for patients, involvement in public health and policy, and overall wellbeing in medical school. While describing the effects of this type of community service, the presentation aims to explore improvements for the program and suggestions for other medical schools interested in similar projects.

## *Developing and Assessing Communication Skills*

Kenneth Youngstein, *Biocom Ltd.* (youngstein@biocom-ltd.com)

In medicine and law, effective communication is an essential skill set. Communication is often viewed as a "soft skill", and, therefore, not subject to the rigors and technological advances seen in other forms of training. Communication skills have traditionally been taught using modeling, in the form of "how-to" or "best practice" videos or live demonstrations, followed by live role play. Both techniques treat training as an event, rather than a process, and have severe limitations, especially regarding opportunities for the trainee to practice these skills. Since the late 1970s, the presenter has developed a novel training paradigm, Active Communication Training ("ACT"), and a computer/web-based technology, the Active Communication Training Simulator ("ACTS"). With constant evolution, as technology changed, ACT and ACTS have been used to train health care professionals, throughout the world, how to better communicate with patients and their families. They are also used widely in pharmaceutical and financial service industries for sales training, management development, and regulatory compliance training and monitoring. This presentation will discuss and demonstrate these training approaches and explore how similar approaches can be applied in the training of medical and legal professionals.

## **97.Improving Mental Health Facilities and Services**

### *Organizational Aspects of the Mental Health Services for Mood Disorders: What Type of Services Suit the Patients' Needs Best?*

Dusan Kolar, *Queen's University* (kolard@providencecare.ca)

Treating refractory mood disorders requires specialized treatment in the services that may provide a comprehensive assessment and multimodal treatment which usually includes medication treatment, brain stimulation treatments, and psychotherapy. These highly specialized services are usually present only in the large university centres, where there is a high demand for these services and waiting time for an initial assessment is usually lengthy. Some of these services are organized as consultation-based services and provide one-time assessment and recommendations for treatment. Others may provide a short-term follow-up or even a long-term follow-up for patients with most severe clinical presentations. The consultation-based services for mood disorders are time efficient in scheduling initial assessments and providing recommendations for referring physicians. On the other hand, mood disorders services that provide follow-up for patients may also offer specialized psychotherapies for mood disorders. Unfortunately, this type of service providing psychiatry follow-up may have long waiting times and the access to service could be problematic. It seems that the consultation-based mood disorder services are more effective in providing timely consultation, treatment recommendations and expert opinions, but these services presume that patients have regular follow-up by general psychiatrist or community psychiatry services.

## *Evidence-Based Design Has a Sustainable Positive Effect on Patients' Perceptions of Quality of Care in Forensic Psychiatry*

Alessio Degl' Innocenti, *Göteborg University* (alessio.deglinnocenti@vgregion.se)

This prospective longitudinal study aimed to assess the sustainable effect on patients' assessment of ward atmosphere and quality of care at three forensic psychiatric hospitals in Sweden relocated into evidence-based designed facilities. We assumed that the physical environment could be a crucial part of a person-centred approach, and therefore could promote patients' rehabilitation and re-integration into society. Data were collected prospectively from baseline in the old facilities and during three follow-ups after relocation, between 2010 and 2016. This study provides evidence that patients' perceptions of care quality in these forensic psychiatric facilities increased when moving to new buildings and was stable up to three years after relocation. Moreover, this study revealed that patients perceived having a higher degree of available seclusion in the new facilities up to three years after relocation. This confirms earlier knowledge of the special needs of patients in forensic psychiatry to have the possibility to withdraw and rest in privacy in a single room and to socialize with others when feeling strong enough to do so. In that sense, the physical environment can act as an active agent for patient rehabilitation. Further research is needed to confirm the findings in samples extracted from forensic psychiatry.

## *Beyond the Courtroom and Mental Health Office*

Carla J. Cooke, *Sanctuary of Hope and Healing* (drcarla.sohh@gmail.com)

Legal and mental health professionals have knowledge, resources, and skills that help the general public. Our work brings justice, satisfaction, relief, change, and healing in ways that may not be possible without our assistance. As holders of information, we have a great responsibility to not only assist when we are called upon, but to preemptively provide information that challenges narratives, helps people make changes to enhance the quality of their lives, and offers guidance that can help others effectively navigate systems that they may encounter. Our voices can have a global impact that positively shifts the trajectory of the future; particularly at this time when there is a hunger for personal growth and desire for life-long learning. People all over the world are taking advantage of blogs, podcasts, talk radio, and live social media videos to gain knowledge that they can apply to their daily lives. Our role in society does not have to be limited to contracted services. This presentation is a call to go beyond the courtroom and mental health office and publicly share information that will transform nations, communities, families, and individual lives. Potential ethical barriers that need to be overcome will be considered and explored.

## *Forensic Psychiatry and Occupational Psychiatry*

Luiz Felipe Rigonatti, *University of São Paulo Medical School* (luizrigo@gmail.com)

This presentation will expose, under the Work Psychiatry approach, some aspects of psychiatric expertise on work-related mental disorders. Work Psychiatry differs from Forensic Psychiatry, because its focus is on the examination of work-related mental disorders from the preventive, diagnostic, therapeutic, epidemiological, causal, and disability points of view. Forensic Psychiatry deals mainly with psychiatric expertise in the civil and criminal area. Since the year 2000, work-related mental disorders have been recognized as one of the most disabling diseases in Brazil. They represent a major challenge for psychiatrists and occupational physicians in the face of their diagnostic complexity, the controversies surrounding the causal nexus, and the numerous lawsuits in labor court. For this reason, a protocol was developed to investigate work-related mental disorders, which assesses the occupational, social, and psychological risks that can affect the worker at a given moment in his or her working life. The objective of creating the protocol was to instrumentalize and contribute to the standardization of information collection procedures among Mental Health professionals in their diagnostic and expert evaluations. The use of this instrument allowed a greater objectivity to the psychiatric skills in the mapping of the stress factors that contributed to the mental sickness at work.

## **98. Improving Opportunities for Justice in Law Enforcement and Judicial Processes**

### *Can We Predict Violence?*

Loren Atherley, *Seattle Police Department, Seattle, USA* (loren.atherley@seattle.gov)  
J. Reid Meloy, *University of California* (reidmeloy@gmail.com)

A recent focus on targeted violence offenders or lone actor terrorist has brought about significant advancements in the area of threat assessment and management. Tools such as the Terrorist Radicalization Assessment Protocol (TRAP – 18) or so called Structured Professional Judgement (SPJ) instruments bring the sophistication of clinical judgement to a professional application. As a result of the availability of these tools, many law enforcement agencies, large corporations, and educational institutions are actively engaging in the practice of threat assessment and management. This project evaluates the effectiveness of a law enforcement deployment model in a large West Coast police agency. Interrater Reliability (IRR) analysis and focus groups were used to examine the effectiveness of common coding, training, and resource colocation in a virtual forum. Additionally, Intelligent Decision Support (IDS) predictive modeling was piloted as an objective means of threat triage. Implications for policy and practice will be discussed.

### *Do Community Perceptions of Homelessness and Mental Illness Impact Police Legitimacy? Micro-Community Level Findings from the Seattle Public Safety Survey in Washington State, USA*

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)  
William Parkin, *Seattle University*  
Adrian Diaz, *Seattle Police Department*  
Heather Chestnut, *Seattle University*  
Katlynn McDaniels, *Seattle University*  
Ashley Catanyag, *Seattle University*  
Cassie St. Cyr, *Seattle University*  
Hailey Gilford, *Seattle University*  
Taylor Lowery, *Seattle University*  
Anastasiya Schevchuk, *Seattle University*

The Seattle Public Safety Survey has been conducted annually in Seattle, Washington, USA as part of the Seattle Police Department's Micro-Community Policing Plans (MCP) implemented in 2014. The MCP divides Seattle into 57+ micro-communities for the purpose of addressing neighbourhood-based concerns about public safety and police legitimacy. The survey, conducted in 2015, 2016, 2017, and 2018 utilizes a non-probability sample of Seattle residents to collect annual data about perceptions of crime, public safety, and police legitimacy. This presentation will report the results of analysis of findings from the Seattle Public Safety Survey to examine the impact of perceptions of homelessness and mental illness on police legitimacy from 2015 – 2018 at the citywide, precinct, and micro-community levels. Results suggest that Seattle residents hold a range of views of homelessness and mental illness that impact community expectations of police and city agencies regarding how to appropriately respond to issues of homelessness and mental illness to balance the goal of public safety with ethical and preventative treatment of individuals in behavioural crisis. Implications for police-citizen relations and public safety and how findings inform police priorities and strategies in Seattle will be discussed.

## *Civil Commitment Decisions in the State of Idaho, USA: Process, Outcomes, and Problems*

Frances Bernat, *Texas International University* (frances.bernat@tamiu.edu)  
David Makin, *Washington State University* (dmakin@wsu.edu)  
Teresa Shackelford, *Washington State University*

Involuntary civil commitment in the United States is governed by state law. In the State of Idaho, four groups of persons can recommend involuntary civil commitment of a mentally ill and dangerous person: The police, in-patient physicians, facility administrators, and others. Dangerousness, under Idaho law, requires a showing that a mentally ill person is a danger to him/herself, a danger to others, or is unable to care for his/her basic necessities of life. In the State of Idaho, rates of concurrence between petitioners and those responsible for certifying the person meets the legal standards has been decreasing for several years. Analyzing over 40,000 commitment hearing requests in Idaho, this presentation will provide a process trace analysis within the involuntary civil commitment proceeding. It will analyze the relationship among demographics of the petitioner and person to be committed, and the extralegal factors which may impact the process and outcome. Legal concerns with the process and the ongoing

efforts to improve the process and outcomes for persons who are recommended for involuntary commitment will also be discussed.

## *Partnering to Eradicate the Effects of Racial, Ethnic, and Cultural Bias in a State Court System: The Gavel Gap and Beyond*

Bonnie J. Glenn, *Washington State Office of Administrative Hearings, Olympia, USA* (Bonnie.Glenn@oah.wa.gov)  
Courtney Baker, *Seattle University* (bakerc4@seattleu.edu)

The Washington State Minority and Justice Commission (WSMJC) seeks to foster and support a fair and bias-free system of justice in the Washington State courts and judicial system. Our mission is to ensure that all courts in the state of Washington remain free of bias so that justice might be adjudicated in a neutral and fair manner. To this end the commission continues to work on innovative approaches to help the judiciary eliminate bias. This presentation will provide an overview of some of the innovative approaches the WSMJC has taken to work with Judges and our community to help reduce bias in pre-trial release through the creation of a pre-trial release tool, the creation of a Legal Financial Obligation tool for judges and education programming, partnering in support of Youth and Law Forums, and our work in Washington to Bridge the Gavel Gap.

## **99. Incapacity and Guardianship**

### *The End of Adult Guardianship? Future Challenges in an Era of Law Reform*

Israel Issi Doron, *University of Haifa* (idoron@univ.haifa.ac.il)

The goals of this presentation are threefold: First, this presentation will provide a broad historical overview of the development of “guardianship” as a socio-legal instrument. This historical analysis will try to expose how the changes through time of the guardianship regime reflected changing power-relationships within societies, as well as shifts in moral paradigms and social constructions of aging and disability. Second, this presentation will try to provide a description of the current recent trends in guardianship law reforms, especially with regards to the adoptions of supported decision-making platforms as alternatives to “traditional” and substitute-decision-making models of guardianship. Finally, the presentation will try to assess what are the next steps needed within the context of guardianship law reforms. Specifically, questions regarding the ability to totally abolish “traditional” guardianship as well as the new challenges around monitoring and quality assurance within the new supported decision-making frameworks will be presented.

## *Guardianships for Persons with Intellectual Disability in India*

Sharad Philip, *National Institute of Mental Health and NeuroSciences (NIMHANS), Bengaluru, India* (sharadphilipdr@gmail.com)

Hareesh Angothu, *National Institute of Mental Health and NeuroSciences (NIMHANS), Bengaluru, India* (hareesh.angothu@gmail.com)

Persons with Intellectual Disabilities (PWID) are to varying extents dependent on their family/caregivers and/or the State for decision-making. Indian Civil and Criminal laws presume decisional capacity of all individuals above 18 years of age unless proven otherwise. The National Trust Act, 1999 was enacted to assist caregivers in providing guardianship amongst other things for their non-minor PWIDs. Accordingly, Districts constituted Local Level Committees chaired by the District Administrative Officer to decide on applications from caregivers requesting appropriate guardianships for their PWIDs after due process. India's new UNCRPD-compliant Disability Rights legislation has subsumed guardianships for all persons with disabilities, for which caregivers are required to approach a sitting District Judge. As of 2016, District Courts had a staggering 20 million pending cases and only one Judge for every 73000 Indians. This presentation will report rates of initiation and completion of guardianship procedures amongst PWIDs who visited our centre from April, 2013 to March, 2018. It will also provide a narrative of possible barriers and challenges faced by this vulnerable population. The presentation will suggest a diversion from the overburdened Judicial Services to a decentralized quasi-judicial body involving all stakeholders: PWIDs, care providers, and government functionaries.

## *Transitioning Away from Guardianship: Allaying Fears of Exploitation*

Leslie Salzman, *Benjamin N. Cardozo School of Law* (salzman@yu.edu)

One of the most frequently heard objections to abolishing guardianship is that it is a necessary tool for protecting persons perceived as vulnerable from exploitation. This argument has particular force in the context of older persons, particularly persons with cognitive impairments such as dementia, who may be targeted for financial exploitation. Guardianship is often invoked to address such financial exploitation and to try to make the person whole again. Because guardianship can be used as all-purpose legal mechanism in these situations, it has been used as a tool to do the work that other mechanisms and legal doctrines designed to protect persons from exploitation could do – and do so without depriving the victims of that exploitation of their right to legal capacity. Of course, guardianship itself can also be a tool for exploitation, as a number of recent scandals have illustrated. This presentation will address the ways in which alternatives to guardianship, including publicly available mechanisms to prevent financial abuse and exploitation, as well as supported decision making, can be used to help avoid financial exploitation or address those situations in which exploitation has occurred.

## *The Right to Legal Capacity for Older Persons*

Rebekah Diller, *Benjamin N. Cardozo School of Law* (rebekah.diller@yu.edu)

Older persons are believed to comprise a majority of the persons under guardianship, at least in the US. Yet the concerns of older persons have not been at the forefront of the legal capacity discussion in the way that the concerns of persons with intellectual and psychosocial disabilities have been. If supported decision-making is to take hold and supplant guardianship, it will need to be responsive to the needs of older persons who would otherwise be at risk of guardianship, particularly those facing progressive cognitive decline. This presentation will explore the historical reasons for this failure to adequately consider the needs of older persons in the move toward universal legal capacity and address the emergence of supported decision-making legislation and pilot projects that have largely not been geared toward older persons. It will also outline ways in which the movement for legal capacity can more fully encompass the experience of older persons who would otherwise be at risk of guardianship.

## *Guardianship in Brazil*

Leila Tatiana Osorio Kavanagh, *Statewide Mental Health Services, Tasmania, Australia*  
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Katia Mecler, *Federal University of Rio de Janeiro* (katiamecler@gmail.com)

Guardianship Laws have evolved differently in various parts of the world as a result of diverse historical, social, cultural, and political views. International trends in relation to Guardianship Laws have shifted from the traditional paternalistic to a more individual rights model. The challenge is striking a balance between the protection of the individual and the preservation of the individual's dignity and autonomy. Comparative Law allows for the attainment of knowledge from various legal perspectives with the opportunity of considering legal solutions to challenges faced that have not been previously contemplated; thereby leading to the implementation of gradual change. This presentation looks at Brazilian Guardianship Laws taking into account Brazil's endeavour to promote positive change in accordance with more contemporary views. The presenters then look at Comparative Law, choosing a number of countries to explore specific questions regarding Guardianship; analyzing their differences and similarities to Brazil. The presenters then offer proposals for legislative changes to Brazilian Guardianship Laws, taking into consideration the need for gradual change. Finally, the presentation will outline recent changes to Brazilian Guardianship Laws, which in their opinion appear to be a possible premature attempt to move towards a more global perspective. Will these new changes create more challenges?

## **100. Incarceration and Families**

## *Letters to Children from Incarcerated Parents: A Comparison Between Mothers and Fathers*

Kimberly Stauss, *University of Arkansas, Fayetteville* (kstauss@uark.edu)

John Gallagher, *University of Arkansas, Fayetteville* (jmgallag@uark.edu)

Within the literature there is minimal information regarding programs addressing fathers who are incarcerated, particularly through writing programs. The literature did bring out the challenges, impediments, and risks to developing or maintaining the parent-child bond while the parent is incarcerated. It was from these gaps and needs that the Letters to Children (LTC) program was developed. LTC program meets over a four-month period and includes a total of eight sessions, plus a pre-session introduction/pre-test and concludes with an interview/post-test. The sessions were developed so they continually build on one another, gradually increasing the intensity of the parents' efforts through their writing to gain deeper levels of communication with their children. Parental stress is assessed pre- and post-intervention and focus groups are conducted at the completion of each completed program. In the present study, the quantitative data will be used to evaluate if the program is as effective in reducing parental stress with men as it was with women and the qualitative data will be used to explore if parental gender influences participants' perception of the program. Practice implications will also be covered.

## *Family Support Groups for Family Members of Offenders with Mental Illness*

Gilbert Lemmens, *Ghent University* (gilbert.lemmens@ugent.be)

Sara Rowaert, *Ghent University* (sara.rowaert@ugent.be)

Stijn Vandeveld, *Ghent University* (stijn.vandeveld@ugent.be)

Kurt Audenaert, *Ghent University* (Kurt.Audenaert@UGent.be)

Mentally ill offenders (MIO) are often locked up in a secure environment (seen as criminal), but also need treatment and care (seen as patient). Both the MIO as well as his family can be affected by the difficult situation MIOs are confronted with. This may lead to families experiencing stress and burden, as they also go through a recovery process in dealing with how to cope with this experience. Therefore, Family Support Groups (FSG) have been developed to help families deal with the mental illness and the judicial order of a relative. This presentation will focus on the therapeutic concepts the FSG is based on and on the results of a qualitative and quantitative study. Clinical vignettes will be used to illustrate the therapeutic process. The purpose of the study is to investigate if an FSG can support family members to cope with the situation. Besides semi-structured interviews about expectations and experiences, pre- and post-test measures about QOL, burdens, coping, and resilience are completed. This presentation will outline the FSG and its concepts, then discuss the results of the qualitative and quantitative study.

## *Reviewing Psychotherapeutic Interventions in Psychiatric Forensic Units: What About Family Therapy?*

Beatriz Martins, *Hospital de Portalegre, Portalegre, Portugal* (beatrizmartins123@gmail.com)

Fernando Vieira, *Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal*

Ana Margarida Bernardo, *Garcia de Horta Hospital, Almada, Portugal*

The Portuguese sociocultural background considers that family immersion should be, whenever possible, prioritized when the individual has an incapacity limiting autonomy. This perspective is somewhat reflected in Portuguese Law. In the Code of Execution of Sentences and Custodial Measures, for example, the legislature emphasizes the relevance of maintaining family ties while one is complying with a judicial sentence. In the case of detained individuals suffering from serious mental illness, during the rehabilitation process, staff must work on what follows on the person's release. To better understand the role families can have in this process, a literature review was performed by searching for the terms "family therapy" and "forensic units". Due to lack of data, the research was extended to "schizophrenia", "mental/ intellectual disability", and "drug addiction", the most common diagnostics in local forensic services. Very few references to family intervention at psychiatric forensic units were found, which highlighted the barriers to its implementation. Yet, the literature shows consensus on the relevance of family therapy for serious mental illness approach. Indeed, family intervention may be an important instrument for psychosocial rehabilitation of some patients not only in clinical settings, but also in forensic units. Yet, some constraints may limit its implementation.

## **101. Indigenous and Traditional Approaches to Psychotherapy and Healing Work**

### *Integration of the Whole*

Barbara NiaNia, *Practicing Kaiwhakaruruhai, Aotearoa, New Zealand*

(barbara@infiniteora.co.nz)

Understanding the interconnectedness of the divine being to things that are tangible and non-tangible, and the importance of working with the spiritual, psychological, and physical aspects of the self, enables one to facilitate healing on a much deeper level. This is a balanced and holistic approach to healing the wairua (spirit), hinengaro (psyche), and tinana (body). This then creates mauri ora (balance) within the person. The presenter is an indigenous Māori woman of Ngāti Kahungunu and Ngāti Porou descent. She is trained in Social Work, Kaiwhakaruruhau, and Hakomi which is a body centred Kaiwhakaruruhau. She practices romiromi and mirimiri (Māori body work) and relies on her own innate wisdom and the knowledge that she has grown up with traditional practices to support her work in trauma recovery, post-traumatic stress disorder, and other mental health conditions. This presentation challenges the notion that we must reside solely within the western space and forgo our indigenous knowledge. It discusses how indigenous ways of working stand out.

## *An Introduction to Response-Based Practice*

Catherine Lynn Richardson, *Université de Montréal* (cathyresponds@gmail.com)

This presentation will explain the fundamentals of response-based practice. Response-based practice is an approach to counselling and to analysis in the social sciences. Based on micro-analysis with macro contexts, response-based practice is used to assist in recovery from violence based on uplifting human dignity, celebrating resistance, analyzing language, and creating positive social responses. The presenter looks at the art of therapeutic questioning as a form of eliciting feelings of capacity, self-appreciation, and a means of contesting the shame and blame typically experienced by victims. The presentation will suggest response-based models related to situational analysis and linguistic analysis, which are helpful for assessing representations of violence and seeking accuracy in descriptions. It draws links between systemic thinking, analyzing power, understanding context, and assessing safety. Additionally, the presentation will explain applications of this work with Indigenous communities and survivors of state violence, as well as in child protection settings. The presenter has developed the “Islands of Safety” planning process, based on response-based practice, for cases of domestic violence and violence against children.

## *Promising Practices for Supporting the Mental Health of Indigenous Women*

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

Indigenous peoples across the world bear a disproportionate burden of mental health challenges. Researchers have tended to focus on the prevalence and etiology of mental illness experienced by Indigenous peoples rather than on practices and approaches for supporting Indigenous peoples’ mental health. Indigenous women in particular face unique challenges stemming from social disparities and intergenerational trauma, with significant implications for mental health service provision. In this session, the presenter will share the results of a literature review on promising practices for providing mental health services to Indigenous women. The presenter will also engage in dialogue regarding clinical experiences, including case examples, to discuss the main tenets of conducting therapeutic interventions with this population. By threading together research and clinical experiences, the focus of this presentation will be on sharing recommendations for practice with the ultimate aim of building service providers’ capacity to provide effective, culturally safe mental health supports for Indigenous women.

## *Grief and Loss; Tangihanga, A New Zealand Māori Indigenous Process*

Watson Pita, *Proactive Mind Network* (watson@proactivemindnetwork.com)

Death is the last act we all must accomplish. The living who remain; what can possibly heal their grief and loss? How can we heal a Mind and Body that does not yet comprehend the gifts given by Death? The New Zealand Māori ritual of Tangihanga has some answers. Tangihanga means funeral, rites for the dead and to cry profusely. This customary ritual has many healing opportunities for people to shed their pain of grief and loss. Mental states of denial, sadness, depression, anger and fear can also be lifted to bring people to closure and acceptance. This presentation explores elements of tangihanga; from the time of death; to the burial and then to when the immediate family returns home. Included are examples of healing opportunities where people openly and outwardly express their grief, compassion and love for the deceased, their family and for others who have passed. It is a time full of emotion and at other times a place of sincerity and serenity. The Tangihanga concludes; the air of grief and loss fades to leave the living to cherish memories of their loved one, filled with a sense of optimism and the gifts of peace, friendship and aroha.

## *The Legal Landscape for Traditional Health Practitioners in SADC: A Comparative Approach*

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Globally, contemporary legislation and policy dealing with Traditional Health Practitioners (THP) are limited despite the call from the World Health Organisation that Member States should develop proactive policies and active plans that will strengthen the role of traditional medicine in keeping populations healthy. On a regional level, of the 15 countries forming the SADC (Southern African Development Community), only four have legislation relating to THPs. They are South Africa, Tanzania, Namibia and Zimbabwe. THPs in these four countries continue to be loosely defined which may hamper the promotion of THPs in their national health systems, but it may also be something that is unavoidable given the tensions between lived practice and more rigid legalistic frameworks. Three countries, namely South Africa, Namibia, and Zimbabwe have acknowledged the roles and importance of THPs in healthcare delivery by creating a council to register and formalize practices, but they have not operationalized or specifically defined THPs. In contrast, Tanzania has provided a definition couched in terms that acknowledge the context-specific and situational knowledge of healers, while also outlining methods and the importance of local recognition. This presentation highlights the differences and similarities between the various policies and laws.

## **102. Informed Consent: Curiosities in Chile, Italy, and the United States**

### *Informed Consent in Forensic Treatment After Closing the Italian High Security Hospitals*

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The progressive process leading to deinstitutionalization of socially dangerous insanity acquittees in Italy seems to have come to its conclusion. In 1978, psychiatric hospitals (OP) were closed in Italy (Law no.833) in favor of a community treatment model. In 2008 the Government issued a decree establishing the closure of the six forensic psychiatric hospitals (OPGs). In 2012, Law 9/2012 established that new small-scale residential facilities (REMS) should be developed to admit insanity acquittees showing danger to public safety. In 2014 Law 81 established deadlines, operational procedures, and required individualized discharge programs for such patients. The REMS are part of the Departments of Mental Health of the Italian National Health Service but the Italian penal code still determines that the security measure into REMS involves detention of the patients, so this provision implies the existence of a custodial structure within each REMS facility. In other words, REMS has purposes of control and public protection. At the same time the right of the individual to voluntarily consent to or to refuse treatment is protected also in the REMS despite the coercive nature of the placement. Some commentators see potential difficulties in equally respecting fundamental rights that may seem to be in conflict. This presentation reviews these developments and debates.

### *Informed Consent in Chilean Legal Medicine*

Carmen Cerda, *University of Chile* (carmencerda@med.uchile.cl)

In the middle of the twentieth century, the model of the doctor-patient relationship changed from one of paternalism, to a model that required respect for the patient's autonomy and freedom to decide whether to accept treatment, or not. In Chile, from the dictation of the First Magister in Bioethics in 1996, sponsored by the World Health Organization, the procedures and values of Bioethics began to be assimilated into the field of public policies and education in the health professions. Within this context informed consent was introduced to medical practice. Since then, legal proposals and modifications, that would allow assimilation of this new paradigm of doctor-patient relationship to everyday reality, began to emerge. In Chile, the Patient Rights Chart of the National Health Fund incorporated Informed Consent as mandatory in clinical practice. In this presentation, the legal repercussions from the incorporation of informed consent into clinical practice will be discussed.

## *Informed Consent in General, Emergency and Forensic Psychiatry in Chile Today*

Enrique Sepúlveda, *University of Chile* (sepu49@yahoo.com)

What is required to knowingly consent in medicine and psychiatry? Requirements for this comply with the medical ethic that comes from Hippocrates has evolved to modern ethics and its principle of autonomy. What requirements must be met by those who consent? Being competent to understand and assimilate the information provided about one's health status, possible treatments, and associated risks and benefits, defines what minimum information is necessary to validate this consent. What aspects of the information should be included for the consent to be valid and unobjectionable? To what extent must one meet the minimum standards necessary in Chile or in the civilized world for sufficiently "informed consent"? This presentation aims to show some of the protocols of informed consent in use in Chile today, in the fields of medicine, general, emergency, and forensic psychiatry, as well as some controversial characteristics and aspects, and to propose criteria that contribute to possible advances in the line of respecting both the rights of the patient or person being evaluated, and the protection and insurance of the best standards of quality in the practice of medicine and psychiatry.

## *Informed Consent for Psychiatric Treatment in the USA*

Alan Robert Felthous, *Saint Louis University* (alan.felthous@health.slu.edu)

The principles of informed consent in the United States have originated more through court decisions than ethics codes or consensus by practitioners. Through their appellate decisions based upon respect for patient autonomy and fiduciary responsibilities of clinicians, courts have required that consent not only be voluntary but also informed. Through court decisions clinicians learned what patients were to be told about recommended treatment for their decisions to have been informed. Whether to obtain written informed consent or to rely on oral communication without the patient's signature as sometime presented is a false choice. Neither choice precludes the possibility of both written consent and ongoing reciprocal, informative discussion between clinician and patient. This presentation will address specific examples wherein court decisions and/or legislation have improved and/or in some ways worsened the process of informed consent for ECT and psychotropic medication in the United States. As one example, written informed consent for ECT and modified ECT has presumably reduced the risk of lawsuits based upon claims of professional negligence. On the other hand, the Texas state legislation requiring written informed consent statements stating that there is no consensus on the efficacy of ECT and that it can kill the patient, means that Texas patients must make their ECT decisions based upon misinformation.

# 103. International Models of Prisoner Mental Healthcare to Improve the Interface Between Prison and Hospital

## *Psychiatric Commitment in the Portuguese Prison Hospital for Short-Term Care: A Five-Year Retrospective Study*

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In the Portuguese criminal system, there is only one Psychiatric Unit for short-term care: The Psychiatric Clinic of the Prison Hospital of São João de Deus in Caxias. In fact, this is the only Prison Hospital in the country. The Psychiatric Clinic has 19 beds for males and eight beds for females for acute commitment treatment. It accepts inmates from all over the country and also receives patients that are sent directly from the criminal court. This presentation will focus on a study which aims to describe the inmates committed to the Psychiatric Unit for short-term care treatment of the only Portuguese prison hospital between 2013 and 2017 in order to understand this population and its needs for a better care. Socio-demographic, clinical, and juridical variables were collected by consulting both clinical and juridical files of the patients. The presentation will report on the results of the study and discuss the implications of findings.

## *Prison Mental Health in Australia*

Prashant Pandurangi, *Victorian Institute of Forensic Mental Health (Forensicare), Fairfield, Australia* (Prashant.Pandurangi@forensicare.vic.gov.au)

Clare McInerney, *Victorian Institute of Forensic Mental Health (Forensicare), Fairfield, Australia* (Clare.McInerney@forensicare.vic.gov.au)

The Victorian Institute of Forensic Mental Health (Forensicare) is a statewide forensic mental health provider in the state of Victoria, Australia. It includes three directorates: a secure forensic hospital, a community forensic mental health service, and an extensive prison service. The prison inreach mental health services are spread around in various prisons across the state but

residential bed-based units are based in three prisons. The different residential forensic mental health units include: an acute, a sub-acute, a psychosocial rehabilitation unit, a challenging behaviour unit, and a discharge unit. The patient flow through the prison residential forensic mental beds are coordinated by weekly centralized bed meetings. This is to ensure that patients graduate through appropriate units during their rehabilitation. Given that we are the single forensic mental health provider across the state, there is a close liaison between the prison and other directorates (hospital and community). All prison mental health units are supported by multi-disciplinary teams. The presentation concludes that the main challenges for the service includes an ever-increasing prison population with an over-representation of prisoners with mental illness and lack of proportional increase in beds at forensic hospitals.

### *Strategies of Implementation of Correctional, Forensic, and General Mental Health Service Network in the Reformed Italian Forensic Scenario*

Luca Castelletti, *Consulting Psychiatrist, Nogara, Italy* (luca.castelletti04@gmail.com)

Since the closure of the six national forensic hospitals in April 2015, the Italian National Mental Health Service has faced a great challenge in developing a new system of care for individuals charged with a serious criminal offence suffering from severe mental illness. Forensic inpatient treatment is now delivered at a regional level in forensic structures known as REMS. Compared to the previous hospital-centred model, the capacity of forensic beds has been cut by 50%, from around 1300 to 600. For this reason, in many regions a growing number of subjects referred to the REMS are waiting in different settings, mainly in prison, to be admitted. This presentation describes rates and characteristics of subjects admitted and discharged from the REMS, focusing on the second largest residency, 40-bedded Rems del Veneto. It also illustrates the collaboration protocol developed by the Region's central health administration in accordance with forensic and general mental health services, to build up a working network with all institutions involved in the preventive, therapeutic, and rehabilitative phases of those in security measure. Priority is given to supervising and monitoring individuals transferred from prison to the forensic psychiatric system, to avoid the "open door" system of the previous era.

### *Developing Services at the Interface Between Prison and Secure Hospitals in the UK: The TEWV Experience*

Steve Barlow, *Tees, Esk and Wear Valleys NHS Foundation Trust, UK*  
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Pratish Thakkar, *Tees, Esk and Wear Valleys NHS Foundation Trust, UK*  
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The demands placed upon mental health services in UK prisons have grown substantially over the last decade – the consequence of a toxic mix of a substantial rise in the prison population, the reduction in psychiatric hospital beds, an increase in the prevalence of severe mental disorder in our prisons, increasing levels of substance misuse, particularly the so-called "Novel

Psychoactive Substances”, such as synthetic cannabinoids, an increase in self-harm and suicide rates, and significant delays in the transfer of acutely unwell patients to secure hospitals. In an age of austerity, there is limited scope for expanding secure hospital provision. Tees, Esk and Wear Valleys NHS Foundation Trust, supported by NHSE Secure / Health and Social Justice Commissioners, has responded to these pressures in the North East of England by developing a low-secure hospital inpatient unit specifically for male transferred prisoners and a specialist mental healthcare wing in the large remand prison that serves the region, HMP Durham. This presentation will discuss the factors behind, and some of the challenges faced by, these developments, the clinical models employed in the services, and some of the lessons learned to date, including suggestions for future service direction

## **104. International Perspectives on Criminal Responsibility and Psychopathy**

### *Psychopathy and Criminal Responsibility in Germany*

Henning Sass, *Uniklinik Aachen: Klinik fuer Psychiatrie, Psychosomatik und Psychotherapie*  
(hsass@ukaachen.de)

In nearly all legal systems there is an agreement that a mentally ill person is not responsible for his behavior which occurs as a result of the illness. This raises the question of the status of personality disorders. Can those with personality disorders, especially the dissocial/antisocial forms, also qualify for the legal construct of irresponsibility? The Anglo-American concept of psychopathy is strictly limited to a personality disorder that is prone to criminality and socially harmful behaviors. But undoubtedly, dissocial behavior patterns alone do not themselves constitute a personality disorder which can be compared with illnesses suitable for the insanity defense. What are the additional criteria for the differentiation between a strong disposition to criminal behavior and a personality disorder with clinical and forensic significance? This presentation will describe the legal framework in Germany concerning these issues and present a two-step model on how to assess the question of responsibility in a psychiatric expert report. In order to maintain its social acceptance, the insanity defense should be restricted to severe mental disorders. The myths of personality disorders will be explored and questions raised about the crime of neonaticide. New diagnostic criteria for personality disorders as an example of a disorder of somatic denial will also be explored.

### *Psychopathy and Criminal Responsibility in Italy*

Felice Francesco Carabellese, *University of Bari School of Medicine*  
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To be found criminally responsible in Italy, a defendant must be shown to have had the capacity to intend to commit the crime and the capacity to will it at the time of criminal behavior. A mental disorder (including personality disorders) could eliminate or diminish the criminal responsibility (Article 88 Italian Penal Code). In Italy, the treatment of mentally ill offenders

who are found to be not guilty or partially guilty by reason of insanity and are at risk for recidivism are entrusted to Residences for the Execution of Security Measures (REMS). The REMS is a community psychiatric facility for the treatment of NGRI offenders who are socially dangerous and to protect the public from further criminal acts. All legal systems, including Italy's, must address the criminal psychopaths' challenge. Usually these individuals are considered responsible for the crimes they committed. International literature suggests the existence of an overlapping area between the psychopathic dimension and personality disorders. However, psychopathic offenders tend to be more seductive and manipulative in their purposes than other offenders. So it is possible a forensic psychiatry expert could attribute the offender's criminal behavior to a mental illness or underestimate the psychopathic component. The presentation will address this issues.

## *Psychopathy and Criminal Responsibility in Austria*

Thomas Stompe, *University Clinic for Psychiatry and Psychotherapy, Vienna*  
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K. Keckeis

Justizanstalt Wien-Mittersteig

H. Schanda, *University Clinic for Psychiatry and Psychotherapy, Vienna*

Apart from exculpation due to major mental disorders, the Austrian Penal Code (APC) provides a second track for treatment in a forensic-psychiatric institution: If an offender (although responsible) has committed a crime under the influence of a 'mental abnormality of higher degree' (usually reserved for severe cases of personality disorders or paraphilias), he must undergo compulsory treatment for an indefinite period of time parallel to a prison sentence until the criminal prognosis has substantially improved due to treatment (Section 21 para 2 APC). 'Psychopathy' alone does not suffice for criminal commitment. However, it could be relevant for one of the criteria for admission to a forensic-psychiatric institution – poor criminal prognosis. The first part of the presentation will show that the data of the last 200 offenders admitted to Austria's central institution for forensic treatment according to Section 21 para 2 APC with respect to 'Psychopathy' exhibit no consistent association with the prognosis criterion in expert opinions and court decisions. The presentation will then discuss the core issues of the 'moral self' (moral sensibility, moral decision-making according to Kohlberg, moral emotions, moral readiness to act) of offenders with 'psychopathy' and its impact on forensic psychiatry in the discourse between neurosciences and moral philosophy.

## *Psychopathy and Criminal Responsibility in the United States*

Alan Robert Felthous, *Saint Louis University*  
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Not only psychotic disorders but also psychopathic disorders have long been discussed as potentially qualifying conditions for the insanity defense (NGRI) in the United States. Nonetheless, psychopathic conditions are not widely accepted as conditions that should qualify, and are generally excluded from consideration. Constitutionally an insanity acquittee cannot

continue to be committed to a hospital if his or her dangerousness is due only to a psychopathic or personality disorder alone. Yet the dimensional or categorical presence of psychopathy is used in risk assessments for step down and release decisions. This “psychopathic paradox” is not as inconsistent as it might appear if the acquittee is still symptomatic for the disorder upon which is insanity defense and verdict was based. Together with other measures, such as step down procedures, adequate periods at each security level, conditional release, active community treatment, prudent community placement, and effective pharmacotherapy and medication management, risk assessments including measures of psychopathy have resulted in successful aftercare outcomes for insanity acquittees.

## **105. Intersection of Criminal Justice and Mental Health**

### *An Examination of the Crisis Intervention Team (CIT)*

Michele P. Bratina, *West Chester University of Pennsylvania* (mbratina@wcupa.edu)

Recent statistics on the prevalence of mental illness reveal that one in every four adults in any given year will experience a diagnosable mental illness at some point in his/her lifetime. Furthermore, research reveals that a disproportionate number of persons with mental illness (PwMI) are involved in critical police encounters resulting in arrest, and at the most extreme end of the spectrum, police shootings. Specialized Police Response (SPR) training has been implemented in the United States to address concerns related to police encounters with people who have mental illness. The most popular option is the Crisis Intervention Team (CIT). After performing a thorough evaluation of rural-specific communities in the Commonwealth of Pennsylvania in which CIT has been implemented, this presentation will determine the extent of inclusive collaboration between law enforcement, community, institutional correctional staff, providers of behavioural health services, and administrators of mental health, substance use, and criminal justice programs. The intention is to also measure successful implementation by assessing the extent to which rural community leaders involve advocates in the process and consumers of services and their families. More evidence will allow city and county leaders in rural settings to make informed decisions about implementing programs that require cross-systems collaboration and locally based problem-solving.

### *Exploring the Intersecting Roles of Peace Officers and Nurses in the Care of Individuals with Severe, Persistent Mental Illness*

Nicole Snow, *Memorial University of Newfoundland* (nicole.snow@mun.ca)

Peace officers frequently identify, detain, and transport individuals with potential mental health concerns in the community. In areas lacking psychiatric emergency departments or mobile crisis response teams, their formalized mental health interventions often consist of collaborations with health professionals such as nurses. This study will use Institutional Ethnography (IE) to explore

how nurses and peace officers' everyday work with individuals with mental illness overlaps. A “chafing” occurs here, particularly between mental health nurses who are bound to follow the ideologically driven concepts of care provision and the goals of the criminal justice system to protect the public from individuals who are perceived as threats to public safety. Interviews will be completed with peace officers and nurses (with experience working with them) regarding the access to and provision of mental health services. Interview data will be examined in conjunction with documents such as legislation, institutionally mandated forms, and any other policy or documents of interest to the study. There is a need to illuminate the disconnect between ideological concepts and the actual everyday work of mental health care and control. These “taken for granted practices” threaten the pursuit of better care approaches for individuals with serious mental health needs.

### *Experience of an Intersectoral Centre in a Public Mental Health Service for Prevention and Intervention with Adolescents in Conflict with the Law and Substance Use*

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The increase in violence and abuse of drugs is a reality in most Brazilian municipalities. The relationship between substance use and violence during adolescence has important implications for interventions, sometimes reaching juvenile justice. This problem has a multifactorial origin and its confrontation is difficult, due to lack of different sectors integration that should work together in assistance, rehabilitation, and especially in prevention programs. The aim of this study is to describe our experience in creating and structuring an intersectoral work centre as a pole of individualized actions for health promotion, primary and secondary prevention, assistance, and rehabilitation of adolescents at risk for violent behaviour and those that are in conflict with the law. This model facilitates a deeper approach of public sectors involved, such as healthcare, education, social assistance, and judiciary system, by forming continued care networks that monitor highly vulnerable cases and identify protective and risk factors. The use of transdisciplinary concepts has a positive impact on early identification of behavioural disorders, substance use, and, consequently, on prevention of violent behaviour in childhood and adolescence.

### *The Global Crisis of Psychosocial Disorders in the Era of Collaborative Criminal Justice*

Denise Kindschi Gosselin, *Western New England University* (denise.gosselin@wne.edu)

We should not assume that the challenges faced by the United States criminal justice system are unique to us or insignificant in other nations. A range of international documents have outlined disability as a human rights issue since the 1980's and psychosocial disabilities are among the human rights experiences protected under international law. Yet various countries, including the United States, report high rates of involvement between the criminal justice system and

populations with psychosocial disorders. This is the case even though serious mental disorders have been found to be rare in general populations. We are at a loss to fully understand the criminalization of mental illness and are struggling to find humane answers for intervention. To solve the crisis in America, collaborative efforts need to be framed from within a global perspective. The Sequential Intercept Model is a promising outline illustrating points within the justice system which provide avenues for diversion with individuals suspected of having mental disorders who come to the attention of the justice system. Insights on the United States experience will be shared for commentary and discussion.

## *Mental Health Courts and the Success of Persons with Severe Mental Illness*

David Kondrat, *Indiana University School of Social Work* (dckondra@iupui.edu)

Kelli Canada, *University of Missouri School of Social Work and Wesley T. Church II, Louisiana State University School Social Work* (canadake@missouri.edu)

Mental health courts ensure service provision to persons with severe mental illness (SMI). Understanding whom persons with SMI associate with prior to entering the MHCs is an important first step in helping reshape the patterns of interactions with whom persons with SMI will associate in the future. The current study seeks to understand the extent to which participants have friends who have arrest histories and those variables that best predict these connections. Participants come from two mental health courts in one Midwestern U.S. state. Ego network analysis was used to collect data and analyze the results. Eighty persons were interviewed. Participants were asked to identify up to five persons with whom they regularly associated (alters) and whether alters had a past arrest, drug use and/or alcohol use history. The results show that participants tend to have at least one alter with an arrest history, though the majority of alters did not have a previous arrest. Being a minority increased the odds of having alters with a past arrest. Having alters with a drug abuse history, though not alcohol increased the odds of a history of arrest, which is not surprising given the illicit nature of drugs in the United States.

## **106. Involuntary Hospitalization and Coercion I**

### *What is the Problem of Coercion Represented to Be? A Critical Discourse Analysis of Recent Norwegian Coercion Debate*

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

How a policy ‘problem’ is framed shapes the discussions and may direct or limit proposals and solutions. The problem of coercion can be framed in several ways, both regarding dimensions such as individual, legal, or service system level, and as a problem of access to services or access to rights. In Norway, coercion has been discussed as a problem by lawmakers, health bureaucrats, users, and professionals during the last 20 years. The changes in the use of coercion

seem minuscule. The Norwegian Mental Health Act was recently revised, introducing a competency criterion for involuntary care under a need for treatment standard in September 2017, and the National Health authorities have demanded a medication-free care unit in every regional health trust to accelerate care changes. How do these solutions frame the problem of coercion, and what are some alternative frames and solutions? Through a discourse analysis of public and policy documents, we use Bacchi's (2009) approach to analyze what the problem of coercion is represented to be in Norway. This presentation will provide different discourses of coercion and look at where different discourses depart and converge.

## *Research Project: Prohibition of Research Involving Psychiatric Patients Subject to Coercion*

Soren Birkeland, *University of Southern Denmark* (sbirkeland@health.sdu.dk)

In Danish psychiatric healthcare, coercion can in some instances be used if certain criteria are met, even though, whenever possible, efforts should be always made to obtain the patient's informed consent. Coercive measures include, among others, involuntary admission, compulsory treatment with drugs, electroconvulsive therapy, etc., and physical restraints in terms of belt and strap fixation. Interventions without the psychiatric patients' informed consent are regulated according to the Danish Act on Psychiatric Coercive Measures. According to the latter, no clinical research can be carried out in patients subject to coercion. This prohibition has great consequences for initiatives aiming at evidence-based improvement of mental healthcare which could ultimately reduce coercive measure use. In this presentation, Danish regulation will be compared to regulation in other Scandinavian countries as well as UK law, and furthermore it will be discussed from the perspective of international human rights instruments and the right of patients to contribute to promoting health care through research participation. The project is carried out in an international collaboration with researchers from Norway, Sweden, and UK.

## *The Bochum SALUS Project and a Conceptual Framework for Evaluating Informal Coercion in Psychiatry*

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

Jakov Gather, *LWL University Hospital, Ruhr University Bochum* (jakov.gather@rub.de)

The use of coercion in the treatment of persons with mental disorders is one of the major ethical controversies in psychiatry. There is a great variation in the rates and methods of coercive intervention between psychiatric clinics in Europe and mental health professionals often feel uncertain about when, if at all, coercive interventions are morally justified. This presentation will present the outlines of the Bochum SALUS project (2018-2024) and a first conceptual research study on informal coercion. The aim of the SALUS project is (1) to determine whether and when considerations of well-being and security can justify coercive interventions in psychiatric practice and (2) to prevent potential conflicts between autonomy, well-being, and security by integrating explicit consideration of the latter two values into the advance care planning process. The conceptual framework for evaluating informal coercion in psychiatry is

inspired by the so-called baseline approach to coercion developed in philosophy. This approach will be amended in order to accommodate psychiatry-specific demands, such as the fact that coercion typically affects persons with impaired decision-making capacity. Furthermore, a first attempt is made to operationalize the approach in order to facilitate further empirical research.

## *Auditing Consent to Treatment According to the Care Quality Commission in a Forensic Psychiatry Service in the UK*

Theodoros Koutsomitros, *Aristotle University of Thessaloniki*  
(theodoroskoutsomitros@gmail.com)

This presentation reviews an audit that was made in a Forensic Psychiatric service in United Kingdom to ensure that the standards to obtain consent to treatment (T2 and T3) of detained patients were adhered to the Care Quality Commission standards. The audit tool was a questionnaire designed to obtain consent to treatment (T2 and T3) of detained patients according the Care Quality Commission (CQC) standards. The sample size was of ninety-seven patients all detained under the mental health act 1983 (amended in 2007) from seven different wards all from Brockfield house. Brockfield house has two female secure wards (one medium security and one low se-curity) , four male secure wards (three medium security and one low security) and a mixed pre-discharge ward. Data were collected by ten different doctors from Brockfield house in the United Kingdom: Dr B. Carr (Audit Lead Director), Dr T. Koutsomitros (wrote the proposal and the report and was also the lead of collecting and summarizing the data), Dr J. McCarthy, Dr S. Bandali, Dr A. Kotze, Dr R. Aigbogun, Dr O. Gisanrin, Dr S.Fer-nando,Dr S. Khan and Dr M.Nazir.

## *When is an Incident of Patient Abuse, not an Incident at All*

Dennis Bruce Feld, *New York State Unified Court System* (dbfeld@nycourts.gov)

With Due Process of Law mandating psychiatric hospitals provide its patients a safe, humane, and therapeutic environment, a facility's determination of what actions taken by its staff constitute patient abuse must not be arbitrary, nor self-serving, but instead consistent with the goals constitutionally required. This is illustrated by a civil rights lawsuit finding a psychiatric center liable for transporting a 500-pound patient, over his objection, from one seclusion room to another purely for administrative purposes, and carried out by the hospital police without any input by the clinical staff responsible for John's treatment and well-being. Using law enforcement methods, the hospital police employed metal handcuffs and the force of five officers to immobilize John. Given John's wide girth, and placing John face down, they employed two bed sheets as the means to accomplish this task. Ignoring John's cries that he could not breath, John remained at grave risk of positional asphyxiation. Rationalizing that because John was lifted off the ground, and not dragged to his destination, the clinical director randomly determined there was no abuse. By awarding John over \$30,000, the court clearly rejected the director's conclusion and found that the hospital's actions violated John's fundamental rights.

## 107. Involuntary Hospitalization and Coercion II

### *Involuntary Admitted Psychiatric Patients who Wanted or Did not Want Hospitalization*

Kjetil Hustoft, *Stavanger University Hospital* (kjetil.hustoft@sus.no)

This presentation will report on a study conducted in Norway, where voluntary and involuntary psychiatric patients were asked, within the first 24 hours of hospitalization, whether they wanted to be admitted or not. The Multi-center study of Acute Psychiatry included all cases of consecutive psychiatric admissions across 20 Norwegian psychiatric emergency units during a three-month period in 2005-2006. The study showed that 2121 out of 3051 patients wanted admission (69.5%). Most patients who were voluntarily hospitalized wanted admission (1755 cases / 96.5%). A large proportion of involuntarily hospitalized patients also wanted admission (366 cases / 29.7%). Involuntarily hospitalized patients who wanted hospitalization were characterized by: being more seldom referred by a general practitioner (19.1% versus 24.0%), less often transported by the police, higher GAF symptom and functioning score, lower score of overactive aggressive or agitated behavior, fewer symptoms of hallucinations and delusions, a more depressed mood, and fewer had a misuse of drugs. Predicting factors for being involuntary hospitalized and wanting admission were using drugs, not transported by police or a low score on the HoNOS aggressive and agitated behavior scale. In conclusion, it is a challenge that the physician refer a larger proportion of patient for involuntary hospitalization while these patients want admission.

### *Coercive Measures in the Care of First-Episode Psychosis Patients: A Systematic Review of Current Knowledge*

Nina Fainman-Adelman, *Douglas Mental Health University Institute* (nina.fainman-adelman@mail.mcgill.ca)

The use of coercive measures associated with the Mental Health Act, including involuntary hospitalization and community treatment orders, remains a controversial issue and can conflict with some of the objectives of modern clinical practices. Even more, some of the risks involved in the use of coercive measures, such as service disengagement, would clash with the goals of Early Intervention (EI) services for psychosis, which have been developed over the past 20 years to engage with youth patients in the early course of their illness in order to promote recovery. A review of the current knowledge on this topic is critical. This information is necessary to better understand the frequency and implications of the use of coercive measures in the treatment of first-episode psychosis. The aim of this review will therefore be to provide a synthesis of current knowledge on this topic. Through a systematic review, this presentation will answer the questions, "What is the frequency of use and types of coercive measures used in EI and first-

episode psychosis? What outcomes follow the use of coercive treatment in EI and first-episode psychosis patients?’

## *Insanity Acquittees*

Carrie Leonetti, *University of Auckland School of Law* (carrie.leonetti@auckland.ac.nz)

The New Zealand Mental Health Act establishes procedures for the compulsory assessment, treatment, and detention of “mentally disordered” individuals. Individuals detained for compulsory treatment under its auspices must be released from detention and treatment when they are no longer mentally disordered, regardless of whether they are otherwise fit for release. Last year, the Government published its inquiry into mental-health treatment in New Zealand. The report recommended that New Zealand immediately repeal the Mental Health Act and replace it with legislation that reflects a human-rights-oriented approach to mental disorder, minimizing compulsory treatment and emphasizing informed consent. The report failed to address the human rights of a significant percentage of compulsory psychiatric patients in New Zealand – those detained because they were acquitted by reason of insanity. These “special patients” do not need to be “mentally disordered” to be subject to detention and compulsory treatment. Instead, the Criminal Procedure Act authorizes their committal when they are deemed dangerous regardless of whether they suffer from a mental disorder. The concerns that were raised in the mental-health inquiry apply with at least equal force to these detainees. Their indefinite detention, solely because of danger to the community, constitutes unjustifiable prevention detention.

## *Can We Improve Mental Health Law Around Europe?*

Henrique Prata Ribeiro, *Centro Hospitalar Psiquiátrico de Lisboa* (henriqueprata@gmail.com)  
André Ponte

European Mental Health Laws (MHL) have been developed to become less paternalistic and more centered on the patient’s informed consent. Although these improvements took place and MHL and compulsory admissions have been working with a lower coercion level, there are still countries in Europe where psychiatric patients do not have a mandatory open-air frequency every day. This presentation aims to critically analyze this issue. Psychiatrists have the possibility of compulsory admissions, that suppress patients’ liberties for a period, but, during that period more measures to ensure a less coercive approach need to be thought of. Ethics and science can join mental health policies together and help send legislation to a new standard, aiming for better care and less coercion. It can be concluded that, although MHL have improved in the international context and it is considered by the authors that most deprivations of liberty that are endured by patients exist for the minimum amount of time possible, there is still room for improvement of the MHL in what concerns open-air frequency by the patients. Both ethically and scientifically, these changes seem fundamental to the authors, as they would represent better care for people suffering from mental illness.

## **108. Issues of Power and Complicity in Psychiatry and Beyond**

### *Learning from Resistance and Resilience from the Shoah to Today's Bioethical Dilemmas*

Harold J. Bursztajn, *Harvard Medical School* (harold\_bursztajn@hms.harvard.edu)

Omar Sultan Haque, *Harvard Medical School* (Omar\_Haque@hms.harvard.edu)

What are the factors that empower clinicians to resist complicity and promote moral resilience? There are many different forms of complicity and resistance in the face of terror and power. Shakespeare's plays, *Macbeth*, *The Merchant of Venice*, and *The Tempest* each have characters who illustrate a variety of complicity, resistance, and resilience under conditions of terror and against the odds. Such variability in characters and forms of complicity, resistance, and resilience can also be seen can starkly also under extreme conditions of terror and uncertainty as in the Shoah, the Nazi and fascist regimes' program to exterminate Jews and others they claimed to be otherwise fit only to serve as slave labor. These themes will serve as the context for discovery relative to the formulation of testable hypotheses as to how to select and train clinicians who can effectively choose the good against the odds and under the most extreme conditions of terror.

### *Autonomy and Coercion in Forensic Treatment: A Case-Based Discussion*

Simha Esther Ravven, *Yale School of Medicine* (simha.ravven@yale.edu)

The treatment of individuals who are at elevated risk of committing violent acts, or who have committed acts of violence, involves both understanding that person's hopes and goals and helping them to realize them, and consideration of the individual's risk to their community. Being aware and deliberate in examination of where these goals are in concert and where they conflict is necessary to appreciate the balance between external pressure on a patient to engage in (or comply with) treatment and autonomous consent for treatment. This presentation will discuss the treatment of patients hospitalized in forensic hospital contexts. It will focus on issues of consent for treatment and coercion, and tensions between patient-driven exploration, and safety and externally goal-focused treatment. These cases will address reactions of clinical staff to patients who have thoughts of committing violence, or who have done so, and the complicated dynamics that may emerge between treater and patient, and within a team. The presentation will also explore how the environment of a high security forensic hospital – security, safety measures, and observation of the treatment – affects the doctor patient relationship.

## *The Current US Presidency and the Complicity of the American Psychiatric Association*

Bandy Lee, *Yale School of Medicine* (bandy.lee@yale.edu)

One role that mental health professionals have, as outlined in their ethical guidelines, is to contribute to public health through education. Two months since the current U.S. president's inauguration, however, the American Psychiatric Association made the unprecedented move of expanding what is informally called "the Goldwater rule" into a prohibition against any form of commentary on public figures, effectively creating a gag rule. A decree not only takes away an essential aspect of ethical deliberations—the agency capable of carefully weighing sometimes competing guidelines—but by creating a rule without limits or countervailing rule, regardless of the consequences to humanity, it has shaped discourse and silenced debate. What the organization has done, in the face of an unprecedented number of mental health professionals speaking up in an unprecedented way in U.S. history, should come under scrutiny as a form of milieu control by imposing silence on them in the name of "ethics".

## *Insights from the Holocaust and the New Brain Sciences About Complicity, Collusion, and Collaboration*

Heidi Miriam Ravven, *Hamilton College* (hravven@hamilton.edu)

Does the Holocaust have something to tell us generally about the moral psychology of collaboration versus rescue? The Oliners' ten-year study of rescuers of Jews from all over Europe concluded that being a perpetrator, a collaborator, or a rescuer depended largely on which group one was in or primarily identified with. Current scientific evidence is now pointing in the direction that a human capacity—let alone a separate faculty or, in contemporary lingo, a discrete brain module—for conscious free will is not borne out by the neurosciences. Instead, it now appears that determinism—not reductively material causation but a determinism that includes consciousness—holds sway in the neurobiology of the brain. Hence, we must look to how moral psychology and social psychology function in individuals primarily as members of groups, within hierarchies, and between groups. This presentation will conclude that the current amassed and multi-disciplinary evidence indicates that it is those individuals who are members of groups, often marginal ones, with critical perspectives on those in power who are less likely to succumb to knee-jerk loyalty to the presumed legitimacy of institutions and hierarchies and from whom critical perspectives and bystander intervention can emerge, and hence moral saving action can arise.

## *Physicians' Duties in Times of "Ethnic Cleansing"*

Ivana Viani, *Harvard Medical School* (iviani@partners.org)

Conflicts between different groups of people based on their ethnicity continue to arise across the globe. At the same time, technology and armament have been increasing in their potential to

harm a greater number of people, with devastating consequences for their communities and for the planet in general. Physicians report feeling unprepared to respond to instances of mass casualty events, which include those pertaining to ethnic conflict and genocide. Training of physicians to act effectively and ethically in such circumstances has largely focused on medical procedures, equipment, and workflows, while neglecting to prepare them for resolving previously not encountered ethical dilemmas, responding creatively to scarcity of resources, and managing their own extreme physical and psychological distress. This presentation will address this lack of information on the factors contributing to clinical effectiveness and ethical decision-making in times of crises by presenting an in-depth study of the experiences of physicians operating in the Vukovar Hospital during the Yugoslav offensive on the city of Vukovar, Croatia in 1991, and will offer suggestions on how this information could be used to train physicians to better care for their patients during "ethnic cleansing" events and other humanitarian disasters.

## **109. Is Treatment Delayed, Treatment Denied?**

### *Delays and Disruptions to Treatment Hearings: Do They Make Our Patients Sicker?*

Jhilam Biswas, *Harvard Medical School* (jbiswas@psychexpertise.com)

The past few decades have witnessed the steady development of a mental health jurisprudence dedicated to the preservation of human rights. Self-determination and personal autonomy are critical aspects of this perspective, pervading every facet of institutional psychiatric care. Of considerable concern, however, are those cases in which rote procedural approaches produce unintended consequences for the very persons such maneuvers were designed to protect. Delays—inherent in court-based procedures—may ironically lead to an acute illness becoming chronic, and to a single bout of inpatient services being transformed into a lifetime of revolving-door psychiatric admissions. A particularly problematic example is the “Rogers Guardianship” model currently prevalent in Massachusetts. Laws that effectively place on counsel and courts the challenge of second-guessing medical treatment decisions—with minimal latitude for counsel to exercise measured professional judgment—will inevitably generate, and empirically do generate, a degree of delay that ironically deprives patients of the liberation from illness that is the common goal of all stakeholders. The presentation will suggest possible solutions to these difficulties.

### *Rogers Behind the Scenes: Down Legal Back Roads and Memory Lane*

Thomas Gutheil, *Harvard Medical School* (gutheiltg@cs.com)

It is an accepted principle that a specific finding of incompetence is a necessary predicate for

providing treatment over objection—both legally and ethically. Within that framework, however, procedures for making the competence determination can be designed in many different ways. The cumbersome Rogers procedures were created in a complicated series of judicial decisions during litigation initiated over 40 years ago, which passed through several state and Federal courts during the course of nearly a decade, to regrettable effect. Unlike all other medications, antipsychotic medications alone cannot be authorized by guardians. Guardians are no longer substitute decision-makers for incompetent patients, but are monitors of the patient's possible return to competence. Only judges can decide whether involuntary medication can be given to the incompetent patient; only in emergencies can treatment be given directly. The judge's decision occurs in the context of both a finding of incompetence and an adversarial hearing identifying a list of approved medications. This presentation juxtaposes historical data with personal experience as a means of placing the Rogers decision in context.

## *Rogers in the Courtroom: A Call for “Appropriate Advocacy”*

Eric Y. Drogin, *Harvard Medical School* (eyd@drogin.net)

Perhaps nowhere within the broad ambit of legal representation is counsel's role more conflicted and confusing than in that associated with the Rogers guardianship. Taken at face value, counsel's obligation is to pursue the client's expressed wishes and to do so consistently with the time-honored obligation of “zealous advocacy.” What is counsel to make, however, of situations in which persons voicing their wishes are so mentally compromised as to be determined dangerous, too incompetent to understand why they need psychiatric hospitalization, and likely to be detained for a prolonged period of time? If counsel personally determines that the treatment for which confinement was intended is actually necessary for the client's well-being, should the fervency of counsel's arguments be tempered as a result? Or rather, should counsel oppose the doctor's recommendations all the more forcefully, perhaps as a tacit admission that a broader legal principle is actually the focus? The “zealous advocacy” touted as the litigator's highest professional aspiration might better be characterized as “appropriate advocacy” in cases in which the client's best options are unclear and the capacity for personal decision-making is impaired or even non-existent. It is here that the lawyer's role as “counselor” could most appropriately be invoked.

## *The Case of Bridgewater State Hospital: Clinical Interventions to Prevent Treatment Delays*

Christopher L. Myers, *Bridgewater State Hospital, Bridgewater, USA*  
(clmyers@correctcarers.com)

This presentation will discuss interventions developed at Bridgewater State Hospital in Massachusetts to manage untreated acute symptoms in patients during legal delays to allow for treatment to be part of the hospital commitment. Bridgewater State Hospital is a strict security forensic hospital that manages the mental health treatment of violent mentally ill individuals who are awaiting evaluations for competency to stand trial and criminal responsibility evaluations ordered by the courts. The hospital also treats the mental health of individuals who cannot be

managed in jails, prisons, and state hospitals due to the severity of their mental illness or behaviors related to illness. Patients can only arrive to the hospital through these channels and must be deemed to require “strict security” due to past violent behaviors by forensic evaluators and mental health providers. The presentation will discuss focused conversations with the public defenders, emergency medications and long-term medications, and educational sessions with law enforcement and the courts.

## *Telehealth: Innovative and Cost Effective Solutions to Legal Delays*

Pamela Howard, *Howard Medical Corp, San Clemente, USA* (doctorpam@me.com)

The use of a cloud-based telehealth solution to evaluate patients decreases the cost and time delays that traditionally impede the treatment of psychiatric patients in a forensic setting. This solution enables judges and attorneys to be readily available for consultations as well as allowing Independent Medical Evaluators or treating physicians to testify or consult from a distance. This may be a solution to continuing cases that could be heard at an earlier date and reduce the delay to treatment for patients. The presentation will discuss the benefits and pitfalls of implementing such technology and how it can be utilized appropriately in judicial settings and in the discovery phase of a case as well. It will also talk about how it may be useful for family members and friends, who testify from a distance when the cost of traveling and logistical issues become an impediment. This is particularly beneficial for patients who lack insight into their mental illness and are thus, non medication-adherent.

## **110. Istanbul Protocol Supplement: FAQs and Facts on the Ground**

### *Clinical and Forensic Psychiatric Pearls: PTSD and Colour of Authority*

Barry H. Roth, *Harvard Medical School* (broth@bidmc.harvard.edu)

Directly lived and seen experiences of three decades are the source of the ‘pearls’. Non-material human ties, bonds, and connections sustained survivors against torture’s specific intent to break them. Universal condemnation and practice of torture occur because of the conspiracy between antisocial perpetrators and state actors. Torture is hard to recall, report, and hear. Istanbul Protocol examinations unavoidably provoke suffering when survivors think and talk about their torture. Objective attention to real-time mental status changes requires empathy; and the quintessential question, “How did you survive?” Torture occurs in the spectrum of human rights violations, war crimes, and crimes against humanity. State-sponsored torture and civil society are mutually exclusive. Rights to the rule of law, sustenance, and a safe place to live are inseparable, universal, and non-derogable. Choices and acts of each and every human being produce collective results – for good or evil. Did torturers have absolute control? Evidence of

the superseding power of non-material forces was concrete and incontrovertible when survivors chose to hold together. Not all are guilty, but all are responsible. Unless we try to become more than we are, we become less than we were created to be. About 20 refugee asylum and other immigration-related interviews etched indelible impressions on the presenter's professional consciousness. Several case reports will provide specific illustrations for the preceding conceptual statements.

## *Psychological Dilemmas in the Documentation of Torture*

Lilla Hárđi, *Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary*  
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This presentation discusses the impact of functional memory changes – i.e., psychodynamically driven – on the credibility of torture survivor/refugees in the investigation and documentation for asylum process according to the Istanbul protocol. How do persons remember or forget trauma and torture in life situations when pushed to the extreme? A fragmented narrative of the client can produce many dilemmas in medical doctor's evaluation of the information to formulate a coherent linear sequence. The presentation discusses two considerations: 1. Trauma is indelibly engraved in memory and cannot be forgotten; versus 2. The conscious mind protects itself by unconscious repression of the traumatic experience producing functional amnesia. The psychologic forensic expert must understand traumatic memory functions to be able to provide accurate and useful documentation. Most important is to explain the documentation of such profound and complex symptoms of the torture survivor in the language of laypeople – that is, lawyers and the court. This is best accomplished by the creation of a trusting relationship with the client during examination.

## *The Role of The Psychiatrist in Modern Media*

Gabriel Diaconu, *WPA Section on Consequences of Torture and Persecution, Bucharest, Romania* (gabi.diaconu@gmail.com)

For four decades the APA “Goldwater rule” and the WPA Madrid Declaration Guidelines have asked psychiatrists to serve two masters. On the one hand, they are instructed to share expertise, improve community public health, and ensure dignity of the mentally ill and the profession. On the other hand, they are instructed not to make statements about presumed psychopathology of individuals they have not examined, or without consent. But, is the concern of professional organizations that their members contribute to stigma of patients and the profession self-defeating and counterproductive? The Tarasoff decision provides practical and ethical context to determine the limits of professional silence. This presentation will offer a critical appraisal and provide perspective on the concept of “Complicity.” In the words of the activist Ayaan Hirsi Ali, “some things must be said, and there are times when silence becomes an accomplice to injustice.”

## *Importance of Assessment of Traumatic Event in Forensic Expertise: A Case Study*

Mariam Jishkariani, *The Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact* “*EMPATHY, Georgia* (mjishkariani@yahoo.com)

Georgia is a war affected country with two break away occupied regions. In 2018, the Georgian citizen Mr. A.T. was arbitrary detained in Tskhinvali Security Isolator (Zone of Russian occupation) and tortured to death. Forensic Expertise done locally according to the old soviet standards found that the degree of physical damage was slight and cause of death was Acute Cardiac – Vascular attack. Over 1 month remains were not transferred to the Georgian officials. There were no organs in the body, no results of lab tests were transferred. According to the autopsy report there were more than 100 traces of traumatic injuries inflicted through repeated use of solid blunt objects in several directions, which confirms that the injuries were inflicted to cause pain and torture. Due to the difficulties in investigation the following strategy was developed by multi-disciplinary team of experts: autopsy and criminal case materials were used for rebuilding the picture of traumatic event and identification of methods of torture. Based on collected materials, assessment of the gravity of violence was done that established cause-effect relationship between torture, traumatic shock and terminal condition. We would like to bring attention to the importance of assessment of traumatic event in forensic affidavits. We would like to underline a special role of psychological assessment of traumatic event in cases of death and consider this should be included in UN Istanbul Protocol and Minnesota Protocol.

## **111. Justice Without Retribution**

### *Forensic Psychiatrists' and Psychologists' Views on Responsibility, Deviant Traits, and Coercive Offers*

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

With the rise of biomedical interventions to ameliorate various mental health problems, the field of forensic psychiatry will be faced with new and potentially more invasive neuro-interventions for patients manifesting violent, disinhibited, and addictive behaviors. While offering neuro-interventions in lieu of imprisonment under the right circumstances respects mental liberty and has the potential to enhance autonomy and agency, mandating such neuro-interventions may drastically undermine autonomy, agency, and mental liberty. Taking responsibility for one's actions is often seen as an essential element to achieve successful rehabilitation as it provides a sense of agency. While blame is considered counterproductive within therapeutic contexts, holding individuals responsible in a forward-looking sense is deemed necessary. Individuals need to be supported and empowered to make different choices. The present study explores and discusses the views of forensic practitioners on 'taking responsibility' and the need to safeguard autonomy and mental liberty in order to achieve successful forensic rehabilitation. We

conducted a qualitative interview study to examine the ways in which forensic psychiatrists and psychologists (i) understand and conceptualize responsibility in their daily work practice, and to canvass their normative views

## *Justice, Reciprocity, and the Victims of Crime*

John Simpson Callender, *University of Aberdeen* (john.callender@nhs.net)

The most powerful pleas for justice usually come from those who feel that they have been harmed by the wrongful acts of others. This presentation will explore this intuition about justice and will argue that it arises from the central importance of reciprocity, in the form of equity, balance, and fairness, in human relationships. A clinical case will be used to illustrate what can happen when criminal harm is not followed by any form of restitution. In this case, the punitive impulse was internalized in the victim and turned against herself in the form of deliberate self harm and, ultimately, death by suicide. A distinction will be drawn between retributivism and reciprocity in criminal justice. There are two cardinal features of restorative justice in this context. The first is that it brings offender and victim into a relationship with the aim of repairing the harm that has been caused. The second is that it gives the offender the opportunity to give something back to his victim. In conclusion, reciprocity rather than retribution meets the needs of both justice and the victims of crime and that our responses to criminal wrong-doing should be based on restorative principles.

## *The Brain on Isolation: Why Solitary Confinement is Per Se Cruel and Unusual Punishment*

Federica Coppola, *Columbia University* (fc2575@columbia.edu)

In the United States, extreme isolation is not cruel and unusual punishment. It is cruel and unusual if one or more of its accompanying conditions involve a “deprivation of basic human needs” to an extent that it “inflict[s] harm or create[s] a risk of objectively serious harm” and is enacted with “deliberate indifference” by prison personnel. With few exceptions, the Supreme Court and lower federal courts perpetuate a strict and intuitive interpretation of these standards. In so doing, courts tend to discount the generalized mental pain caused by extreme isolation in deprived environments. As a consequence, they tend to disregard the duration of solitary confinement as an autonomous aspect of constitutional scrutiny. Yet, growing research from social and affective neuroscience on neuroplasticity and social behavior emphasizes that social connection is essential to physiological brain function. Recent findings further highlight that social isolation and sensory deprivation can have damaging effects on the brain, many of which may be irreversible. Drawing on these insights, this talk argues why solitary confinement is in and by itself cruel and unusual punishment even under the current constitutionality standards. Avenues for a profound rethinking of solitary confinement regimes are presented and discussed.

## *Non-Consensual Medical Interventions: Public Health, Mental Health, and Criminal Justice*

Jonathan Pugh, *University of Oxford* (jonathan.pugh@philosophy.ox.ac.uk)

There has been increasing interest in the potential use of neuro-interventions that are designed to facilitate rehabilitation amongst serious criminal offenders. One of the main objections to the use of such interventions is that incarcerated individuals cannot provide valid consent to these interventions, given their circumstances of considerable vulnerability. This is problematic because the use of such interventions would thus violate a widely endorsed principle in medical ethics, according to which it is only permissible to perform a medical intervention on a competent individual if that individual has given valid consent to the intervention. This presentation shall address whether these considerations represent an insurmountable objection to the use of neuro-interventions in the criminal justice context. Contrary to the general principle outlined above, non-consensual medical interventions on competent individuals are deemed to be permissible in the context of mental health and public health. Participants will review how such interventions can be justified in these contexts, and conclude that similar justifications may offer limited support for the use of non-consensual neuro-interventions in the criminal justice context.

## *The Use of Neuroscientific Evidence by the Defence in Scottish Criminal Cases*

Isla Callander, *School of Law, University of Aberdeen* (isla.callander@abdn.ac.uk)

Elizabeth Shaw, *School of Law, University of Aberdeen* (eshaw@abdn.ac.uk)

This presentation will examine the use of neuroscientific evidence by the defence in criminal cases in Scotland. It will be based upon the preliminary findings of a funded study that is being currently undertaken by the author and her colleague at the University of Aberdeen. It will provide a Scottish perspective on the extent to which such evidence is used by the defence, as well as seeking to compare the findings with those of similar studies conducted in other jurisdictions, including England and Wales and Canada. A number of case examples will be reviewed to show the use of such evidence to, for example, challenge prosecution evidence as to the cause of death and establish unfitness to stand trial in Scotland. Given the recognized need for greater research into not just how often neuroscience evidence is used, but how it is treated in court, the presentation will examine judges' comments on the use of neuroscience evidence in these cases and whether this evidence appeared to help defence counsel promote the interests of the accused.

## **112. Juvenile Delinquency**

## *Implementation of a Project for Prevention in Adolescence: Substance Use and Conflicts with the Law*

Gustavo Schier Dória, *Universidade Federal do Paraná* (gustavomsdoria@gmail.com)

This presentation will describe the implementation of a prevention project, which was developed in three phases: Phase I aimed to seek the scientific basis that would justify the project execution in order to define areas of focus that were aligned with the principles of necessity, impact, capacity, partnership, and public health collaboration. Thus, the chosen key areas included Mental Health, Resilience, Attachment, Parental Educational Practices, Social Skills, and Moral Behaviour, Violence, Behavioural Disorders in Childhood, and Intersectoral Work. The second phase covered the propagation of the proposals arising from the theoretical bases, emphasizing topics such as the integration of all public services related to childhood and adolescence (education, healthcare, social assistance, and judiciary system), social mobilization, and technical capacitation. The last phase had as its purpose the optimization of intersectoral work, resulting in the creation of a Centre for Human Rights and Integrated for Intervention in Violence and Drugs and Alcohol abuse and Rehabilitation, a childhood and adolescence mental health service, and an alcohol and drugs treatment service for adults, and protocols elaboration.

## *Prevalence and Correlates of Mental Illness and Substance Abuse Among Youth in the Juvenile Justice System in Thailand*

Penchaya Atiwannapat, *Tulakarn Chalermprakit Hospital, Thailand* (penchaya@yahoo.com)  
Kachornwan Chawanakrasaerin, *Tulakarn Chalermprakit Hospital, Thailand*

Substance use and delinquency among adolescents have been reported to be positively and strongly associated. However, most studies have been from the Western world, with very limited data from Southeast Asia. Using demographic data, medical records, and urine drug testing routinely collected by Tulakarn Chalermprakit Hospital (the Institute for Juvenile and Family Justice Development) and the Central Juvenile and Family Court of Thailand, the presenters estimated the prevalence of psychiatric disorders and substance abuse/substance use disorders among youth in the juvenile justice system in Bangkok, Thailand from February 1, 2018 – September 30, 2018. Most of the participants in this study were diagnosed with at least one mental disorder and many had co-occurring mental illnesses and substance use disorders. High prevalence of conduct disorder and other behavioral and emotional disorders with onset usually occurring in childhood and adolescence were noted, followed by any substance use disorder. Mental disorders were common among these youth and the prevalence was exceptionally high. The findings highlight the need for routine comprehensive mental health assessment and intervention for all juveniles within the justice system, as well as proper policy response, to identify those who need treatment and prevent further escalation of substance use and criminal behaviors.

## *Using Mobile Health Technologies to Improve Mental Health and Substance Use Outcomes for Justice-Involved Youth*

Marina Tolou-Shams, *University of California, San Francisco* (marina.tolou-shams@ucsf.edu)

Kara Bagot, *University of California, San Diego* (kbagot@ucsd.edu)

Eraka Bath, *University of California, Los Angeles* (ebath@mednet.ucla.edu)

Juvenile court-involved, non-incarcerated (CINI) youth, defined as youth in contact with the legal system but supervised in the community, possess similar mental and behavioral health risk factors and associated negative outcomes as detained youth. With increasing emphasis on diverting youth from incarceration, CINI juveniles now comprise approximately 70-80% of US justice-involved youth. Between one half and one third of this population has a diagnosable psychiatric condition; substance use commonly co-occurs with psychiatric problems, which increases risk for recidivism. Yet, CINI youth face multiple barriers to accessing and engaging in treatment. Mobile health (mHealth) technologies have been increasingly demonstrated as efficacious, low-cost ways of reaching underserved, vulnerable, populations to engage them in, and/or deliver, quality care. Mobile health therefore represents a promising approach to improving psychiatric and substance use outcomes for CINI youth, a vulnerable group with limited access, supports, and structure. This presentation will provide findings from several recent pilot trials with youth on probation that use mHealth technologies (e.g., SMS text messaging, apps, biosensors) to increase access to mental health and substance use treatment. Data collected by our teams is providing the foundation for leveraging mHealth technology “for good” in juvenile justice and mental health.

## *Self Serving Cognitive Distortions as a Mediator Between Anger and Delinquency Among Juvenile Offenders*

Nicolas Plante, *Université du Québec à Trois-Rivières* (Nicolas.Plante@uqtr.ca)

Marc Daigle, *Université du Québec à Trois-Rivières* (Marc.Daigle@uqtr.ca)

Anger is strongly related to criminal behaviour among juvenile offenders and many interventions for juvenile offenders aim at reducing anger. However, few studies have explained the mechanism between anger and criminal behaviour. Past studies also linked self serving cognitions to delinquency. Therefore, this study is looking at the mediator effect of self serving cognitions in the relation between anger and delinquency behaviour. One hundred and seventy-seven male teenagers and 167 female teenagers answered a questionnaire about anger and also a questionnaire about self-serving cognitive distortions, the How I Think Questionnaire and a self reported delinquency scale. Self-serving cognitions mediated significantly the relation between anger and violent delinquency. This result suggests that the relation between anger and criminal behaviour is partially mediated by self-serving cognitive distortions (e.g., blaming others for failure, believing in physical aggression as a way to solve problems). Therefore, targeting the self-serving cognitive distortions at the same time than anger management should be effective at reducing criminal behaviour among juvenile offenders.

## *Juvenile Delinquency: Exploring the Effects of Psychosocial Characteristics of Hong Kong Adolescents*

Heng Choon (Oliver) Chan, *City University of Hong Kong* (oliverchan.ss@cityu.edu.hk)

Juvenile delinquency, both violent and nonviolent, has always been a global dilemma that threatens the social stability of a society. Such serious concern, that has arguably reached an alarming level, is no exception to the Hong Kong youth population. Based on the Hong Kong police figures, the arrest of juveniles (aged 10-15 years) and young persons (aged 16-20 years) are reported to represent 21% of the overall police arrest in Hong Kong. Using a large sample of Hong Kong secondary schools students, this study aims to explore the gender differences in the prevalence of self-reported violent offending, nonviolent offending, and delinquent behavior among male and female adolescents in Hong Kong. A number of psychosocial characteristics (i.e., self-control, alcohol and drug use, negative temperament, pro-violence attitudes, social bonding, deviant peer influence, and disorganized neighborhood) are used to explore their effect on male and female adolescents in predicting different types of offending behavior. In line with the literature, these psychosocial characteristics have been found to be associated with juvenile delinquency in this study. Implications for research and practice in the area of preventing future offending behavior are also discussed.

## **113. Law and Dementia: Theory, Practice, and Making It Real**

### *Reflections on Social Work Practice: Adult Guardianship Legislation and Dementia*

Keya Russell, *Northern Health Authority, British Columbia, Canada*  
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Persons with progressive dementia often experience neurodegeneration and functional dependency throughout the trajectory of the disease. Since persons with dementia will likely experience neurodegeneration as the disease progresses, they will eventually require support with domain specific decision making. Legislation defines the legal tools available for persons with dementia when supported decision making is required. Adult guardianship legislation defines the personal planning and default decision making options in British Columbia, Canada. The adult guardianship reform, which resulted in the modernization of relevant legislation, was initiated by reformers who advocated for a system that could balance the right to self-determination with the need for protection of populations interfacing with the legislation. Exploring the operationalization of this legislation in practice is important for determining its effectiveness in balancing the self-determination and protection of persons with dementia. This presentation will provide reflections from social work practice and explore the complexities and structural challenges associated with operationalizing adult guardianship legislation in practice.

## *Pathological Demographics and Decapacitating Care: Global Governance Through Dementia Discourse*

Katie Aubrecht, *St. Francis Xavier University* (caubrech@stfx.ca)

There is a growing cultural fascination with the global impact of dementia, as exemplified in the World Health Organization and Alzheimer Disease International Global Action Plan on the Public Health Response to Dementia adopted at the 70th World Health Assembly in May 2017. This presentation will share results from a content analysis of global strategies related to dementia and mental health of older adults that was framed by governmentality studies, intersectionality theory, and critical disability studies. The presentation will turn to contemporary dementia discourse circulated by international dementia reports and policy documents as a technology of governance, and a colonial project with eugenic roots. As an illustration, the presentation will consider routine references to pathological demographics and decapacitating care that rely on and reproduce modernist assumptions about a dependency ratio. The implications of the recent proliferation of rarefied knowledge about population aging on conceptions of personhood and care work will be discussed, and Disability, Dementia, and Mad activism explored as counter-knowledges and sites of resistance.

## *"Vulnerability is Being Incapable in a Context You Can't Handle": Rethinking Guardianship as a Response to the Experience of Dementia in Old Age*

Margaret Isabel Hall, *Thompson Rivers University* (mahall@tru.ca)

Supported decision making challenges medico-legal guardianship and the mental capacity construct at its conceptual core, re-conceptualizing decision-making as a skill which (like other skills) is developed through practice. Two gaps in the supported decision making paradigm have precluded a true paradigm shift, however: a failure to consider the needs of persons unable to express will or preference of any kind in relation to day to day tasks, and a failure to consider exploitation through the highjacking of mere choices (i.e., non-genuine decisions) by others. The phenomenological nature of dementia intersects with the distinctive relationship and social contexts of old age to make these gaps especially important for persons experiencing dementia in old age. While guardianship would fill these gaps, the gaps in the supported decision-making paradigm do not resolve the (theoretical and practical) problems associated with the medico-legal model. This presentation will propose rethinking guardianship as a response to a particular kind of vulnerability (as opposed to de-contextualized mental capacity): vulnerability arising through the relationship between the "incapable" self and her social/material/relationship context. Reconceptualizing guardianship as a legal tool for recalibrating the relationship between context and self fills the gaps in the supported decision-making paradigm in a way that is theoretically coherent, rooted in legal principle, and capable of consistent implementation.

## *Dementia and Criminal Responsibility*

Rashmi Goel, *University of Denver* (rgoel@law.du.edu)

Around the world, we face the crisis of an aging population and rising rates of dementia. Loss of productivity in the marketplace, increasing burdens on families and caregivers, burgeoning health care costs associated with long term care, and the scramble for reliable treatments are only some of the things that contribute to the significant costs of this disease. Worldwide, almost 50 million people suffer from dementia already and almost 10 million more are diagnosed each year. We have also seen rising rates of contact between the criminal justice system and dementia sufferers. Cases range from theft to dangerous driving and even murder. However, these traditional criminal defenses are ill-suited for such cases. Dementia's diagnosis, progression, and manifestations differ markedly from the more "typical" mental illnesses to which these defenses have typically applied. Difficulties in diagnosis, distinguishing between the different types of dementia and predicting its progression create special problems. Finally, dementia is a broad based term covering a large range of symptoms and behaviors, each affecting criminal culpability differently, leading to consistency concerns. This presentation explores the looming challenge of dementia among criminal defendants and examines the inadequacy of our current criminal law defenses.

## **114. Law and Psychiatry**

Kavita Khajuria, *Twin Towers Correctional Facility, Los Angeles, California, USA.*  
([KKhajur@lasd.org](mailto:KKhajur@lasd.org)) - Discussant

### *The Expert Persuasion Expectancy (ExPEX) Framework: What Attributes Influence the Persuasiveness of Otherwise Strong or Weak Expert Opinions?*

Kristy Martire, *University of New South Wales* (k.martire@unsw.edu.au)

Gary Edmond, *University of New South Wales*

Danielle Navarro, *University of New South Wales*

Expert opinion evidence is ubiquitous in contemporary civil and criminal disputes. It provides lawyers, judges, and juries with access to a vast array of potentially probative information. However, not all expert opinions are equally worthy of belief. Doubts about the value and impact of expert evidence are pervasive and courts have been described as 'utterly ineffective' in their handling of expert evidence. This presentation will introduce the Expert Persuasion Expectancy (ExPEX) framework and present the results of two studies. The first examines the ExPEX attributes that significantly undermine a generally 'strong' expert opinion (N = 437). The second examines the ExPEX attributes that significantly repair a generally 'weak' expert opinion (N = 435). Study 1 indicates that weaknesses in the Ability, Consistent, and Trustworthiness attributes of the expert opinion significantly reduce the persuasiveness of an otherwise strong

opinion. Study 2 shows that only strong Ability and Consistent attributes significantly increase the persuasiveness of an otherwise weak opinion. Implications of these results and future directions will be discussed.

## *Pathological Firesetting and Criminal Responsibility from 1800 to the Present Day: How Beliefs on Pyromania Influenced the Court*

Lydia Dalhuisen, *Utrecht University* (l.dalhuisen@uu.nl)

Around the turn of the nineteenth century, in most Western European countries, firesetting was a capital offence. However, pyromania (a pathological form of firesetting) was also recognized around that time. From a historical perspective, an overview of medico-legal views concerning pathological firesetting in Western Europe and the Netherlands in the period 1800 to 1950 is provided. As a diagnosis, pyromania is pre-eminently suitable to give more insight in the influence of psychiatry on the judiciary. We can clearly see how academic beliefs in the field of (forensic) psychiatry about the existence and characteristics of this diagnosis, and changes therein, influenced the views on firesetting as either a culpable act or an excusable expression of pathology. These legal effects of changing views on firesetting as either pathological or punishable are discussed and illustrated by relevant Dutch court cases. In addition, more recent knowledge on pathological firesetting, pyromania and criminal culpability of Dutch firesetters is provided.

## *Forensic Expertise: An Assist by Religion*

John L. Young, *Yale University* (john.young@yale.edu)

Legal issues can arise in cases of mental health practice, and mental health concerns can present themselves in the midst of legal work. Either of these shifts can take place at any level from the individual to the global. It is not unlikely that the occurrence of such shifts may be on the rise as growing numbers in the helping professions come to appreciate the global implications of what they do and how they approach their work. This presentation will look at how cases appearing as religious disagreements may be solved most fairly through addressing separately their legal and mental health components. Individual level cases involving religious issues in one way or another can provide fertile grounds for the growth of mutual respect among litigants. At the same time, religious disputes can also leave institutional parties in a hyperpolarized state. For example, over the past few decades the US Supreme Court has heard more than several cases involving school children. Other examples include incompatible orders for prayers made to military chaplains, and even alleged “churches” in correctional settings attempting to establish rituals in violation of prison regulations. Despite the weight of issues involved, the literature covering them appears sparse and sometimes surprisingly uninformed.

# 115. Law and the Unconscious: A Discussion of Anne Dailey's Book

Anne Dailey, *University of Connecticut Law School* ([anne.dailey@uconn.edu](mailto:anne.dailey@uconn.edu)) – Discussant

## *Truth-Tellings*

Kiel Brennan-Marquez, *University of Connecticut Law School* ([kiel.brennan-marquez@uconn.edu](mailto:kiel.brennan-marquez@uconn.edu))

How is a courtroom like an analyst's couch? Anne Dailey's *Law and the Unconscious* suggests a number of intriguing parallels. The book emphasizes that psychoanalytic practice is, fundamentally, about storytelling; about both what is said and how it is heard, or more precisely what can be said and how both words and silences are interpreted. On a deeper level, psychoanalysis reveals that one can never gain full access to knowledge about the self and about one's past. It attempts to recapture the past in the face of knowledge that some part of that past is irretrievable, even as that not-fully-retrievable past is always in dynamic relation to the present. The same can be said of trials. Courtrooms are a dynamic space, constituted by live performance. Testimony is about speech, memory, and interpretation. As such, trials cannot fully reconstruct historical truth, any more than a client in analysis can: at best, they offer stylized reenactments and interpretations. If psychoanalysis offers "psychic truth," trials offer "legal truth," neither of which is coextensive with "historical truth." Instead, both offer a social dreamscape that must be interpreted in order to generate grounds for judgment.

## *The Compatibility of Psychoanalysis and Law*

Susan Schmeiser, *University of Connecticut Law School* ([Susan.Schmeiser@uconn.edu](mailto:Susan.Schmeiser@uconn.edu))

A theory of human behavior concerned with unconscious forces and the irrationality these represent might seem ill-suited to the normative project of law. Indeed, the insights associated with such a theory, if taken seriously, would appear to pose a nearly insurmountable challenge to the foundations and ideals of democratic self-governance. Freud himself doubted that psychoanalysis would have much to say to law, at least much intelligible to a profession intent on adjudicating responsibility and its consequences, one apparently intolerant of indeterminacy. At least some of his disciples emphasized the incommensurability between psychoanalytic conceptions of guilt and legal ones, worrying that law's "functionaries" might mistake psychoanalysis for a means of adducing "evidence" from a person's unconscious. Like Lear's work, however, Anne Dailey's *Law and the Unconscious* deftly, elegantly, and with remarkable lucidity challenges this narrative of incompatibility by illustrating how compatible the projects of law and psychoanalysis are. For Dailey, law and psychoanalysis are closely aligned in their commitment to human freedom. Attending to law's constitutive function rather than merely than its adjudicative one, Dailey offers the legal profession indispensable tools for responsible engagement.

## *The Fictions of Law*

Susanna Blumenthal, *University of Minnesota* (blume047@umn.edu)

This presentation will highlight some of the key contributions of *Law and the Unconscious* to the interdisciplinary field of law and the humanities. More particularly, it will focus on the matter of fictions—legal and psychoanalytic—and their place in the adjudication of matters of capacity and responsibility. In the course of doing so, the presentation will reflect on the seemingly intractable problem of knowing other minds as well as our own, raising some questions about the extent to which such epistemological conundrums can and need to be resolved within the interdisciplinary paradigm for American law presented in Dailey’s book. Finally, the presentation will point to some fruitful new lines of inquiry the book has conjured in my mind having to do with the relationship between historical truth, psychic truth, and truth as a matter of law.

## *As If Philosophy in Psychoanalysis and Law*

Nomi Stolzenberg, *University of Southern California Law School* (nstolzenberg@law.usc.edu)

Anne Dailey’s, *LAW AND THE UNCONSCIOUS: A PSYCHOANALYTIC PERSPECTIVE* is an important milestone in the history of law and psychology. A masterful investigation of how the law comes to grips with the irrational, focusing in particular on issues of sexual consent, false confessions, and the duty to warn, the book marks an important moment in the revival of the tradition of law and psychoanalysis—and in the philosophical tradition of “As If,” a pragmatic philosophy of knowledge that maintains human knowledge consists of fictions, propositions we treat “as if” they are true. Dailey’s book demonstrates that, despite having fallen out of vogue, the philosophy of “As If” has had a continuous presence in both law and psychoanalysis, forming a bond between the two fields of practice which belies the oft-asserted contradictions between legal and psychoanalytic perspectives on guilt, free will, consent, and responsibility. In this session, a panel of scholars will engage in a dialogue with Dailey about an array of issues raised in her book, including the fundamental question of how far we can go in treating people “as if” they are responsible for their actions and what role the law can play in fostering responsibility.

## **116. Law & Vulnerability**

### *The Impact on Women's Health of Underrepresentation in Clinical Trials*

Patricia Peppin, *Queen’s University* (peppinp@queensu.ca)

Historically, women have been underrepresented in clinical trials conducted as part of the drug approval process. We have been aware since the early 1990s that particular groups were overrepresented – young to middle-aged, white men – while other groups were excluded or

under-represented. As a result of legal and policy changes, research gradually showed a rough parity between women and men in later stage trials in the U.S. and Canada, while early phase trials continued to lag behind in inclusion, and particular conditions, such as cardiovascular disease, and populations, such as pregnant and lactating women, remained under-studied. This presentation will examine the impact on women's health of this historic exclusion. Inclusive research has demonstrated that sex differences exist in disease prevalence, presentation and extent, and in reactions to treatments. Women experience more adverse drug reactions than men. When drugs are prescribed to populations inadequately represented in the trials, they are off-label uses, with differences in legal regulation of adverse effects reporting and advertizing. When sex differences in drug reactions exist but remain unrecognized, diagnosis is likely to be affected in particular ways, leading to ineffective treatment and contributing to inequality in health care for women.

## *Accountable, Transparent Adjudication in Alberta's Mental Health Review Panels?*

Erin Nelson, *University of Alberta* (erin.nelson@ualberta.ca)

Mental health laws permit medical professionals to institutionalize those who suffer from mental illness, or to compel them to be treated in the community. The incredibly coercive potential of such regimes demands that patients have the right to be heard by an arbiter who is empowered to review, and reverse, medical decisions. In Alberta, the arbiter is the Mental Health Review Panel (Review Panel). Considerable benefits flow from the delegation of authority by government to administrative tribunals. But they come at a potential cost in the loss of direct accountability and independence of the decision makers. Issues of transparency and accountability in Alberta's Review Panels will be the focus of this presentation. Are Review Panels accountable? In a word, no. Alberta's process does not meet even the most basic definition of accountability: the expectation that its work be subject to oversight. There is no meaningful oversight, by any institution, of Review Panels. Transparency, a fundamental component of accountability, is also absent, in that Review Panels operate in private. Alberta's Mental Health Act does not even contemplate the possibility of open hearings or published reasons. Alberta's Mental Health Act must be revised to ensure transparency and offer the possibility of accountable decision-making.

## *Examining Policy, Treatment, and Justice and Quebec's Experience of Mental Health Courts*

Alana Klein, *McGill University* (alana.klein@mcgill.ca)

The first mental health court in Quebec was established in 2008. Since then, there has been a rapid scale-up, with five new mental health courts being established in the province in the last year, bringing up the total to twelve. Yet there has been little coordination in terms of policies and processes, and the goals and procedures have been only very broadly articulated at the political and legislative level, leaving much scope for individual variation. This

presentation will examine how tensions between competing objectives are navigated in this diverse set of mental health related judicial diversion initiatives in Quebec, drawing on published data and research interviews on practices, procedures, and policies. Questions addressed will include how objectives (e.g., therapeutic outcomes, reductions in recidivism, efficiency gains) are conceived and balanced both subjectively by the actors, and observed and objectively in light of their practices. Practices examined include conditions imposed on participants, punitive measures and incentives, and criteria for measuring and articulating success. Findings will be analyzed with reference to critical criminological, psychological, and legal literature on constructions of crime, mental health, and society.

### *The Criminalization of the Mentall Ill*

Susan Ficek, *Former Deputy Director and Counsel, Ontario Ministry of the Attorney General* (sficek19@gmail.com)

While crime rates have fallen in Canada and the U.S, the number of incarcerated individuals suffering from mental illness has risen. The criminal justice system has become the mental health service provider of last resort. One eminent jurist, Richard Schneider, compared the Canadian system to the American Express card. Individuals whose mental illness has been untreated move to the front of the line when they come into conflict with the law. They finally get access to evaluation, a bed in a psychiatric facility, and treatment, only after they have been charged with a criminal offence. But the criminal justice system was not designed to provide mental health services. My experience as a prosecutor has led me to observe that the vast majority languish in jail and prisons, untreated or inadequately treated. Often counselling and treatment occurs only when they near their release date. Several reasons exist: insufficient resources to properly treat mentally ill prisoners, correctional staff not equipped to handle these challenges, and others, including police, counsel and judges, lacking expertise. The Coroner's Inquest into the death of Ashley Smith provides a stark example of the poor operation of the criminal justice system when handling vulnerable individuals with mental illness.

## **117. Legal and Ethical Dimensions of Patients' Rights**

### *Reform Without Rights?*

Nicole Huberfeld, *Boston University* (nlh@bu.edu)

The World Health Organization offers a broad, human rights-based view of health, for example, the WHO Constitution of 1946 proclaims "...the highest attainable standard of health as a fundamental right of every human being," and the 2030 Agenda for Sustainable

Development declares: “To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care.” Notably, the United States lags behind in recognizing health as a human right. The Affordable Care Act of 2010 created a statutory norm of access to health insurance, which facilitates access to medical care, through universal coverage. Universality is a powerful principle, but it has not been wholly accepted politically, and it lacks the force of an adopted right. Without a human right at its center (or civil right, in U.S. law), efforts at health reform will remain open to challenges that weaken foundational norms. The lack of a rights-based approach has real repercussions for patient populations that experience historic discrimination, such as those experiencing mental illness. This presentation will explore whether stable health reform can occur with a human rights vacuum at the center.

## *Mental Health Patients' Rights*

Joao Valente Cordeiro, *Nova University of Lisbon* (joao.cordeiro@ensp.unl.pt)

In the last decades, the concept of patients' rights has gained importance in the broader context of health law and human rights, despite differences among different countries and jurisdictions. This presentation aims to map and overview the main rights of mental health patients in international and Portuguese law (e.g., the right to full informed consent, the right to be treated with dignity, the right to personal liberty, the right to privacy, the right to legal representation, among others). The particular case of Portugal with the approval of a Mental Health Act 20 years ago and the execution and implementation of a National Mental Health Plan, which started more than ten years ago, will be presented and discussed. The unique cases of compulsory hospital admission and compulsory treatment will be specifically analyzed and debated, with a particular focus on the adequacy, applicability, and practical shortcomings of the legal solutions put forward by the Portuguese Mental Health Act. The presentation will conclude with a brief discussion on the role of the law and human rights in promoting mental health and relieving the social impact of mental illness.

## *Policy Consequences of New Research on Health Cost Inflation in the U.S.*

Neil Buchanan, *George Washington University Law School* (nbuchanan@law.gwu.edu)

The conventional wisdom regarding the extraordinarily high and rapidly rising cost of medical care in the United States is that American health care providers have engaged in excessive testing and other medical interventions due to the reimbursement systems used by health insurers. The American system is expensive, the thinking goes, because doctors and hospitals have been told that they will be paid for everything that they do to their patients, which inevitably leads to their doing too many things to their patients. Recent research, however, has challenged this notion, finding instead that American health care is more expensive not because we do more but because everything we do is more expensive. The problem, in other words, is not that providers are being paid a lot because they are doing too many things but because they are being overpaid for doing the appropriate amount of things. If this is true, decades of policy

consensus fall apart. This presentation will examine some of the fiscal and other implications of the possibility that U.S. health care is too expensive because our providers are overpaid.

## *Addressing the Real Connection Between Mental Health and Gun-Related Mortality: Suicide, Extreme Risk Protection Orders, and Civil Commitment*

Michael Ulrich, *Boston University School of Public Health* (mrulrich@bu.edu)

Despite overwhelming media attention on mass shootings, suicides actually account for the majority of gun deaths. A handful of states have begun passing laws enabling Extreme Risk Protection Orders (ERPOs) in an effort to minimize this significant portion of gun violence. ERPOs allow courts to prohibit an individual from accessing guns, including those they already legally own, if law enforcement or immediately family can demonstrate that they pose a significant risk to themselves or others. As these laws begin to proliferate, legal challenges to their constitutionality are sure to follow. The ability of the state to infringe on a constitutionally protected right when a person has committed no crime, based on a prediction of potential future harm, should indeed be questioned. Utilizing civil commitment for mental illness and quarantine for infectious disease, this presentation will show that public health jurisprudence provides precedent for the ability of the state to limit constitutional rights to prevent potential future harm. Substantive and procedural due process protections provide an avenue for the courts to balance individual rights against the efforts of the state to minimize gun violence, to enable a path to tackling this critical public health problem while respecting individual rights.

## *Suicide and the Law*

Paula Lobato Faria, *Universidade Nova de Lisboa* (pa.lobfaria@ensp.unl.pt)

The law plays a fundamental role, together with education, for the best implementation and application of main policies in mental health. This presentation will analyze the ways the law and public prevention programs can be effective in the prevention of suicide and how this can be improved in the future. Legal measures should be used to enforce prevention suicide initiatives with strong evidence of effectiveness (2017, Beautrais, A. et al.; 2017, CDC). It will also point out some avoidable causes such as the criminalization of suicide in some countries (e.g., Nepal) and some juridical consequences to people who commit suicide (e.g., life insurance restrictions) which promote the non-disclosure of suicide as the cause of death, leading to a sub notification of these situations, and also to indirect discrimination of suicide attempters. The main objective of this presentation is to call attention to the legal challenges and gaps in the field of a significant problem in mental health. In fact, depression is the leading cause of disability worldwide (WHO, 2018) and it's intrinsically linked with suicide. Recommendations on how the Law could prove to be a better instrument in the prevention of suicide will be suggested in the last part of the presentation.

## *Employee Mental Health and Workplace Wellness Programs*

Wendy K. Mariner, *Boston University* (wmariner@bu.edu)

Workplace wellness programs are popular among employers who hope to improve employee health and productivity and reduce labor costs, despite meager evidence of effectiveness. These employer-sponsored programs vary substantially. Some programs financially penalize employees who do not participate, while others are voluntary. Some require employees to take blood or urine tests to identify health risk factors and reward employees who meet specific health goals. Most seek to reduce obesity and alcohol and tobacco use among employees. Few programs address employee mental health adequately, if at all. This presentation will examine to what extent employers bear responsibility for the mental health of their employees. To analyze the scope and limits of the respective responsibilities of employer and employee, it will distinguish among three categories of mental health risk factors: (1) work-related factors (e.g., wages, hours, job security, task control, workplace safety); (2) social determinants of health (e.g., education, housing, environment); and (3) biological or genetic factors. Strong reasons support employer responsibility for addressing category 1 factors. There is little justification for imposing responsibility for category 2 and factors on employees.

## **118. Legal Rights of Patients**

### *Children in the Mental Health Tribunal: Is it ‘Child-Friendly Justice’?*

Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

In England, the Mental Health Act 1983 was applied more than a thousand times between 2017 and 2018 to authorise the detention of children (aged 17 years and under) for reasons associated with mental ill health. A detained child has legal rights including the right to challenge their detention by application to the Mental Health Tribunal and a successful challenge will end the child’s detention under the statutory provisions. With so much at stake, access to accurate, child appropriate information is essential to support detained children to understand how to enforce their legal rights and to participate in the Tribunal process. The importance of respecting and promoting the rights of children engaged in judicial proceedings is widely recognized with legally binding provisions and guidelines in place aimed at ensuring this. Nevertheless, the approaches being employed to provide detained children with key information concerning their status and their right of challenge before the Tribunal, may be falling short of delivering ‘child-friendly justice’.

### *Enhancing Transparency and Privacy at Civil Commitment Review Hearings Under the CRPD*

Andrew Jason Caple, *Queensland University of Technology* (andrewcaple@outlook.com)

This presentation questions whether the various international statutory approaches regulating the operation of privacy at civil commitment review hearings are inconsistent with the requirements of the CRPD, particularly Article 12 in relation to equality and legal capacity. The phrase ‘civil commitment’ describes the process in which the law authorizes medical practitioners to detain and to administer medical treatment to a person in the absence of consent, and extant criminal proceedings. The primary method of accountability in most international jurisdictions is the establishment of a tribunal, which must review the statutory criteria to ensure commitment processes are lawful. Tribunals have authority to confirm, revoke, or vary a person's involuntary status. The essential thesis is that state parties to the Convention should implement a supported decision-making framework enabling involuntary patients, should they wish, to make autonomous decisions to waive rights to privacy and confidentiality, and to open review hearings either in part, or in full. In addition, reviewing tribunals should now be obliged to publish reasons statements according to a model of good practice illustrated largely by the current practice in New South Wales, Australia.

### *Understanding Detention Decision-Making Behaviour Under the Mental Health Act 1983 and Its Impact on Mental Health Tribunals: A UK Perspective*

Nicola Emma Debora Glover-Thomas, *University of Manchester*  
(nicola.glover-thomas@manchester.ac.uk)

In the UK, the Mental Health Act 1983 (MHA 1983) (as amended by the Mental Health Act 2007) provides the legal framework which governs decisions made concerning the care and treatment of those suffering from mental disorder where they may pose a risk to themselves or others. The perspective of the patient and the care provider may conflict and can be a source of tension and challenge within mental health law. Through access to a mental health tribunal, patients are offered the apparatus to review and challenge their detention. With detention rates under the mental health legislation rising exponentially, this is having a knock-on effect upon tribunal application numbers. As there is a legal requirement to review all cases of individuals detained under the MHA 1983, understanding the key drivers for this increase in detention is essential in order to understand how to better manage both detention rates and the upsurge in tribunal caseloads. With the increase in overall activity, mental health tribunal workloads present significant practical challenges and has downstream cost implications.

### *Dangerous Minds: Myths and Realities Behind the Violent Behaviour of the Mentally Ill, Public Perceptions, and Judicial Response Through Involuntary Civil Commitment*

Donald H. Stone, *University of Baltimore School of Law* (dstone@ubalt.edu)

The public outcry about whether a person with a mental illness should be restrained and confined

has grown in recent years as a result of the misunderstanding of the risk these individuals pose to the safety of the community at large. Is there science behind how psychiatrists opine to judges in predicting future dangerous behaviour? Why are jails filling up with criminal defendants carrying a mental illness diagnosis? Why does the public subscribe to the feeling that persons with a mentally illness are inherently dangerous? It is time to understand and debunk the public perception that persons with a mental illness are a risk to the community. This presentation will explore the current involuntary civil commitment process for confining a mentally ill and dangerous person in a psychiatric hospital, a critical review of how one assesses the criteria of dangerousness as a basis for involuntary psychiatrist treatment, what constitutes dangerous behaviour under various approaches, and whether that behaviour can be accurately predicted. The presentation will examine the risk factors used to assess dangerous behaviour and explore the widely held public perception that mentally ill persons are inherently dangerous.

### *Protections for Patients' Rights in Relation to Health and Clinical Data Processing*

Danuta Mendelson, *Deakin School of Law* (danuta.mendelson@deakin.edu.au)

This presentation will compare the concept, elements, and function of consent under the General Data Protection Regulation of the European Parliament on the protection of natural persons with regard to the processing of personal data and on the free movement of such data [GDPR] in the context of European Union national electronic health records schemes and the Australian national health record scheme called My Health Record [MHR]. The analysis will concentrate on consent as a critical element in protecting individual patients' rights with respect to the processing of their personal health data relating to mental health under GDPR and under the Australian MHR legislative scheme. The Australian scheme is characterized by virtual disregard for consent in its framework of protections for patients' rights. It has introduced a peculiar notion of "standing" or "ongoing" consent whereby once registered on the MHR system, patients are deemed to have given "a standing, or ongoing, consent" to uploading of records containing their health information by their healthcare providers. These notions are of concern to all patients, but in particular to persons who experience or have experienced mental health problems. It will be argued that the MHR approach is contrary to all GDPR principles that protect data subjects' fundamental rights to control their data through exercising their right to consent or refusal of having their data processed. It infringes each GDPR requirement for legitimate personal data processing under Article 6.

## **119. Legislative Impact I: New Mental Capacity Legislation in Theory and in Practice: From India to the Island of Ireland**

## *Mental Incapacity for Medical Treatment Decisions in Hospital Inpatients*

Brendan Kelly, *Trinity College Dublin* ([brendankelly35@gmail.com](mailto:brendankelly35@gmail.com))

The Assisted Decision-Making (Capacity) Act 2015 is the most significant development in Irish capacity legislation in over a century. We assessed the prevalence of mental incapacity in 200 hospital inpatients in an urban setting and 100 hospital inpatients in a regional setting using the 2015 Act and the MacArthur Competence Assessment Tool for Treatment (MacCAT-T). Half of the participants were female (51.7%). Mean age was 70.2 years (standard deviation 15.6). Almost two thirds (62.3%) were medical inpatients; the remainder were surgical inpatients (37.7%). The most common diagnoses were respiratory and gastrointestinal disorders (19.0% each) but 47.3% had symptoms or diagnoses in more than one body system. According to legal criteria for mental capacity, 28.0% of participants lacked mental capacity for treatment decisions: 22.7% were unable to understand relevant information; 27.0% were unable to retain that information long enough to make a decision; 26.7% were unable to weigh it up; and 23.7% were unable to communicate their decision. On multi-variable analysis, participants who lacked mental capacity were more likely to be medical patients, of older age, and with increasing numbers of symptoms or diagnoses.

## *Capacity for Treatment Decisions in Acute Hospital Inpatients in Northern Ireland*

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

The Mental Capacity Act (Northern Ireland) was passed in 2016 and has yet to be brought into operation. The Act will introduce capacity legislation to Northern Ireland and will replace the Mental Health (Northern Ireland) Order 1986. The new Act will apply to decisions about health and welfare interventions and stipulates that compulsory intervention can only proceed when a person lacks the relevant decision-making capacity and the proposed intervention is thought to be in his or her best interests. A process of planning for the implementation of the Act is currently underway. The Act will have a very wide remit and one of the areas where it will apply is for healthcare decision-making. Previous international studies have shown the prevalence of treatment decision making incapacity in acute hospital patients is high (in the region of 40%), but there has been no research in Northern Ireland. This project replicated a study by Brendan Kelly and colleagues in Dublin and aimed to investigate the prevalence of incapacity to make treatment decisions in acute hospital inpatients and assess whether they would come under the scope of the new Act. Some of the possible implications for policy, practice, and research will be presented.

## *India's Mental Healthcare Act 2017 and the United Nations' Convention on the Rights of Persons with Disabilities*

Richard Michael Duffy, *Trinity College Dublin* (duffyrm@tcd.ie)

In 2017, India passed the Mental Healthcare Act 2017. This is a significant change in India's law with the potential to apply to over 1.3 billion people. The Indian Act is unique in that it was written with the explicit intention of complying with the United Nations' Convention on the Rights of Persons with Disabilities (CRPD). Many countries are currently in the process of revising their legislation to bring it in line with the CRPD. This presentation examines the relationship between India's new legislation and the CRPD. It identifies areas of potential conflict between the CRPD and the Indian legislation, and examines the practical, legislative, and ethical approaches India has utilized in these areas. Potential areas of non-concordance are explored and a detailed analysis of each provided. This presentation will have a particular focus on mental capacity, the role of nominated representatives, and advance decision-making within the new Indian legislation. Finally, the international implications of India's steps towards CRPD-concordant mental health legislation will be explored.

## *Mental Incapacity for Treatment Decisions in Psychiatric Inpatients*

Aoife Curley, *Trinity College Dublin* (acurley@tcd.ie)

For people with mental illness in Ireland, the Mental Health Act 2001 primarily governs involuntary admission. At present, the legislation can be used regardless of a person's mental capacity to consent, once criteria for detention are fulfilled. New legislation has been drawn up in the form of the Assisted Decision-Making (Capacity) Act 2015, which aims to assist persons in exercising their decision-making capacity, using a new statutory framework. To date, there are no studies in Ireland to indicate the prevalence of mental incapacity for treatment decisions in psychiatric inpatients. This presentation will present original research on mental capacity to make treatment decisions among voluntary and involuntary psychiatric inpatients. Capacity is assessed using (a) the MacArthur Competence Assessment Tool for Treatment (MacCAT-T) to evaluate patients' understanding, appreciation, reasoning, and ability to express a choice regarding mental healthcare decisions; and (b) the new criteria for mental incapacity in the Assisted Decision-Making (Capacity) Act 2015. This presentation will look at the correlation between these two ways of assessing mental capacity and will discuss relevant clinical, ethical, and legal issues, alongside what the proposed changes in legislation could mean logistically in practice. Implications for other jurisdictions will also be explored.

## *The Inherent Jurisdiction of the High Court and Its Relevance to Irish Psychiatry*

Gautam Gulati, *University of Limerick* (gautam.gulati@hse.ie)

The source of "inherent jurisdiction" lies in the Irish Constitution. This invests the High Court with "full original jurisdiction in and power to determine all matters and questions whether of law or fact, civil or criminal". Thus, the High Court hears common law actions and derives the

authority to declare the rights and liabilities of individuals. The High Court's inherent jurisdiction may be used across various matters including *parens patriae*, judicial review, and the granting of bail. The aspect most relevant to psychiatrists is *parens patriae*. *Parens patriae* means "parent of the nation". In law, it refers to the jurisdiction of the state to intervene to protect children and incapacitated individuals from abusive or negligent natural parents or legal guardians. The state, acting as *parens patriae*, is vested with authority to make decisions affecting the welfare of the persons brought under the state's protection. The High Court has used this power in cases where there is a lacuna in mental health legislation and in cases of individuals who lack capacity, sometimes to facilitate care in an alternative jurisdiction. This presentation will discuss recent case law arising from the use of inherent jurisdiction by the High Court in Ireland.

## **120. Legislative Impact II: Re-Evaluating the Role of Relatives in Mental Health Legislation: Reflections on the Law in England and Wales**

### *Reconsidering the Role of Relatives in Mental Health Legislation: Reflections on the Law and Reform in England and Wales*

Judy Laing, *University of Bristol* (J.M.Laing@bristol.ac.uk)

This presentation will (re)consider the involvement of relatives/carers in mental health legislation in England and Wales. The Mental Health Act 1983 includes an important safeguard for detained patients in the form of a 'Nearest Relative' (NR). The NR has a number of key powers and duties in the compulsory admission process, however, some of these stand in tension with each other and the role has recently come under scrutiny and review. This presentation will consider the rationale for the involvement of relatives, and explore some of the current challenges with the role. It will consider ongoing review and potential reforms to the role of relatives/carers in mental health legislation in England and Wales. The government appointed an independent review of the Mental Health Act in September 2017. The review is considering, *inter alia*: 'the ability of the detained person to determine which family/ carers have a say in their care, and of families to find appropriate information about their loved one'. The interim report has concluded that: 'The role of the nearest relative... is ...no longer fit for purpose' (p. 32). The presentation will offer some reflections on whether proposals for change will lead to improvements in the support and protection that relatives/carers can provide for detained patients.

### *The Views of Approved Mental Health Professionals Towards the 'Nearest Relative' Role in England*

Jeremy Dixon, *University of Bath* (J.Dixon2@bath.ac.uk)

Involuntary detention for people with a mental disorder is widely used across Europe. Although relatives have a right to be informed of detention in 12 European countries, their role in the process remains under-researched. This presentation will focus on the interaction between mental health professionals and ‘Nearest Relatives’ in England. The Nearest Relative role is defined under the Mental Health Act 1983 and gives named relatives the power to object to discharge of a patient from hospital, to object to some forms of treatment, and to apply for or request detention of a family member. The presentation will report on findings of a survey with 55 Approved Mental Health Professionals (AMHPs) and focus group discussions with 33 AMHPs in 2017-18, who were responsible for co-ordinating and conducting Mental Health Act assessments. Survey data indicates that AMHPs consulted with Nearest Relatives in a high proportion of cases. However, qualitative findings revealed that AMHPs also struggled to balance the legal rights of Nearest Relatives and patients. AMHPs considered several factors before contacting Nearest Relatives including, the actual or assumed wishes of service users, the actual or assumed mental capacity of the service user, and the environment in which the Mental Health Act assessment would take place.

### *Experiences of Relatives Acting as the ‘Nearest Relative’ Under the Mental Health Act (England & Wales, UK)*

Kevin Stone, *University of the West of England* (Kevin2.Stone@uwe.ac.uk)

Relatives play a key role when a person is detained under the mental health legislation in England and Wales. Despite this importance, their experiences of undertaking this role has been relatively ignored by research. The Nearest Relative function attracts powers and rights which can influence the decision-making process that mental health services follow when deciding to make a detention decision, or looking for community options. Emerging findings from an explorative qualitative study of 20 nearest relative participants suggests that the distressing impact detaining their relative has on their own mental wellbeing is under-estimated, and there is little or no support offered. Furthermore, this study suggests that nearest relatives do not appear to be aware of or understand the rights and powers which the statute empowers them with. This study considers how the timing of when they are informed of these rights and powers matters; and highlights inconsistencies in the means by which nearest relatives are informed. At a time of legislative review in England and Wales the study illuminates where possible amendments would be welcomed by relatives and carers.

### *Reflections on the changing role of the Nearest Relative in Mental Health Law across the UK*

Philip O’Hare, *University of Central Lancashire* (po-hare@uclan.ac.uk)

The Mental Health Act 1983 in England and Wales is currently under review and the Government has stated its commitment to improving patients’ and service users’ ability to make

decisions about their own care and treatment. The nearest relative has been a significant statutory role within current legislation but there have been significant tensions over the identification, displacement, and powers of the nearest relative. The review will consider changes to what is considered an outdated system. In other parts of the UK, Scotland replaced it with a new role of nominated person and Northern Ireland will replace it with a new role in its reform of mental health law. The review is favourable to a similar change which will focus on patients' right to make advanced decision and providing advocacy and support to them during their detention. This presentation reflects on the changes in Scotland and Northern Ireland and considers the case for change in England and Wales.

## **121. LGBT Mental Health and Wellbeing: Law and Policy Implications**

### *Acceptance, Integration, and Mental Health Among Active Duty LGBT and Non-LGBT Service Members*

Carl A. Castro, *University of California Los Angeles* (cacaastro@usc.edu)

Over 70,000 active duty United States military personnel identify as lesbian, gay, or bisexual (LGB), and approximately 15,000 identify as transgender. Until the repeal of the policy commonly referred to as “Don’t Ask, Don’t Tell,” LGB service members could not disclose their sexual orientation; if they did, discharge from the military was a common consequence. Transgender service members may currently serve openly; however, their ability to do so has been challenged by the current Commander-in-Chief. Many LGBT active duty military personnel choose to remain “closeted,” not disclosing their minority status due to fears about discrimination, stigma, harassment, and violence. Findings from the Military Acceptance Project, the first comprehensive study to date of LGBT and non-LGBT active duty service members in the US military, suggest that LGBT people in the military have subjective experiences that hinder perceptions of acceptance and unit integration. These experiences, which can arise from both direct individual action and as a result of federal policies, may lead to increased stress, harassment, discrimination, bullying, hazing, and sexual victimization. This presentation will seek to explain these varied manifestations of lack of acceptance among active duty LGBT military personnel, and the behavioral and health consequences that follow.

### *Geography, Political Climate, and Suicidality Among LGBT Youth in the United States*

Jeremy T. Goldbach, *University of Southern California* (goldbach@usc.edu)

Death by suicide is a major public health concern, recently rising to the second leading cause of death among youth, and sexual and gender minority youth have much higher reporting of suicidality compared to their heterosexual peers. Although research commonly focuses on individual and interpersonal factors in predicting suicide among LGBT youth, policy and social-

environmental dynamics may also play an important role. For example, regional studies suggest that LGBT youth who live in more “supportive” counties are less likely to attempt suicide than those in less supportive environments. Using data from a U.S. national crisis hotline of LGBT youth (ages 12-24; N=656), we examined whether geographic differences (urban or rural) and political climate, including the presence or absence of protective LGBT laws and policies, were associated with suicidality. Youth in rural areas stated they were “likely” to make a suicide attempt in the future more than twice as often as urban youth (16.1% vs. 7.6%). Those in areas with more protective laws and policies were less likely to report having made a suicide attempt compared to their less protected peers (29% vs. 37%, respectively). Findings suggest that the legal and political system may impact suicidal behavior at the individual level.

### *Sexual Orientation Disparities in Mental Health Among Black American Adolescents: Effects of Cyber and Bias-Based Victimization*

Ethan H. Mereish, *American University* (mereish@american.edu)

We examined sexual orientation disparities in depression and suicidality among Black American adolescents, and the mediating role of cyber and bias-based victimization in accounting for these disparities. Secondary analyses were performed on data from a probability sample of adolescents (N = 1,129) collected in a school district in the southeastern United States. Participants reported sociodemographics, depressive symptoms, suicidality, and experiences of bias-based and cyber victimization. With some exceptions, Black adolescents who are lesbian, gay, bisexual, or mostly heterosexual reported higher rates of depression, suicidal ideation, and suicide planning than Black heterosexual adolescents. Black lesbian, gay, bisexual, and mostly heterosexual adolescents reported more cyber and bias-based victimization than Black heterosexual adolescents. Sexual orientation disparities in mental health were partially explained through both forms of victimization. Further research and clinical interventions are needed to address the role of bias-based and cyber victimization in disparities in mental health among Black sexual minority adolescents. This study also carries implications for the importance of legal protections and policies targeting victimization in schools and online in order to reduce mental health disparities.

### *Conducting Ethical, Rigorous Research with LGBT Youth*

Sheree M. Schrager, *California State University* (sheree.schrager@csun.edu)

Although research with lesbian, gay, bisexual, and transgender (LGBT) youth is essential both to understand physical and mental health disparities and to develop interventions targeting those disparities, conducting rigorous, ethical research with this population remains a substantial challenge. In addition to considerations for research with adolescents in general, factors unique to LGBT youth must be addressed at every step of the research process. This presentation summarizes the methodological considerations that cut across key domains of research with LGBT youth, including sampling and recruitment, study design, ethical protections, and issues of

measurement and interpretation. This presentation will discuss the merits and limitations of existing approaches to studying LGBT youth and suggest innovative ways to approach important research questions yet unanswered. Informed by theoretical and empirical literature, practical experience, and an ongoing dialogue with LGBT youth themselves, this presentation will provide a “field guide” to best practices for ethical, productive research with this vulnerable population in hopes of assisting the research community in addressing the remaining gaps in literature and policy.

## *Stigma as Prophylaxis: The Case of LGBT Youth*

Craig Konnoth, University of Colorado School of Law ([craig.konnoth@colorado.edu](mailto:craig.konnoth@colorado.edu))

Erving Goffman offers three stages in the discrediting of identity. The first stage is conversion, where the individual loses their identity completely and assimilates into the majority. The second is passing, where the individual pretends to others that they have assimilated, though they themselves know that they are still in the minority. The third is covering, where the individual openly avows their minority identity, but won't display its traits. For example, a gay couple might acknowledge they're gay but won't hold hands. Each stage involves the internalization of stigma, of recognizing that one's identity is, to use Goffman's term—spoiled. However, children present considerations that Goffman and Yoshino's tripartite structure does not reach. Right wing activism focuses not on conversion or passing after someone became gay, but rather on preventing gayness in the first place. Stigma worked through prophylaxis, ex ante, rather than conversion, passing, or covering demands ex post. This presentation shows how the state takes prophylactic steps with respect to children—denying gender confirmation treatment, prohibiting gay-straight alliances or curricula, and firing gay teachers—out of a fear that a child will become gay.

## **122. Living with Mental Health Disabilities**

### *The Right to Health of People with Mental Disabilities in Ghana*

Natalie Schuck, *University of Groningen* ([N.S.Schuck@rug.nl](mailto:N.S.Schuck@rug.nl))

The analysis examines different applicable legislation from international human rights treaties ratified by Ghana, such as the International Covenant on Economic, Social and Cultural Rights to a variety of domestic laws and policies which provide mental health care in the formal (allopathic) setting, but equally pave way for mental health services through informal (traditional and spiritual) practices. Besides the lack of financial and human resources in the general health system in Ghana, the stigma and discrimination surrounding mental disabilities have hindered the development of quality mental health care, leading to inhumane and cruel treatment of people with mental disabilities. The study shows how the right to mental health is theoretically ensured through a balance between Ghana's implementation of international human rights law and domestic law that keeps up with their deeply rooted traditions and cultural practices. Although Ghana strives towards expanding mental health care and building up a collaboration between the formal and informal mental health care providers to offer quality service, it comes with challenges which the current law does neither address nor solve. Concerning the implementation

of the right to health, one challenge is the inadequacy of the law regarding insufficient provisions for the cultural and traditional approaches.

## *Austerity in the UK and the Review of the Mental Health Act 1983*

Philip O'Hare, *University of Central Lancashire* (po-hare@uclan.ac.uk)

There is increasing evidence about the impact of austerity on the overall burden of mental distress and marginalization within the UK. So far, the debate has been directed mainly at the effect of policies arising from the Government's attempt to reduce public sector spending. This presentation will seek to direct some attention to the influence of law in this area. The presentation will consider the current review of the Mental Health Act in England and Wales that is due to deliver the main report in autumn 2018. The review has focussed on reasons behind rising rates of detention and the disproportionate number of people from BME groups detained as well as the developments in the mental health care system. Therefore, it is timely to report on the current evidence of the impact of issues such as poverty and discrimination on detention rates and the experience of being detained and argue that the remit of the review should draw on this evidence to influence both law and policy.

## *A Study of Social Stigmatization in Patients with Epilepsy in Russia*

Vladimir Mikhailov, *National Research Medical Center for Psychiatry and Neurology, St. Petersburg, Russia* (vladmikh@yandex.ru)  
N.F.Mikhailova, *St.Petersburg State University*

Within the framework of the WHO Project "Rehabilitation and Quality of Life in Patients with Epilepsy", the social aspects of stigmatization in patients with epilepsy were studied. The researchers in this study examined 694 respondents (practically healthy people, male and female, aged from 15 to 72 years, residents of 12 geographical regions of Russia). The data obtained revealed a high level of stigmatization in this category of patients in Russia. The overwhelming majority of the respondents (78.6%) consider epilepsy an incurable disease whose diagnosis in themselves or in their relatives they (71/1%) would prefer to conceal. A considerable part of the respondents (13.9%) distrust persons with epilepsy. Sixty-four and two-tenths percent of the respondents think that employers will not hire a person with this disease, almost half of the respondents (46.5%) think that most people are afraid of persons with epilepsy, and 24.9% of the respondents think that practically healthy people often "look down" on persons treated for epilepsy. This study has shown the necessity to develop effective medical and social measures aimed at the destigmatization of patients with epilepsy.

## *Victoria's Mental Health Act 2014: Changing paradigms and changing practice?*

Erica Grundell, *Department of Health and Human Services, Victoria, Australia*  
([erica.grundell@dhhs.vic.gov.au](mailto:erica.grundell@dhhs.vic.gov.au))

Passage of the Victorian Mental Health Act 2014 marked a significant paradigm shift. It replaced outdated 1980s legislation with a framework that promotes supported decision-making. The Act is designed to enable and support compulsory patients to make or participate in decisions about their treatment and determine their individual recovery path. Mechanisms facilitating supported decision making include a presumption of capacity, advance statements, nominated persons and the right to seek a second psychiatric opinion. All are intended to promote best practice and facilitate optimal communication between health practitioners, people with mental illness, their families and carers. This presentation will explore the first 5 years of the Act's operation in the context of current Victorian health system design and policy. Rates of compulsory treatment and use of regulated restrictive interventions will be examined, comparative with other Australian jurisdictions. This presentation will examine the statewide use of key supported decision-making mechanisms provided in the Act, including appointment of nominated persons and advance statements. Potential reasons for relatively low rates of use will be examined, and barriers to increased uptake will be explored.

## *Evolving Chinese Mental Health Law: Rules and Practice*

Zhiyuan Guo, *China University of Political Science and Law* ([guozhiyuan@hotmail.com](mailto:guozhiyuan@hotmail.com))

Chinese government statistics indicate that over 100 million Chinese citizens suffer from some form of mental illness and that more than 16 million have a serious mental illness. Chinese prosecutors charge the mentally ill with at least 10,000 crimes each year. Seeking to further improve its approach, China has in the last decade adopted three major new mental health laws. The United Nations Convention on the Rights of Persons with Disabilities is by far the most important international agreement yet developed concerning the mentally disabled. China adopted this Convention in 2008. In 2012 China went further—making major changes in the way that China deals with mental health issues in both its criminal and its civil law. Coming first was a new Criminal Procedure Code that adds a whole new dimension to the way that China deals with the mentally ill who are charged with crimes. Equally important was the new civil mental disabilities law that China adopted later in the year. Many years in the making, this new law is China's first comprehensive modern civil mental disabilities law. This presentation will discuss both the major features of these new laws and some of the more important tasks that remain for the future.

## **123. Mass Violence**

Nenad Vasic, *Clinical Centre Christophsbad, Goepfing, Germany*  
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Paula Sismeiro Pereira, *Polytechnic Institute of Bragança, Bragança, Portugal*  
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## *Preventing Mass Violence*

Robert Patrick Archer, *Eastern Virginia Medical School* (rarcher@bayforensicpsychology.com)

The incidents of mass violence that occurred in the United States have been deeply disturbing to the public as well as to mental health professionals. The public, the media, as well as our patients, family members, and friends have reached out to mental health professionals in the hope that we can provide an understanding of these events that may serve to reduce their frequency in the future. This presentation will explore how we can best respond to these requests, including the current limitations of psychologists in the prediction of mass violence. Two incidents of mass violence will be used to illustrate these issues. The first will be a review of the investigation of the explosion on the U.S.S. Iowa in April 1989 that resulted in the deaths of 47 seamen. The second incident used for illustration purposes will be the University of Texas Clock Tower shootings that occurred in August 1968. This presentation will discuss the reliability and validity problems inherent in retrospective reviews of the personality characteristics of perpetrators, and the limitations imposed by base-rate issues in the prediction of mass violence.

## *Familicide in Switzerland: A Distinct Subtype of Mass-Murder*

Andreas Frei, *Fachstelle Forensik, Erwachsenenpsychiatrie Baselland*  
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Andreas Ilic, *Universitäre Psychiatrische Klinik, Basel* (andrea.ilic@upkbs.ch)

Mass-murder, the killing of three or more victims in a timely and locally narrowly defined frame may be classified as Family Annihilations, public shootings or felony associated. Family Annihilations are the most frequent kind of mass-murder. Family murders in general are comparatively frequent in Switzerland, despite its low rate of violent crimes, which might be due to the easy accessibility of guns, especially army-weapons. We identified 49 cases of mass-murder between 1972 and 2015 in Switzerland. Eventually we got access to the files of 20 Family Annihilations (FA) and 15 other mass-murders (OMM). All but one perpetrators were men. FA were significantly more often associated with suicide. The motive with FA was mainly a perverted kind of loyalty, with the OMM it was revenge. The perpetrators in both groups had a comparatively high psychosocial level. The share of Cluster B personality disorders according to DMS 5 was high with the FA. The perpetrators in both groups planned their acts carefully. In both groups, guns were the most frequent lethal weapon but army weapons were contrary to the expectations of minor relevance. The majority of mass murders in Switzerland are FA, executed by narcissistically disturbed, comparatively well off men.

## **124. Medical Assistance in Dying and Euthanasia**

## *The Social Determinants of Autonomy in the Context of Medical Aid in Dying*

Jonas-Sébastien Beaudry, *McGill University* (jonas-sebastien.beaudry@mcgill.ca)

Public and legal debates and norms about medical aid in dying (MAiD) have focused primarily on the deliberative facets of autonomy and have paid far less attention to its social components. As a result, safeguards may fail to properly protect the autonomy of vulnerable persons. After introducing the factual and theoretical background of this problem, the presentation will explain the distinction between deliberative and social dimensions of autonomy, and why a right to autonomy might entail not only protecting an agent's decisional capacities, but also certain conditions enabling the realization of such capacities. Legal and bioethical discourses about autonomy have traditionally focused on its deliberative dimensions. This presentation will outline an alternative interpretation of the right to autonomy that recognizes the necessity of social resources and proposes a principled way of constraining that right. It will also map the kinds of social determinants of autonomy in the context of MAiD that our government should monitor and analyze in order to enact proper safeguards to protect socially vulnerable people in the future.

## *Medical Assistance in Dying (MAiD): An Ethico-Legal Analysis of Current Challenges in the Canadian Context*

Ricarda M. Konder, *Dalhousie University* (r.m.konder@gmail.com)  
Timothy Christie, *Horizon Health Authority B, Saint John, Canada*  
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Canadian medical assistance in dying (MAiD) legislation was introduced in 2016 after *Carter v Canada* ruled that criminalizing MAiD violated section 7 (as determined by the Oakes Test) of the Charter of Rights and Freedoms. From this ruling resulted Bill C-14. Numerous problems are emerging in institutions and courts, suggesting that an ideal balance between patient autonomy and protection of the vulnerable has not yet been achieved. To determine current issues with MAiD legislation and propose reasonable solutions, a policy review was conducted on MAiD legislation in 11 jurisdictions. Second, Canadian court and patient cases were reviewed to define problems with the legislation. These problems were then subjected to the Oakes Test to determine whether they were constitutional and proposed solutions based on the policy review. The review revealed five issues: Necessity of terminal illness, exclusion of the mentally ill, necessity to refer after conscientious objection, necessity for patient capacity during the waiting period, and violation of privacy. We also predicted two further issues: Illegality of advance directives and exclusion of minors. Six of these problems were found to be unconstitutional and alternative solutions will be proposed. While current legislation presents numerous challenges, laws in other countries may model viable solutions.

## *Voluntary Assisted Dying Laws in Victoria, Australia: A Regulatory Analysis*

Lindy Willmott, *Queensland University of Technology* (l.willmott@qut.edu.au)

Ben White, *Queensland University of Technology* (bp.white@qut.edu.au)

Eliana Close, *Queensland University of Technology* (eliana.close@qut.edu.au)

Australia's second most populated State, Victoria, enacted the Voluntary Assisted Dying Act 2017 (Victoria) on 29 November 2017. The Act permits assistance to die in limited circumstances, and will commence on 19 June 2019. To receive assistance to die, a person must have 'capacity' and act 'voluntarily and without coercion'. The legislation also expressly provides that a person will not be eligible 'only if the person is diagnosed with a mental illness'. In the public debates leading up to the Victorian Parliament's consideration of the Bill, it was frequently described by political proponents as the most conservative Bill of its kind in the world. But what are the implications of this conservatism? This presentation presents an initial regulatory analysis of the new Victorian legislation. It draws on two standards identified by Yeung (2012, *King's Law Journal*) for assessing a regime's regulatory legitimacy: Whether the regime achieves its stated policy goals effectively and whether its design and implementation comply with the principles of good governance.

## *Mental Capacity, Appreciation, and Narrative Evidence: A Storied Approach to Eligibility Assessments for Medical Assistance in Dying (MAiD)*

Duff Waring, *York University* (dwaring@yorku.ca)

Patients must be found capable of consenting to health care decisions before they are eligible to receive medical assistance in dying (MAiD). There is no specific test for the capacity to consent to MAiD. The standard approaches e.g., the McArthur Capacity Assessment Tool, focus on understanding and appreciation. These are broad terms and evidence for both can be elicited in various ways by various means. Standard approaches to capacity assessment can be supplemented with other methodologies that might generate relevant evidence. Given the concern that the appreciative dimension of mental capacity is not well assessed, we should look to methodologies that might enable a patient to think flexibly about, and evaluate the worth of, available alternatives to their situation. These can be expressed in terms of preferred stories by which a patient might want to live and can be elicited through a mode of questioning developed in narrative psychotherapy. This requires in part the patient's ability to a) recognize the impact that depression has on their life and b) imagine preferred stories and articulate either how they might be realized or why they can't be. Capacity assessments can be informative and mitigate end-of-life suffering, even for those who receive MAiD.

## **125. Medical Disclosure: Exploring the Tension Between the Patient's Interests and the Physician's Interests from a Medical and Legal Perspective**

*A Patient's Right to Know: A Comparative Analysis of the Scope of a Physician's Duty of Disclosure of Potential Harms vs. Actual Harms*

Susanne Katja Raab, *Attorney-at-Law, Vancouver, Canada* (susanne@pacificmedicallaw.ca)

A physician's legal and ethical obligations of disclosure lie at the heart of the physician/patient relationship. Yet, while the duty of disclosure in the context of informed consent has evolved and crystalized since the early 1980's in Canada, uncertainty abounds in relation to the disclosure required following an adverse event. For example, how much information must the physician disclose? Is the scope of disclosure limited to the bare medical facts or must the physician disclose if the injury could have been prevented with appropriate care? This presentation will seek to elucidate the scope of the duty of disclosure following an adverse event through a comparative analysis with the law of informed consent. Viewed through this lens, it becomes clear that the scope of disclosure required following an adverse event after medical treatment ought to reflect the same increased recognition of individual autonomy and focus on patient best interests as in the duty of disclosure in obtaining informed consent prior to the medical treatment.

*The Legal Duty of Candour in the UK and Whether this is Consistent with the Approach of the UK Supreme Court in Montgomery on the Individual Patient's Right to Information Disclosure*

Lauren Sutherland, *Ampersand Chambers, Vancouver, Canada* (Laurenadv@aol.com)

In the landmark UK decision of *Montgomery v. Lanarkshire Health Board*, the UK Supreme Court finally introduced a patient focused test to the law on information disclosure to patients. This decision brought the UK into line with many other common law jurisdictions such as Canada and Australia. The focus of this presentation is to examine the UK professional duty of candour and whether this is consistent with the right of a patient to be fully informed following *Montgomery*. This presentation will also examine the purpose of the duty of candour and the extent to which it serves to enhance the relationship between patients and doctors, the extent to which providing an apology benefits the patient, whether there is any justification for a

filtering or restriction of information disclosure should an adverse event occur, and whether an adverse event extends to “near misses”. Legal sanctions are attached where there is a failure to consent a patient. This presentation will consider whether legal sanctions should also be attached to a failure to provide full information disclosure post an adverse event.

## *Barriers to Disclosure of Medical Errors*

Garry Feinstadt, *University of British Columbia* (gfeinstadt@shaw.ca)

The purpose of this presentation is to examine those factors, which affect the physician's ability to disclose adverse outcomes and medical errors especially in the context of possible allegations of negligence and resulting litigation. Such disclosure is a continuation of the process of consent and disclosure prior to treatment. As such, the same factors will affect both ends of the process. Understanding those factors, which predispose to errors in diagnosis is fundamental to understanding barriers to disclosure. This presentation will discuss the role of cognitive errors and biases in this continuum. It will look at those specialties in medicine, which are most vulnerable to cognitive errors and biases and ultimately litigation. This presentation will also discuss those physician personality traits such as narcissism, which can adversely affect the processes mentioned above. Disclosure to the institution is also essential. As such, examination of the environment within the institution and the manner in which it handles adverse events will be addressed. The incorporation of such principles as metacognition, introspection, and mindfulness into medical training will be discussed in the context of reducing the risk of cognitive errors and biases and thereby adverse outcomes

## *The Psychological Impact of the Non-Disclosure of Adverse Events on Medical Patients*

Douglas Cohen, *Cortex Centre for Advanced Assessment, Vancouver, Canada*  
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This presentation will focus on the impact of adverse events on the potential long-term mental health of patients from late or after-the-fact as compared to prompt disclosure, of adverse outcome from medical procedures. Medical ethics commentary has focused on developing practice guidelines governing the nature and extent of disclosure of adverse medical events. However, precious little research has been conducted on the long-term effects of nondisclosure/late disclosure on the mental health and well-being of patients. This presentation will seek to redress this gap by presenting a review of the extant research literature on patient responses to disclosure, a summary of disclosure-context factors that worsen or mitigate negative effects of adverse events, the impact of adverse event severity, and patient-related factors including mental health, familial, vocational and other external stressors, and physical health variables. Understanding the longer-term impact of non-disclosure on patients is essential to the proper development and application of medical ethics guidelines surrounding consent and disclosure of medical procedures, risks, and outcomes. The paucity of research and discussion of patient-perspective factors reflects not only the newness of this discussion,

but professional anxiety surrounding litigation and minimizing risk exposure, and the dominant perspectives of health care professionals and bioethicists.

## *How Can You Obtain an Incompetent Patient's Consent?: An Analysis of the Legal and Medical Tensions that Arise when Patients Hover at the Border of Competence*

Daniel Corrin, *Brain & Injury Law, Vancouver, Canada* (dcorrin@braininjurylaw.ca)

Legal guardianship is a useful tool in the practice of medicine. In principle, it protects physicians and patients by permitting treatment guided by appropriate substitute decision makers. It is premised on the knowledge and fiduciary responsibilities of the substitute decision maker as being a valid replacement for the views of the incompetent patient. Legal lines are drawn with relative ease for the young. After that, there is presumed competence in an age emphasizing autonomy. When the question of competence arises in situations of remitting mental illness, patient challenge, or with legal complexities the medical and legal tool boxes seem lacking. Patients are at risk of adverse events as families, lawyers, and physicians vie to discern who may speak for the patient. For example, even the act of speaking to a third party about an adult's competence without consent of the adult can cause difficulties. This presentation will seek to examine the responsibilities of legal and medical professionals called upon to assess and provide opinions in the above described situations. Respecting patient autonomy, ensuring the best patient outcomes, avoiding adverse events, and navigating legal and medical rules is not as easy as it ought to be.

## **126. Medical Ethics I: Conscientious Objection in Health Care**

### *Conscientious Objection and the Complicity of the Medical Profession in the Accommodation of Unprofessional Conduct*

Udo Schuklenk, *Queen's University* (Udo.schuklenk@protonmail.com)

Medical complicity can be understood in myriad ways. The presentation will focus specifically on the role the medical profession plays in justifying and accommodating unprofessional conduct among its members. Conscientious objection or refusal-based accommodation requests are demands by medical professionals that their refusals to provide professional services that are within the scope of their profession be accommodated by their colleagues, by their profession, and by society. Typically, when these requests are accommodated, patients suffer inconvenience or more serious harmful consequences to their health, sometimes even death. The objectors typically suffer no negative consequences. Doctors have a societal license granting them a great deal of professional autonomy in the context of their work. However, doctors have no reason to assume this extends to conduct unprofessional. After defending the view that conscientious

objectors act, each time they object to the provision of professional services on 'conscience' grounds, unprofessionally, the remainder of this presentation will focus on the complicity of the medical profession in protecting their colleagues. It will be argued that such actions undermine the very reasons for why societies have professions in the first place.

## *Conscientious Objection in Health Care—Beyond “Yes” or “No”*

Lisa Fullam, *Santa Clara University* (Lfullam@scu.edu)

Too often, conscience is used as a trump card flung down to halt conversation. “I can’t do that—it violates my conscience.” However, the importance of FORMING one’s conscience would seem to imply that a claim of conscience is the beginning of a conversation, not the end of one. Then what? First, how far one should yield to a conscience claim (or hold on to one’s own) depends on the probability of the claim itself. Where there are reasonable alternative opinions, the medical professional should, out of respect for the patient’s own conscience, be willing to refer to another provider. Also, any adequate consideration should include asking whether toleration or cooperation is in order—and if not, why not? In sum, there are limits to licit conscience claims, and there are limits to the degree to which a provider’s conscience claim should be denied. And in the stormy area in between, there are tools to help us navigate tricky waters.

## *Complications of Compromise on Conscience*

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

A number of scholars have promoted some sort of “reasonable compromise” view with respect to conscientious refusals in health care. Such a view attempts to respect the right of individual health care practitioners, and also perhaps institutions, to refuse to provide specific health care services on the basis of professional or moral objections, while also protecting those who do not share such objections from access to legal services. Typically, the operational compromise is to require practitioners to be transparent in their refusals, offer unbiased information regarding available health care services, and provide referrals or transfers of care when necessary to ensure access. These compromises raise the specter of moral complicity and potential moral scandal by virtue of seemingly approving of such services. This presentation will elucidate various criteria by which degrees of moral complicity may be assessed, as well as operative distinctions within the concept of scandal, which subserve a nuanced analysis of complicity and scandal with respect to transparency, information, and referral/transfer. The proffered analysis supports certain compromise proposals that allow physicians to act in accord with their individual consciences while ensuring adequate access to legal, but morally contested, health care services.

## *Unconscionable Complicity: How Accommodating Conscience Claims to Deny Abortion Care Harms Women*

Shannon Kowalski, *International Women's Health Coalition* (SKowalski@iwhc.org)

There is a growing use of conscience claims by health workers to refuse abortion care. The term “conscientious objection” has been co-opted by anti-choice movements. Indeed, accommodations for health care providers to refuse to provide care are often inserted into policies with the aim of negating women’s ability to exercise their hard-fought right to abortion care. Yet, while international human rights law recognizes a right to freedom of conscience, international human rights bodies have been clear that states have no obligation to guarantee a right to “conscientious objection” for health care providers. In fact, they direct states to take steps to guarantee patient access to services. By allowing refusals based on conscience claims, governments, health systems, institutions, and individual providers are complicit in creating yet another systematic barrier to deny access to safe, legal, and rightful health care. And they are complicit in causing significant harms to people seeking abortion. The medical complicity of “conscientious objection” also incurs costs that go beyond those that individual patients must pay. To date, there is insufficient evidence to support the notion that regulating “conscientious objection” is an effective measure to mitigate the harms it causes; on the contrary, there is growing evidence to indicate that regulations do not guarantee access to services.

## **127. Medical Ethics II: Medical Ethics in a Democratic Society: A Model and Realities of Ethics Education and Ethics Competence**

### *Ethical Competence of Medical Professionals as Moral Judgment*

Paweł Łuków, *University of Warsaw* (p.w.lukow@uw.edu.pl)

This presentation will offer a conceptual analysis of ethical competence of physicians in the context of a democratic society. The analysis provides the normative background for the reports of the results of empirical research which is to be discussed in two following presentations. It will be argued that ethical competence of physicians should be seen against the background of a model of physician ethics which is founded on the values and ideals of a democratic society. From this perspective, physicians should not rely on moral deliberation as an application of the rules and standards contained in codes of professional ethics or commitment to a set of values and principles. They should see their ethical competence as defined by democratic citizenship which is enacted in the exercise of commitment to such democratic values as individual liberty, equality, mutual recognition, and respect. Accordingly, the ethical competence of physicians is to be understood as based on the capacities of moral judgment and sensitivity to diversity which are informed by the democratic values and ideals rather than as quasi-deductive application of rules, standards, values, or principles.

## *What Ethics Teachers Teach Polish Medical Students?*

Emilia Kaczmarek, *University of Warsaw* (emilia.kaczmarek@uw.edu.pl)

Bioethical issues are becoming increasingly prominent in democratic societies. Medical professionals are important participants in such debates, as they are expected to have expertise and authority to discuss such issues. Accordingly, they can shape those debates and influence the directions of the development of the culture of democratic societies and their regulatory solutions. This presentation will report the results of a survey of teachers of medical ethics in Polish medical schools. The main purpose of the survey was to determine, firstly, how well medical ethics education is adjusted to the values and ideals of a democratic society, and secondly how medical schools prepare future doctors for responsible participation in a democratic debate on bioethical issues. The survey focuses on the contents, sources, and methods of medical ethics instruction, as well as on teachers' role in the shaping of those components of the courses they teach. The results of the survey will be discussed against the background of the changing Polish public culture.

## *The Ethical Competences of Medical Professionals in Poland*

Jakub Zawila-Niedzwiecki, *University of Warsaw* (j.zawila-niedzwiecki@uw.edu.pl)

One of the key bioethical questions within the medical profession is whether Polish physicians are prepared to reflect on and discuss the ethical problems they encounter during their professional activities in ways that are consistent with the values and ideals of a democratic society. This presentation will report the results of a survey of Polish physicians, which was conducted to find out whether they can identify and analyze medical ethical problems or seek and receive support in case they feel unable to deal with a problem on their own. The survey's focal points include: physicians' understanding of what medical ethical competence involves, effectiveness of the ethics education they received, and usefulness of the knowledge and skills acquired during their medical education. The results will be compared to the data from earlier researches conducted in Poland and elsewhere on similar issues.

## *Evaluation Scales in Search of Scientific Evidence in Judicial Processes: An Ethical Behavior Indispensable for Forensic Experts*

Giuseppe Mastronardi, *Politecnico di Bari, Bari, Italy* (giuseppe.mastronardi@poliba.it)

In order to obtain objective evaluations of evidence in a judicial context, the generally used methods involve the extraction of parameters which are observed and then analyzed in search of characteristics that can be coded and compared. These evaluations require appropriate statistical interpretations and the range connected both to the accuracy of the eventual acquisition tool and to the intrinsic error of the detection method used. Different classifications of characteristics with different weights have been drawn up, in order to cover a real characterizing or

individualizing value. Therefore, it becomes important to express a correct evaluation through an adequate level of compatibility, to better represent the rarity of each individual feature. The most reliable evaluation is the one that contemplates a real statistical calculation in terms of Probability (LR = Likelihood Ratio), and which also expresses the probability of a False Acceptance Ratio (FAR) or a False Rejection Ratio (FFR). However, these probabilistic indices are not easily and numerically determinable. For this reason, textual conceptual scales have been introduced. Forensic Scientists and International Forensic Institutions are continuously seeking minimum standards and uniform evaluation criteria. But, for the proper use of these scales, it is required that forensic experts are provided with appropriate technical and scientific competences, critical thinking and ethical sensitivity.

## **128. Medical Ethics III: The Conscience of Health Professionals and the Prerogatives of the State: Balancing Rights and Duties in the Face of Controversial Medical Practices**

### *Humanizing Treatment of Dying Patients in the ICU: Fulfilling the Duty to Care Without Intending Death*

E. Wesley Ely, *Vanderbilt University Medical Center, Nashville, USA* (wes.ely@vumc.org)

The world's sickest patients are admitted daily to millions of intensive care unit (ICU) beds, where it is the duty of physicians to provide merciful care in all circumstances. The ICU environment is increasingly complex, with technology monopolizing the attention of healthcare professionals, often at the expense of empathy towards the whole person. Consideration of personhood (mind, body, and spirit) is too often neglected, and a focus on patient autonomy tends to dominate other bioethical principles and may exclude consideration of the physician's autonomy within the patient-physician covenant. This is especially important considering that data indicate a rise in requests for euthanasia by patients, surrogates, and even other members of the care team. How should a physician's conscience be incorporated into decision-making when patient autonomy and physician conscience are at odds? Providing merciful care need not come at the expense of patient welfare, and the medical profession must improve comprehensive palliative care in the ICU. Humanizing treatment in the last days of life without intentionally killing the patient demonstrates the value of every patient's dignity, respects physician conscience, and upholds the finest traditions of medicine: cure sometimes, heal always, harm never.

### *No Neutral Space: Medical Practice and Moral Foundations*

Ewan Goligher, *University of Toronto* (ewan.goligher@mail.utoronto.ca)

Every medical decision is innately value-laden. In making medical decisions, both the physician and the patient pursue specific aims; these aims are pursued because they are deemed worthy of pursuit—they are believed to be good. The means used to achieve those aims are also subject to moral valuation—means may be judged as virtuous or vicious. Discerning between good and unethical aims or between virtuous and vicious methods necessarily engages one’s basic moral framework: the network of beliefs held whether consciously or unconsciously concerning the ontology, epistemology, and teleology of moral values and duties. Diversity in accepted moral frameworks can give rise to significant moral conflict; these conflicts might be resolved by resort to ‘neutral’ or ‘common’ values. Such attempts at neutrality are untenable because values cannot be specified apart from foundational appeals to ontology and epistemology, the sources of conflict. Given human epistemic limitations, foundational conflicts in ontology and epistemology cannot be finally resolved in favour of any one system. Attempts at adjudicating moral conflict in modern healthcare must recognize and account for the competing foundational ontological and epistemological commitments held by all parties to a conflict.

### *Concepts of Health and Questions of Conscience: Engaging the Prospect of a Widening Moral Gap in the Health Professions*

Lauris Christopher Kaldjian, *University of Iowa* (lauris-kaldjian@uiowa.edu)

Moral pluralism in democracies results in ethical differences among members of society due to contrasts between the foundational beliefs and values on which ethical convictions rest. In healthcare, this pluralism may create tensions in shared decision making between patients and healthcare professionals when different concepts of health lead to disagreements about specific treatments or goals of care. Specifically, a patient may be guided by a concept of health that prioritizes his or her individual well-being while the patient’s clinician is guided by a concept based on biostatistical norms. Such disagreements may pose ethical questions that are sufficiently serious for a healthcare professional as to constitute a question of conscience. Respect for the conscientious practice of professionals in these circumstances can avoid the moral distress that arises when a professional believes his or her integrity would be compromised by conforming to patient or societal expectations regarding controversial medical practices. This respect also reflects awareness that philosophical and religious diversity provides an important source of critical appraisal in society that can facilitate constructive dialogue leading to better practices in healthcare that are responsive to the needs and interests of all patients and professionals.

### *The Legal Treatment of Moral Complicity*

Robert Miller, *University of Iowa* (robert-t-miller@uiowa.edu)

For purposes of conscience exemptions for medical professionals and others, some scholars have argued that courts, not the individual affected, should determine whether an action makes the individual complicit in an activity to which he objects. Such views distinguish “primary” moral judgments, which concern which kinds of actions are right or wrong and about which individual

conscience will be respected, from “complicity” judgments, which concern whether the individual’s actions make him complicit in the wrongdoing of others and about which individual conscience will be respected only if courts agree with it. This distinction is untenable. Morally, whatever moral reasons support respecting individual conscience for primary judgments apply equally to complicity judgments. Legally, given the fact-intensive nature of complicity judgments, courts will have higher error rates than the individuals involved. Since legal cases arise only when an individual objects and the government disagrees, judicial errors will be systematically biased towards false-negatives (findings that the individual would not be complicit when he really would be). This bias is magnified because one’s views on underlying primary judgments tend to bias one’s views about related complicity judgments; hence, judicial errors will systematically disadvantage groups with minority views.

## *International Legal Protections for Conscientious Practice in Health Care*

Teresa Collett, *University of St. Thomas School of Law* (tscollett@stthomas.edu)

Sources of legal protection for healthcare workers’ rights of conscience exist in international and regional law. These include the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the Charter of Fundamental Rights of the European Union, Parliamentary Assembly of the Council of Europe Resolution 1763 (2010), the American Convention on Human Rights, and the African Charter on People and Human Rights. These legal documents provide broad protection to rights of conscience and religion and therefore should provide support for healthcare workers’ claims of conscience rights. However, a study of the judicial interpretation and application of these documents reveals a growing refusal to recognize these rights in the context of abortion, contraception, and mental health therapies. Many commentators present this refusal as a matter of respect for patient autonomy, arguing that healthcare professionals relinquish their rights to conscience when entering their professions. Others argue that recognition of conscience rights results in barriers to legitimate medical care. This presentation will reject these arguments, asserting that morality is individual, not corporate, and that amoral professionals pose a grave threat to a system dependent on trust and respect for the most intimate secrets and concerns of those seeking healthcare.

## **129. Mental Health Act, England and Wales: The Reviews, Looking Backwards, Looking Forwards**

*Mental Health Act, England and Wales: The Reviews, Looking Backwards, Looking Forwards*

Sarah Vicary, *The Open University* (sarah.vicary@open.ac.uk)

Drawing on data from a wider study, this presentation discusses the relationship between role fulfilment and professional identity from the perspective of Approved Mental Health Professionals (AMHPs) whose professional background is mental health nurses. Findings are interpreted in four stages: the first two show a transition from “unclean” to “honorary social workers”. In this perception of mental health nurses, it is argued that the ascription of the professional role as special denotes a change in professional identity and also acceptance. Once clean, mental health nurses go on to use this shift in professional identity to challenge hitherto accepted professional boundaries and also begin to challenge how the AMHP role itself is fulfilled; stages three and four. Such praxis of role fulfilment is a significant finding which provides a new understanding of its impact on professional identity. Key findings have implications for policy concerning statutory mental health work and future review of mental health legislation.

## *Mitigation of Risk*

Kevin Stone, *University of the West of England* (kevin2.stone@uwe.ac.uk)

Approved Mental Health Professionals (AMHPs) make the final decision as to whether a person should be detained in hospital in England & Wales (UK) under civil mental health legislation. There has been little research to date as to the nature of the work that the AMHPs undertake in reaching that decision, and the contributing factors. As the final tier of mental health provision AMHPs engage with patients where least restrictive options are no longer considered to be keeping them, and in some instances the public, safe. Drawing on findings of 20 AMHP participants (ten mental health nurses and ten social workers) participants highlight assessments where the risks were considered to be high. The findings of this study highlight the nature and complexity of AMHP work and the challenges the role faces in respect of discharging its statutory duties. Themes emerging are challenges with containment, appropriate resourcing, and decision making when upholding the principles of the legislation. The implication of this research rests with how professionals are equipped to assess and reflect on risk, and employment policies that support AMHPs in practice.

## *Boundary Spanning*

Caroline Leah, *Manchester Metropolitan University* (c.leah@mmu.ac.uk)

This presentation examines boundary spanning as a core element of Approved Mental Health Professional (AMHP) working practices. It draws from an empirical case study, the Hybrid Identities Project (HIP), that explored the multi-professional identities of ten AMHPs as hybrid professionals. The presentation argues that AMHPs as boundary spanning professionals operate within broad knowledge areas with competence developed outside their main area of expertise, enacted through their ‘perspective in use’; a new concept that specifies the contextual multidimensional perspectives foregrounded through the enactment of the AMHP role. As boundary spanners, AMHPs experienced benefits and burdens in their role enactment. This was influenced by the complexity of working across organizational structures that required sophisticated navigation to ensure professional competence as a ‘legal enforcer’ of the MHA.

The presentation will explore issues of professional power, privilege, and status experienced through boundary spanning that involved the deconstruction and reconstruction of professional tensions. It will conclude that AMHPs as boundary spanners act as ‘agents of change’ within a networked mental health system.

## *Decision-Making*

Andy Brammer, *Wakefield Borough Council, Wakefield, UK* (andybrammer@wakefield.gov.uk)

This empirical research explores the various factors that impact upon and influence the decision-making of Approved Mental Health Professionals (AMHPs). In this explorative qualitative study, 18 semi-structured interviews with Approved Mental Health Professionals were undertaken using a fictitious vignette of a community-based assessment. A further seven AMHPs attended a focus group to explore their beliefs about the purpose of mental health legislation. Their interpretation of the identified risk was identified as the primary reason for undertaking assessments and the primary consideration with regards to detention. The participants’ assessment of risk reflected the criteria under the Act of risk to health, safety, and with a view to the protection of others. The participants’ assessment incorporated an ability to weigh-up a range of variables that AMHPs identified as risk indicators, as either being that were static, historic, or part of the current dynamic. The focus group supported this view of assessment but also identified the lack of alternatives to admission and the risk or blame culture as significant factors leading to the decision to detain. The overall conclusion from the review of these findings in the presentation is that the decision-making is multi-factorial and includes legal considerations interpreted using individual frameworks that incorporate practice wisdom, values, and resource constraints.

## *Power*

Rosie Buckland, *University of Bath* (r.c.buckland@bath.ac.uk)

This presentation considers issues of power in relation to assessment under the Mental Health Act (MHA). Throughout the various incarnations of the MHA, there have been pendulum swings between medical and legalism, intimately connected to broader discourses about where and with whom power should lie in relation to decisions about madness. Charting these shifts is important to understand the contemporary debates about the MHA. In research about MHA assessments as individual systems of power, this research uses discourse analysis and narrative analysis to understand interviews with MHA participants and the documents written by those accounting for their decisions. This presentation considers the major themes in the existing research in relation to each group of MHA participants: Service users, carers/family/friends, AMHPs, doctors, and others such as ambulance staff and police. Key points from research are the significant differences in perspectives between groups, highlighting a lack of shared meaning in relation to assessment processes and ‘recovery’ more broadly. Also of concern is the wealth of research suggesting that detention in hospital is often stressful, traumatic, and risky for service users and that they and those in their social networks make calculated decisions about risk to navigate MHA processes.

## **130. Mental Health and Legal Challenges in Policing, Crime Prevention, and Correctional Management and Death Row: Informing Policy, Practice, and Legislation**

This is a student panel organized with special permission from the IALMH as an initiative to bring in developing scholars under supervision from senior academics. The students presenting their work on this panel have developed their work under the guidance and mentorship of faculty from Seattle University Department of Criminal Justice. Their work includes thesis projects, research conducted for academic program requirements, and/or within a service-learning course framework.

### *Law Agents' Ability to Detect Deception: A Meta-Analysis*

Katlynn McDaniels, *Seattle University* (Mcdani10@seattleu.edu)

During criminal investigations, law agents must be able to detect deception from suspects. The inability to detect deception accurately can influence the acceptance of false confessions and lead to wrongful convictions. Literature has found mixed reviews on officers' accuracy at detecting deception. The purpose of this study is to determine officers' ability to detect deception using a compilation of 26 articles. Most research finds that law agents can detect deception at chance levels. This study investigates if this is accurate, if interviewing techniques increase detection accuracy, and if deception detection training can also increase detection accuracy. This meta-analysis will investigate variables such as accuracy ratings, effect sizes, and tools that officers use to aid in their deception detection. Results will be computed using bivariate and multivariate analyses. If this meta-analysis shows that law agents have poor deception detection ability, then this would mean that another strategy must be implemented to correct this error. One possible solution would be the mandatory implementation of interviewing tactics that have shown to benefit police officers in their ability to detect deception.

### *Collateral Consequences of Sex Offender Registration*

Emily Stefhon, *Seattle University* (stefhone@seattleu.edu)

The development of sex offender legislation in the United States has historically been driven by public fear and misperceptions based on highly publicized cases of sexual offenses in the media. The strong emotion evoked by media coverage on sexual abuse has driven society to pressure policymakers into creating sex offender legislation and policies that are well-intentioned yet unlikely to resolve problems of sexual violence and even inadvertently increase victimization. This presentation will review the literature on the collateral consequences of sex offender legislation in the United States and the impact legislation has on registered sex offenders (RSOs),

family members of RSOs, and the community at large. Particular emphasis will be placed on community notification and residence restriction laws to demonstrate how these well-intentioned policies have been found to provide barriers for offender reintegration and in turn increase offender risk for recidivism. Barriers for reentry that will be examined include loss of relationships and social support, less opportunities for jobs and education, obstacles towards finding housing, violence, and harassment. Implications of the continued development of stricter sex offender legislation in America despite a lack of empirical evidence showing the current legislation improves public safety will be discussed.

### *Complex Trauma, Criminal Behavior, and Access to Mental Health Treatment: Results from the Survey of Inmates in State Correctional Facilities*

Kaely Wickham, *Seattle University* (wickham1@seattleu.edu)

Exposure to early childhood trauma is associated with difficulties in self-regulation, aggression, and criminal behavior. In the United States, one in six male inmates report having experienced physical or sexual abuse before the age of 18. Less than half of juvenile justice institutions offer mental health services, and 57.5% of serious juvenile offenders meet criteria for at least one mental health problem. This research will use secondary analysis of the 2004 Survey of Inmates in State and Federal Correctional Facilities to examine the relationship between abuse experiences and offending behavior, similarities between offenders and their victims, and access to mental health treatment before and after incarceration. This research will add to the existing body of literature on trauma and offending behavior and highlight the need for trauma-informed care, greater access to mental health treatment for high-risk populations, and early intervention programs for children with exposure to trauma.

### *Mental Health and Behavioral Crisis on Death Row: Correctional Management Challenges*

Sophia Evans, *Seattle University* (sophie.evans333@gmail.com)

In the United States, capital punishment is legal in 32 of 50 states. Since 1978, \$7,558,240,000 have been spent in support of the death penalty. While the United States is suffering from debt, California alone has paid \$4 billion in support of capital punishment. This money could be spent supplying treatment for inmates, and for criminology and crime prevention research examining. There is growing evidence that innocent people have been executed, with 160 people sentenced to death row exonerated since 1973 and 14 civilians executed with evidence showing their innocence years later. Research shows that capital punishment increases the risk of suicide, depression, and substance abuse for the families of those related to an inmate on death row, as well as the correctional officers involved in the executions, and that death row prisoners experience significant mental health issues that present challenges for correctional management. The significant cost of capital sentencing, in particular in light of the significant mental health and behavioral crisis issues associated with a sentence of death, will

be discussed. Implications for management of mental health and behavioral crisis incidents on death row within the context of legislative efforts to abolish capital punishment in the United States will also be discussed.

## **131. Mental Health and Wellness for Lawyers**

### *Strategies to Develop Lawyer Resilience*

JoNel Newman, *University of Miami School of Law* (j.newman@miami.edu)

Melissa Swain, *University of Miami School of Law* (mswain@law.miami.edu)

Lawyers are exposed to numerous stressors in their work. The most salient stressors include time pressures, professional culture, overcommitment, and exposure to trauma through client work. This presentation will help attendees to identify their own stressors and the sources of stress in their work. Once stressors and their sources are defined and inventoried, the presentation will discuss various strategies for minimizing the impact of these stressors and developing resilience and well-being in the face of stress. Potential strategies include wellness and self-care routines such as meditation, exposure to natural environments, developing habits of mindfulness, and emphasizing gratitude as well as developing healthful relationships. In particular the presentation will explore whether there are ways to “inoculate” lawyers from the worst impacts of stress through education about the stressors and how to cope with them before exposure? How can we learn from medical colleagues who engage in training and therapy as resilience building strategies?

### *Mindfulness in the Practice of Law*

Scott Rogers, *University of Miami School of Law* (srogers@law.miami.edu)

Bernard Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

Mindfulness practices and insights offer lawyers a larger set of options for working skillfully amid challenging situations. Scientific research and personal experience support the efficacy of mindfulness as a tool for better managing high stress environments, cultivating more collaborative interpersonal relationships, and realizing improved health and well-being, physically, emotionally, and cognitively. With interest in mindfulness growing—and perhaps having reached a tipping point—legal practitioners are interested in understanding, with greater clarity and depth, what mindfulness is, and is not, and more fully understanding the nuance among different mindfulness practices and approaches to cultivating mindfulness. Such considerations can be useful when examining the reasons why counsel’s work can be so challenging, and appreciating not only the value of a particular set of mindfulness practices, but also why a seemingly counterintuitive way of relating to present moment experience can be both useful professionally and contribute to living a more fulfilling life, personally. This presentation will explore the practice of mindfulness as both a destination and a path—an end in itself and a means to enhance qualities that allow lawyers to thrive in the important and challenging work they do.

## *A Call to Prioritize the Mental Health of Law Students Working in Clinics*

Alice Bowman, *University of Strathclyde* (Alice.Bowman@thompsons-scotland.co.uk)  
KC Della Fera, *University of Miami* (kdellafera@students.law.miami.edu)

In disciplines such as social work, counselling, and psychology, it is acknowledged that working with vulnerable clients who have experienced trauma can adversely impact practitioners. Vicarious trauma refers to having been exposed to the trauma of people who have been traumatized. Those experiencing vicarious trauma can re-experience the trauma of the person who has been traumatized, manifesting in anxiety, depression, a shift in worldview, feelings of hopelessness, and burn out. In the legal field, despite working with the same client groups as social workers, counsellors, and psychologists, the impact of vicarious trauma is rarely acknowledged. Through an analysis of survey results taken from law students working in the University of Miami and the University of Strathclyde Law Clinics this presentation will answer the question of whether or not law students experience vicarious trauma. Furthermore, this presentation will analyze the effects of vicarious trauma on Law Clinic Students and suggest strategies for managing the effects of vicarious trauma within University Law Clinics. In suggesting strategies to assist students identify vicarious trauma, protect them from the adverse effects and assist them in managing symptoms, we hope that the normative discourse of “lawyering” can be changed, from the bottom up.

## *The Ineffable Spirit? Lawyers and the Elusive Pursuit of Meaning, Purpose, and Spiritual Well-Being in Professional Life*

Christopher Corts, *University of Richmond School of Law* (ccorts@richmond.edu)

A seminary-trained lawyer, the presenter will explore an often-neglected dimension of well-being: the cultivation and maintenance of spirituality in the context of professional life. The 2017 Report by the American Bar Association’s National Task Force on Lawyer Well-Being defined well-being as “a continuous process in which lawyers strive for thriving in each dimension of their lives,” identifying the “spiritual” dimension as one of six that constitute the whole lawyer. The Report defined spiritual well-being as “developing a sense of meaningfulness and purposefulness in all aspects of life”—but offered little additional insight or guidance as to how institutional stakeholders might help lawyers affirmatively avoid or remedy a spiritual crisis, let alone “thrive” in the spiritual dimension. This presentation aims to fill the gap, providing a framework and practices for cultivating spiritual well-being in a way that is accessible to lawyers of any religious or spiritual background, including none.

## **132. Mental Health in the Prison System**

## *Mental Health Risk Factors and Parole Decision-Making*

Kimberly Houser, *Rowan University* (houser@rowan.edu)

Christine Saum, *Rowan University* (saum@rowan.edu)

Legal decisionmaking literature focuses on identifying legal and extra-legal factors that may explain variation in decisions. One particular criminal justice decision that has serious implications for individual freedom is the parole decision, i.e., the early conditional release from a prison term. A great deal of parole research emphasizes the predictive nature of the decision—i.e., ability to predict future reoffending upon release—with main efforts directed towards identifying criminal risk factors. In regards to mental health, research is mixed on whether or not mental illness is a risk factor for criminal behaviour. Yet individuals with mental health problems tend to fare worse in criminal justice risk assessments. This presentation will specifically address the role that mental health factors may play in explaining parole decisions—granting or denial of early release. Drawing on a large representative sample of parole-eligible candidates in a large US State, the analyses will test for both direct and indirect effects of mental health factors on parole release decisions. Criminal risk factors usually considered in parole deliberations (e.g., program participation in prison; institutional adjustment) will be tested for their possible mediating role. The results should provide insights into a largely unexamined area of parole decision making.

## *Continuum of Carelessness: Paradoxes of Mental Health Care in Corrections in Ontario, Canada*

Alexandra Hunter, *University of Toronto* (alex.hunter@mail.utoronto.ca)

Most of the research on mental health in prison in Canada is done at the federal level. Almost no research has been carried out at the provincial level. We know very little about what mental health care looks like or how mental illness more generally is understood in the correctional context. This presentation examines the various responses to mental disorders in prisons in Ontario. How do correctional professionals (i.e., medical personnel and correctional officers) who are charged with the management of mental health in prison see and understand the issue? How do correctional professionals make sense of a fluid definition of what constitutes mental illness in prison? The presentation will trace how definitions and understandings affect how people make sense of their jobs and of the role they have to play in dealing with mental health issues in prison. It will explore the ways in which mental illnesses are defined and the reasons why the lack of a transparent definition of mental illness serves a number of purposes. In doing so, the presentation will shed light on the ways in which the various professionals who provide mental health care to prisoners navigate and operationalize mental illness in custody on a daily basis. The findings highlight why currently policy cannot be meaningfully created or implemented effectively.

## *Correctional Telepsychiatry Versus Tête-à-tête Prison Clinics*

Tony Adiele, *University of Ottawa* (dysgenesis@yahoo.co.uk)

Correctional mental health services have been suboptimal in most nations across the world. The reasons for this can be multifactorial. The World Health Organization reports that although 1 in 10 people globally have a mental health disorder, the global mental health workforce is only 1%, indicating that half of the world population lives in a country with less than one psychiatrist for 100,000 citizens. The case appears even more acute in very specialized and largely marginalized institutions such as prisons. To compound the problem, there appears to be a high propensity of correctional inmates suffering from various mental health difficulties, with this trend appearing to be on the increase. It has, therefore, become increasingly difficult for the few trained professionals to physically run successful and optimized face-to-face psychiatric clinics in correctional institutions. Over the past few decades, new strides are being made towards bridging this gap in psychiatric care to correctional institutions by the use of telepsychiatry as one of the telehealth service delivery systems. This interactive presentation will trace the journey of telehealthcare over the past 60 years and compare the benefits and demerits of correctional telepsychiatric service vis-à-vis the organic tête-à-tête prison clinic.

## *Mental Health Services in Nigerian Prisons: Recommendations for Reform*

Andrew Toyin Olagunju, *McMaster University, Hamilton, ON, Canada* (olagunja@mcmaster.ca)  
Stephen Olamide Oluwaniyi, *Federal Neuropsychiatry Hospital, Lagos, Nigeria*  
Babatunde Fadipe, *Lagos University Teaching Hospital, Lagos, Nigeria*  
Oluseun Peter Ogunnubi, *University of Lagos, Lagos, Nigeria*  
Osunwale Dahunsi Oni, *Lagos University Teaching Hospital, Lagos, Nigeria*  
Olatunji Francis Aina, *University of Lagos, Lagos, Nigeria*  
Gary Andrew Chaimowitz, *McMaster University, Hamilton, ON, Canada*

Forensic and correctional mental health services may constitute an important “safety net” for the mentally ill and can ensure a degree of public protection. Increasing prison populations and the shift towards humane care of the mentally ill underscore the need to appraise correctional psychiatry services, especially in resource-restricted settings. This presentation will report findings from a literature review and from mental health services provided over four years to 179 inmates in two Nigerian urban prisons. The common clinical diagnoses among participants were schizophrenia (49.3%) and mood disorders (29.6%), while approximately half (46.5%) used psychoactive substances. About one-fifth of participants were evaluated as having high risk for violence-dangerousness, based solely on clinical evaluation. The majority (88.4%) presented with a first episode of mental illness, and 14% had a prior correctional history. Gender, marital status and hallucinatory experiences were associated with a high risk of dangerousness, while gender, use of psychoactive substances, previous history of mental disorders and depot medication indexed participants more likely to have a previous forensic history. The presenters advocate for inclusion of validated tools in risk assessments, a multipronged intervention strategy to address the unmet needs of prisoners, and improved attention to forensic and correctional mental health in relevant policy-law, service-planning, research and training

## 133. Moral Agency and Mental Illness

### *Psychological Integration and Moral Goodness: Can People with Dissociative Identity Disorder Be Virtuous?*

Alexandra Theresa Romanyshyn, *Saint Louis University* (alexandra.romanyshyn@slu.edu)

Certain views of moral agency imply that psychological integration is necessary for virtue and increases agency. The virtuous agent has a will integrated around the good, and so can do good wholeheartedly; she has no reservations about doing good. We see examples of this view in the work of Harry Frankfurt and Eleonore Stump. The idea is intuitive—it seems right that any hesitancy in doing the right thing is a moral defect. Such is the motivation for including psychological integration as a criterion of the virtuous agent. However, this view has worrying implications for Dissociative Identity Disorder (DID), in which personal identity is fragmented. There might not be any fragment of the personality that constitutes the actual identity of the individual. On a view of agency that prioritizes psychological integration, it seems that people with DID would experience reduced agency, and moreover, they would be cut off from the integration necessary for virtue. This presentation will argue that the sort of integration requisite for virtue and full moral agency is conceptually distinct from the psychological integration impeded by DID. One may uphold Frankfurt’s view of agency and virtue, yet still avoid the worrying implications for DID.

### *The Psychological Incoherence of Mental Health Assessments in US Physician Assisted Suicide Laws*

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

An increasing number of legal jurisdictions in the United States are legalizing access to Physician-Assisted Suicide (PAS) or Physician Aid-in-Dying. Data from Oregon has led to ethical concerns that individuals with treatable mental illness and impaired judgment seeking PAS are not being adequately protected. This paper argues that ethical and legal frameworks being used to assess patient appropriateness to request PAS are inadequate. State statutes are untenably vague on when and how mental health specialists ought to determine if, and to what degree, mental illness is influencing the decision-making of a PAS requester. The standard approach utilizes a medical decision-making capacity framework. However, medical decision-making capacity assessments are insignificantly robust when assessing the degree to which mental illness is influencing the rationality of a patient’s decision. Further, statutes treat the psychological stress associated with a terminal illness at the end-of-life as unique compared to all other psychosocial stressors. This is psychologically incoherent. Finally, the ramifications of mental health professional judgment is extraordinarily high, as one determination allows the patient to access a lethal substance while another may require the provider to act to prevent patient self-harm up to, and including, involuntary commitment and treatment.

## *Blame, Beauty, and Disorder: Evaluating Value Commitments in Personality Disorder Diagnoses*

Michelle Bach, *Saint Louis University* ([michelle.bach@slu.edu](mailto:michelle.bach@slu.edu))

Recent bioethical debate about personality disorder centers on whether personality disorders are rightly regarded as medical entities or moral kinds. The underlying dilemma is whether people diagnosed with personality disorders are excused from moral blame for their behavior by virtue of having an illness or are blameworthy as malformed characters. Answers to this question often hinge on disparate intuitions about what counts as medical or moral. I argue that the presumed dichotomy between the medical and moral mischaracterizes both personality disorder diagnoses and psychiatry itself. Moving beyond a neo-Szaszian critique, it will be argued that, in being medical entities, personality disorder diagnoses are intrinsically – and not disadvantageously—also aesthetico-moral entities. Furthermore, these aesthetico-moral judgments are not based in mere taste; rather psychiatry, in diagnosing personality disorders, acts as a moral mouthpiece speaking to a weak, modern, Western consensus about the good towards which humans ought to aim. Psychiatry’s judgments regarding personality can be traced back to a particular notion of selfhood rooted in scientific, aesthetic, and theistic traditions. If psychiatry were to acknowledge this background, coherency could be restored to personality judgments and patients could be supplied with more freedom and resources for shaping good and beautiful lives.

## *Enhancing Moral Agency for Adolescents in Clinical Research Trials*

Kathryn Elizabeth Sheldon D’Rozario, *Saint Louis University* ([kaitey.sheldondrozario@slu.edu](mailto:kaitey.sheldondrozario@slu.edu))

This presentation will focus on enhancing moral agency for adolescents involved in clinical research trials. Current ethical protocol requires informed consent information be presented in plain language that is easy for participants to understand. While this criterion alone is often missed, there is furthermore no special consideration given to the psychological and developmental needs of children and adolescents in the risk/benefit language used to describe the research, nor in the informed consent process. I argue that in order to be ethical, clinical research involving children and adolescents must present trial information with a bias towards the special psychological and developmental needs of the ages targeted, even if that means that some risks are overemphasized and potential benefits are under-emphasized. I argue that restructuring the language of clinical trials in this way enhances the moral agency of the children and adolescents involved in clinical research trials, so that they are better protected as research subjects.

## **134. Navigating the Intersection of Dementia and the Law**

## *Forensic Aspects of Subcortical Dementia*

Manish A. Fozdar, *Duke University Medical Center* (drfozdar@braininjuryexpert.com)

Subcortical Dementia presents with a unique clinical picture. More specifically, the cognitive deficits are distinctly different than cortical degenerative dementia such as Alzheimer's disease. Evaluation of such patients in the legal context such as while performing testamentary capacity evaluation, disability evaluation, and guardianship evaluation requires a thorough understanding of the underlying pathophysiology and assessment methods to evaluate these cognitive deficits. Basic anatomy of subcortical structures will be reviewed followed by cognitive assessment methods. Areas of concerns while performing cognitive evaluations will be discussed including how the cognitive deficits impact the legal matter at hand. For example, the memory deficits in subcortical dementia predominantly reflect retrieval problems rather than retention problems as seen in cortical dementia. Visuo-spatial deficits and executive function deficits are other areas of concern. Clinical case examples will be presented, and challenges posed by these types of cases and future research directions will be discussed.

## *Competency to Stand Trial and Dementia*

Timothy S. Allen, *University of Kentucky* (tsapsych@uky.edu)

Dementia can have significant functional impact on an individual in their day-to-day lives. If such an individual is then charged with a crime their deficits may so substantially impact their ability to comprehend the proceedings such that they may not meet the applicable standards of Competency to Stand Trial. This presentation will describe the effects of common forms of dementia, including Alzheimer's, frontotemporal, vascular, and subcortical dementias, on the ability of an individual to understand the charges against them and their ability to assist their legal counsel in constructing a defense. The impact of impairments in specific cognitive domains including memory, executive function, attention, processing speed, visuospatial, and verbal fluency will be each be correlated with the abilities required to effectively participate in the criminal process including the ability to: understand the charges, attend to the court proceedings, assist counsel in preparation of a defense, process evidence, and possibly testify in their own behalf. The presentation will review in a step-by-step fashion the appropriate process for an adequate assessment of dementia of a criminal defendant which includes clinical interview, physical examination, neuroimaging, neuropsychological testing, collateral information, and review of the criminal charges.

## *Sentencing Mitigation and Legal Defenses for the Criminal Defendant with Dementia*

Vivek Datta, *University of California San Francisco* (vid918@mail.harvard.edu)

As we face an ageing population there is an ever growing number of older individuals who find

themselves entwined in the criminal courts. Dementia may lead individuals to engage in criminal behavior, may render individuals vulnerable to engage in criminal conduct unknowingly, and may have implications for adaptation and functioning while incarcerated. Because of the progressive nature of neurocognitive disorders, evaluating whether someone had cognitive or behavioral impairments due to dementia at the time of the offense can be challenging, particularly if the forensic examination occurs several years later. The presentation will discuss the challenges of attempting to retrospectively assess whether an individual had a dementia diagnosis at the time of the offenses, and whether they had a diagnosis that rendered them more vulnerable to criminal behavior - both knowingly and unknowingly. The presentation will also discuss the challenges of assessing whether someone had mens rea for specific intent crimes in the context of dementia. Finally the presentation will review how neuroimaging has been used and abused in mitigation for defendants with an alleged dementia diagnosis.

## *Mapping Dementia and Cognitive Decline in Testamentary Capacity*

Jane Lonie, *Consulting Psychologist, Sydney, Australia* (loniejane@gmail.com)

Cognitive assessment is a vital component in the evaluation of testamentary capacity. Medical opinions are therefore being sought when testamentary capacity is questioned. This is occurring with increasing frequency given the rising number of mentally disabling conditions, of which dementia, a cognitive illness, poses one of the largest threats to testamentary capacity in modern society. A better understanding of the ways in which dementia related cognitive impairment can affect a testator's capacity would better inform the conduct of legal assessments of capacity in this context. This will also serve to strengthen the reasoning base from which capacity determinations are made – including the quality of evidence. The current approaches to assessing testamentary capacity are subjective, opaque, and inconsistent. Further research is needed to address this significant problem which may result in the loss of legal capacity. Consequently, relevant literature over the past ten years has been examined focusing on the question: 'what cognitive abilities are required to satisfy the legal criteria for testamentary capacity'. This research demonstrates an alarming scarcity of relevant work with little analysis venturing beyond a general acknowledgement of the importance of executive function. Several additional areas of relevant cognitive function will be discussed.

## **135. Neuroscience, Behaviour, and Criminal Law**

### *The Role of Neurology in Understanding Behaviour and in the Forensic Evaluation*

Pamela Blake, *Memorial Hermann Healthcare System, Houston, USA*  
(pamela.blake@memorialhermann.org)

Neurology is the field of clinical medicine that deals with the diagnosis and treatment of disorders of the brain. Advances in neurosciences, particularly in neuroimaging and neuropsychological testing, have moved the discipline forward dramatically over the last 40 years, building on the original foundational function of neurologists to ‘localize the lesion’ based on the clinical examination. Neurological disorders that may be relevant to behaviour, and which may be explored in mitigation, include congenital and genetic conditions that affect cognition, emotional processing, and conduct; pre-natal exposures including drugs and alcohol; childhood insults to the brain in the form of environmental adverse experiences or other exposures; head injuries; significant psychiatric conditions; and acquired neurological conditions such as epilepsy and neurodegenerative disorders, among others. This presentation will discuss the role of the neurologist in evaluating an individual with respect to neurological function as determined by the history and physical examination, and the role of supporting information gained from structural and functional neuroimaging studies and neuropsychological testing as well as ancillary testing such as EEGs. The presentation will also review when the involvement of a neurologist is indicated and the manner in which neuroscience findings can be coordinated.

## *Using Neuroscience to Understand Psychopathy and Violent Offending*

Kent Kiehl, *University of New Mexico* (kkiehl@unm.edu)

Psychopathy is one of the best predictors of future violence. Research from the presenter’s laboratory has shown that psychopathy is associated with structural and functional impairments in limbic and paralimbic brain regions. This presentation will review studies from over 3000 offenders who have participated in MRI research. The presentation will discuss the developmental and gender effects in psychopathy as well as recent studies of differences in the brains of those who commit homicides. This work provides the foundation for a better understanding of those at risk for committing violent crimes and the neural systems underlying these conditions. Implications for treatment will also be discussed.

## *Neuroscience and Criminal Law*

Santha Sonenberg, *Attorney-at-Law, Washington, DC, USA* (santhasonenberg@yahoo.com)

Neuroscience evaluations can be an important and often vital component in a criminal case, relevant to a number of issues including (1) a defendant’s mental state (*mens rea*) at the time of the offence, (2) her capacity to know right from wrong and to conform her conduct to the requirements of the law (criminal responsibility), (3) the voluntariness of a statement made to law enforcement officials, (4) an arrestee’s ability to comprehend, and validly waive, the right to counsel and the right not to incriminate herself, (5) her ultimate degree of culpability and (6) the efficacy of any interventions and/or consequences imposed by the justice system. Neuroscience evaluations to determine the presence and scope of brain disorders that may be present can include neurological, psychological, neuropsychological, and psychiatric assessments as well as testing including neuroimaging studies. The presentation will discuss the signs suggesting that a

brain/mental health evaluation is warranted and how to determine the sort of evaluation that is needed. The presentation will also review the process of arriving at how to make a neuroscientific diagnosis relevant to various issues and at various stages of a case, and the considerations in using, and having admitted, neuroscientific evidence in criminal cases.

## *Forensic Neuroscience: Not a Revolution, but Useful Additional Source of Information in Advancing Knowledge About “Mens Rea”*

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Cognitive and behavioral neuroscience have furthered research on the biological basis of cognitive processes that underlie conscious human behavior, such as: impulse control, emotional regulation, stress tolerance and decision making. These processes are the basis of the assessment of imputability. We are in a historical phase in which multidisciplinary integration is the essential characteristic of scientific research. In fact, as Joffe states (2001): "Today the study of psychiatric pathology is based on the integration of neuroscience, psychology and social sciences". This statement is even more true in the clinical-forensic field. At the same time, we also must take into account the risks connected with the misinterpretation of the neuroscientific data and the improper use of "new" screening techniques, which can give rise to misunderstandings and misinterpretations in court. We must start from the awareness that the neuroscientific data cannot be understood as a diagnostic in the psychopathological-forensic field. Its value is subordinated to the presence of a clinical diagnosis, within the integrated data evaluation. In summary, neuroscience does not represent a revolution in the evaluation of imputability, but rather a new source of pathogenetic information and a useful means to implement the descriptive capacity of the assessment on a functional level.

## *Neuroscience and Criminal Neuropsychological Functioning of Murder Defendants and Capital Appellants in the United States*

Dale G. Watson, The Wright Institute, Berkeley, CA, ([watson.dale@comcast.net](mailto:watson.dale@comcast.net))

In the United States, 29 states have the death penalty. Death penalty trials are commonly bifurcated into guilty/innocence and penalty phases. Neuropsychological evidence is often introduced into the penalty phase in such cases. Neuropsychology as a discipline can provide information to the trier of fact regarding a defendant's level of intelligence, their capacity to make reasoned judgments, the integrity of their memory, attention, etc. Following the *Atkins v. Virginia* case, it became a violation of the eighth amendment prohibiting cruel and unusual punishment to execute the intellectually disabled. This presentation will review a large data set from the Wechsler and Halstead-Reitan Neuropsychological Batteries (HRNB) for trial- level defendants and post-conviction appellants, spanning nearly 30 years. The information presented will include descriptive data for IQs corrected for norm-obsolence (Flynn-Adjusted),

summary measures from the HRNB, and a cluster analysis of this data identifying patterns of impairment in murder defendants and appellants.

## **136. Neurotechnology and Forensic Psychiatry: Practical, Ethical, and Legal Challenges**

### *Neurotechnological 'Mind Reading' in Forensic Psychiatry: Ethical Challenges*

Gerben Meynen, *Utrecht University* (g.meynen@uu.nl)

Neuroscientific 'mind-reading' could, in principle, be applied in forensic psychiatry. This presentation will consider ethical challenges regarding such an application. First, it will discuss the concept of neuroscience-based 'mind reading' and explain why brain-based 'mind reading' could be of value to forensic psychiatric settings. In addition, the presentation will address relevant technical limitations of current 'mind-reading' techniques, such as the possibility of countermeasures that may distort or manipulate 'mind-reading' procedures (e.g., in fMRI-based lie-detection). Next, it will identify significant ethical concerns about potential future use of such neurotechniques in forensic psychiatry. More specifically, normative implications regarding four topics will be analyzed: Confidentiality, (dis)trust, competency, and coercive measures. The presentation will conclude that forensic psychiatric use of these techniques involves some complex ethical challenges. Psychiatrists and ethicists, it will be argued, should pay close attention to these issues when introducing neuroscientific 'mind reading' in forensic psychiatry.

### *Brain Imaging and the Detection of Deception*

Ewout Meijer, *Maastricht University* (eh.meijer@maastrichtuniversity.nl)

The detection of deception has attracted increased attention during the last decade. Especially discussions about the use of brain-imaging technology such as EEG and fMRI for this purpose have gained momentum. The (lack of) ecological validity is often a key ingredient in these discussions. That is, published research on brain imaging and deception detection is often criticized for poorly reflecting the real life circumstances the technique will be applied to. Although this criticism is valid, it will be argued in this presentation that we can and need to move on beyond this 'but it is not real life' argument. The presentation will offer a review of the various research paradigms and the dependent measures that have been adopted to study deception and its detection. It will then highlight how brain-imaging research

has guided our theoretical understanding of deceptive behaviour, and what the consequences of this are for practical applicability and legal admissibility.

## *The Perils of Brain Based Mind Reading*

Lisa Claydon, *The Open University* (lisa.claydon@open.ac.uk)

This presentation will consider two of the ethical issues relating to the use of brain-based mind reading in the courtroom. The two questions it will consider are firstly the constitutional role of the jury in determining the guilt or innocence of the accused in jurisdictions where that decision is left to lay people drawn from ordinary members of society. Secondly it will consider the question of transparency in the use of the data acquired in the medical examination of the accused in criminal trials, posing the question, “is it possible to identify precisely what use of information the accused is agreeing to when consenting to cooperation with brain based mind reading technologies?” The medical expert employed by prosecution or defence may, as the technologies improve, be expected to use and document the use of such technologies and retain a permanent record of the information recovered. This presentation will explore the ethical issues underpinning the retention of such records and consider how such information may be utilized.

## *If Lie Detection Technology is Accurate, Should It be Banned?*

Paul Catley, *The Open University* (paul.catley@open.ac.uk)

Despite claims as to its reliability by organizations including Cephos and No Lie MRI, courts in most jurisdictions have not admitted lie detection evidence into the courtroom. Currently refusals to admit such evidence focus on perceived weaknesses in terms of reliability and general arguments that laboratory findings do not equate to tests undertaken within a trial process. However, the technology is improving. Soon such evidence may pass tests of admissibility such as those set out in the US judgments in *Frye* (a lie detection case) and in *Daubert*. At this point courts are going to have to grapple with much more fundamental questions which go to the heart of the justice system. If technology can tell us if a witness or an advocate is lying should we use that technology? Is there something so fundamental about rights to privacy and/or rights against self-incrimination that they trump the quest for truth? Outside the courtroom should employers be able to insist that employees undergo such testing? Should employees be able to make the same demands of employers? What about spouses or lovers? Politicians? The presentation will not definitively answer these questions, but it will explore the issues.

## *Coercive Use of Neurotechnologies in Forensic Evaluations: The Right to Privacy and Bodily Integrity*

Sjors Ligthart, *Tilburg University* (s.l.t.j.ligthart@uvt.nl)

Neuroscience is constantly evolving, and neurotechnologies which can provide brain related information – such as (f)MRI, EEG and PET – are continuously improved. Some technologies are already being used in criminal cases, for instance in forensic psychiatric evaluations. Neurotechniques may, in principle, enable forensic psychiatrists and the judiciary to circumvent the defendant's silence or reluctance to cooperate with psychiatric evaluations, for instance in the context of the insanity defence or risk assessments. However, not all defendants are likely to cooperate with these technologies, and as a consequence the possibility of coercive use of these technologies is an important issue. The presentation will consider this possibility from a legal point of view. At a European level, the use of coercion raises serious legal questions. The presentation will examine the legal implications of the use of coercive neurotechnologies for the right to privacy and bodily integrity (article 8 ECHR). It will compare the use of neurotechnologies with current forensic research methods, like taking DNA and fingerprints, and examine the extent to which neurotechnologies are, in a legally relevant way, different in the context of the right to privacy and bodily integrity.

## **137. New Developments in Forensic Psychiatry**

### *Future Tasks for Transcultural Psychiatry and Psychotherapy*

Werner E. Platz, *Health and Social Centre Moabit, Berlin* (weplatz@web.de)

At the end of 2016, according to the United Nations High Commissioner for Refugees (UNHCR) surveys, 65.6 million people worldwide fled, around 22.5 million are refugees fleeing war, persecution and severe human rights violations. In 2016, around 750.000 people applied for asylum in the Germany. The asylum right for politically persecuted foreigners is laid down in Article 16a of the German Law. Psychiatric diagnostic practice focuses on posttraumatic stress disorder, severe depressive episodes and episodic paroxysmal states of anxiety (panic disorders), mother tongue language competence facilitates a continuous psychic contact. Our practice mainly covers people from the Arabic-speaking world with the involvement of competent language mediators. Detailed reports from the Federal Office for Migration and Refugees (BAMF) are required to justify asylum applications or to submit in opposition proceedings. Because of the overloading of the BAMF, many refugees could not immediately apply for asylum, they were granted a tolerance or permit for different periods of time, which is then extended in each substantiated case. Essential for the basis of medical treatment is the electronic health insurance card. Using the example of a refugee family from Syria, the path of psychiatric-psychological treatment should be illustrated.

### *Biomarkers in Alcohol Use Disorder*

Tomáš Zima, Charles University

The toxic effects of ethanol are connected with its amount intake to organism. Alcohol organ injury based on direct effect of ethanol and also on its metabolisms and producing compounds. The metabolic pathways of ethanol in human body influence amount or activity many molecules. The one marker for alcohol addiction is not exist excluding acute intoxication – direct measurement of ethanol in blood urine and breath. There are some markers, GGT, carbohydrate deficient transferrin (CDT), etyhyglucuronid, which are changed during chronic alcohol consumption as other routine laboratory markers as uric acid, IgA, MCV, lipid profile, etc. CDT is the most suitable biochemical marker of alcohol abuse in routine practice and combination with basic biochemistry and hematological examination can increase its sensitivity and specificity. We used different analytical techniques – immunochemistry – not for forensic and different chromatography techniques – LC, HPLC, LC-MS/MS.

## *Development of Diagnostic Criteria for Forensic Psychiatry*

Otto-Michael Lesch, *Medical University of Vienna*

For forensic psychiatry, diagnostic criteria like ICD and DSM are used worldwide. We know that the diagnosis is only one of many criteria, which hold relevance for answering forensic questions (e.g., diminished responsibility, severity degree, prognosis, necessary therapeutic strategies such as voluntary and involuntary treatment). France started in the beginning of the last century to develop diagnostic criteria with death related diseases and WHO later on tried to enlarge this concept to all diseases. Since ICD-9 the WHO followed an etiology-oriented strategy. As research found out, that these etiologies from time to time also showed false results, the ICD-10 followed a more cross-sectional diagnostic procedure. As research results, using ICD-10 turned out to be very heterogeneous, the ICD-11, which was published in 2018, tried to define severity degree as well as long term course descriptions. DSM 5 also follows this approach of severity and long-term course. One of the most interesting parts of DSM 5 is, that they have defined a section of developmental disorders, which should be diagnosed within all other psychiatric diagnoses. Our research group started already in 1976 with studies on long term course of alcohol dependence and other addictions. One subgroup, we defined, is assigned to developmental disorders, that happened before the age of 14. All our validation- and therapeutic studies showed, that this subgroup is significantly different to all other groups. (Lesch type IV addiction). Forensic trials showed, that this group encompasses different criminal careers (e.g. homicides) and that they need different therapeutic strategies, compared to the other types of alcohol dependence. We need further studies using especially the DSM 5 approach, which should be promising.

## *Cannabis: A Gateway Drug?*

Henriette Walter, *Medical University of Vienna*

Cannabis legalisation strategies undergo changes in the United States. Also 7 European countries have altered significantly their rules of cannabis use. Cannabis has been used as a treatment for thousands of years to treat for different diseases. It was only in 1904, that cannabis started to be discussed as an addictive drug. Consequently it was banned or restricted in many countries.

THC acts on the corresponding CNS receptor, that influences secondarily the dopamine system. Thus, Cannabis indirectly influences our reward- and our pain processing systems. Therefore we looked to the question, if Cannabis, as often claimed by the public, by parents etc., is a gateway drug. On the other hand different vulnerability factors of adolescents might also be a reason for use or abuse of cannabis. In a representative epidemiological study encompassing 1902 young men (all 18 years old) we could show, that their gateway drugs have been alcohol and tobacco use, while cannabis rarely was in the prime position of a drug career. Vulnerability factors, like cyclothymic or irritable temperament characteristics and the severity degree of ADHS appeared to be primary risk factors. In conclusion, prevention programmes should aim at helping adolescents to cope better with their vulnerabilities, instead of campaigning against cannabis, which did not appear as being wise. For a later drug career, tobacco and alcohol are far more important etiological factors, than cannabis.

## **138. New Directions in Jury Research: Mental Health, Emotion, and Evidence**

Emerald Woodward, *De Montfort University* ([p17027944@my365.dmu.ac.uk](mailto:p17027944@my365.dmu.ac.uk)) - Discussant

Alan Robert Felthous, *Saint Louis University* ([alan.felthous@health.slu.edu](mailto:alan.felthous@health.slu.edu)) - Discussant

### *Moral Foundations and the Insanity Defence*

Susan Midori Yamamoto, *Carleton University* ([susan.yamamoto@carleton.ca](mailto:susan.yamamoto@carleton.ca))

Evelyn Maeder, *Carleton University* ([evelyn.maeder@carleton.ca](mailto:evelyn.maeder@carleton.ca))

There is a longstanding culture of hostility against the insanity defence in Canada, where jurors are often hesitant to find defendants Not Criminally Responsible on Account of Mental Disorder (NCRMD). While this hesitancy is in part attributable to misinformation about the defence, it might also be seated in moral intuitions about fair punishment. In this mixed-methods study, Canadian jury eligible participants (N = 83) completed a measure of punishment orientation, read a fictional murder case involving a claim of NCRMD, then took part in 45-minute deliberation sessions. A summative content analysis of these data will be discussed. First, hierarchical linear modeling analyses revealed that punishment-prone mock jurors were less likely to defer to the authority of the defence psychiatrist. Second, a qualitative description of key-word flagged utterances (using the Moral Foundations Dictionary) revealed that mock jurors relied on moral intuitions about authority, harm, and fairness in justifying their positions. Findings imply that mock jurors' decisions stem partially from moral conceptualizations of insanity rather than the evidence alone.

### *Emotionally Evocative Evidence in Court*

Jessica M. Salerno, *Arizona State University* ([Jessica.salerno@asu.edu](mailto:Jessica.salerno@asu.edu))

When negative emotions run high, people want to take action—any action—to alleviate that emotion. Several experimental research studies lend insight into how emotional responses to evidence in court cases can motivate legal decision makers to blame and punish someone. While this may make them feel better, it can also result in biased decision-making, potentially increasing false convictions. Several experiments investigated the impact of emotionally disturbing evidence presented in court, such as gruesome photographs of murder victims on jurors' judgments. Emotional responses to evidence that elicits negative emotional responses, in turn, create a need to punish that biases jurors' processing of the evidence and increases their likelihood of blaming someone for an alleged crime and voting guilty in a mock jury paradigm. Potential interventions designed to reduce the biasing effect of emotional evidence will be discussed, such as calling jurors' awareness to their effect or presenting the evidence in less emotionally evocative ways.

### *Don't Get Upset at the Gruesome Pictures: Instructing Jurors About Emotional Evidence*

Liana Claudia Peter-Hagene, *Southern Illinois University* (claudia.peter-hagene@siu.edu)

Courts routinely expose jurors to emotional evidence, counting on jurors' willingness and ability to follow instructions to remain dispassionate. This can, theoretically, prompt jurors to engage in emotion suppression, an inefficient and costly regulatory strategy, with detrimental effects on decision-making. In two studies, participants read jury instructions manipulated to elicit emotion suppression, cognitive reappraisal of emotional stimuli, or that did not mention emotion (control) and viewed a murder trial presentation including graphic post-mortem photographs. The defendant's not-guilty plea relied on the claim that the victim was depressed and committed suicide. Jurors who read emotion-suppression instructions endorsed higher degree-of-guilt, but only if they had low (versus high) emotion-regulation self-efficacy. Jurors who read emotion-reappraisal instructions did not differ from controls. Viewing gruesome pictures (vs. no pictures) increased jurors' recommended sentence when jurors were instructed to suppress their emotions, especially for jurors who had high (vs. low) emotion-regulation self-efficacy. In the reappraisal and control conditions, pictures had no effect on sentencing. Using language that helps jurors reappraise emotional stimuli might be a more effective way to help all jurors process emotional evidence without biasing effects on legal judgments.

## **139. Outcomes of Private Children Disputes Where One Parent Has an Alcohol Addiction or Other Serious Mental Health Problem**

### *Ideas About Representing A Client Who Has Addiction or Mental Health Issues*

Jeff Sturman, *Attorney-at-Law, Beverly Hills, USA* (Sturman@KolodnyLawGroup.com)

Clients frequently complain that the other parent has addiction or mental health issues that make them an unfit parent or that should cause them to have less custodial time with the parties' children. However, from time-to-time, our own clients have drug addiction issues, alcohol addiction issues or mental health issues. In those circumstances, an attorney duty of loyalty to his or her client may involve making recommendations to his or her client that they do not like. These recommendations may involve child custody issues, drug and alcohol testing issues, and mental health treatment. This presentation will discuss a United State's attorney's ethical and/or legal obligations to his or her client when the client has drug issues, alcohol issues, or mental health issues that impact the child custody orders that should be requested or made by a court.

## *Obtaining Orders Drug and Alcohol Testing During A California Child Custody Case*

Karina York Sturman, *Attorney-at-Law, Los Angeles, USA* (karinayork@awishlaw.com)

During child custody cases, California law requires that courts act in the best interest of the child. If a parent has a documented history of substance abuse or criminal activity related to illegal drugs or alcohol, the court may require drug and alcohol testing. In most cases, one of the parents must request such testing, but it will only be ordered if it meets certain constitutional and statutory requirements. Judges typically find any substance use, even casual, occasional use to be detrimental to the well-being of children. However, that detriment must be balanced against the state's policy of having children maintain frequent and continuing contact with children. This presentation will summarize the legal requirements for obtaining an order for drug and alcohol testing, the ways that parents can maintain frequent and continuing contact with children while drug or alcohol testing is in effect, and some of the ways of protecting children from the adverse effects of their parents' use of drugs and alcohol.

## *How Does the English Family Court Protect Children Whose Parents' Lives Are in Chaos Due to Alcohol? What Can or Should Be Done Better?*

Eliza Hebditch, *Attorney-at-Law, London, United Kingdom* (Eliza.Hebditch@Farrer.co.uk)

The English family courts sees many cases where one parent has alcohol dependency problems and/or other serious mental health issues. This presentation will look at the position of both the mother and the father in these cases, the parent who is struggling him/herself with the addiction and the other parent, who could be struggling to hold it all together, who could be still in love with the addicted/unwell parent or who could be cynically exploiting the unwell parent's weakness in the litigation. This presentation will explore a few examples of disputes relating to the care and living arrangements for children, examine why and how the good outcomes were achieved, and look at what could have been done differently in the cases with a poor outcome for the family. Typically the case will start (or re-start) with a crisis. What emergency orders might need to be sought (and would the English court grant)? When the immediate crisis is over, the

concern will be to ensure that the children are able to see the unwell parent. But what safeguards will the court put in place to ensure that the contact is safe and healthy for the child? And how can you ensure that the child's voice is heard in these disputes?

## *Diagnosis and Treatment of Parents Involved in Custody Disputes*

Mike McPhillips, *Consulting Psychiatrist, London, United Kingdom* (mikemcphillips@me.com)

The presenter will draw from his experience as an independent expert advising the Courts on the diagnosis, treatment and prognosis of addictive disorders and mental health disorders, especially as it bears on Child Access and Child Custody arrangements. This presentation will cover the likely harms arising to children in custody situations from various types of intoxication, states of withdrawal, from inco-ordination and mental impairment, from drug and alcohol paraphernalia and from drug and alcohol related lifestyle factors. The presentation will focus on the importance of accurate diagnosis, the complexities of examining evidence from clinical medical records, and the administration and interpretations of various forms of proof of sobriety. It will highlight the advantages and disadvantages of breathalysers, blood tests, hair tests and sweat tests in monitoring response to treatment and compliance with undertakings to Courts in contested custody situations, with reference to specific case examples.

## *Child Protection in Disruptive Families: Swiss Efficiency or the Victory of Bureaucracy?*

Markus Zwicky, *Attorney-at-Law, Zug, Switzerland* (m.zwicky@zwplaw.ch)

The Swiss legal framework allows the allocation of children and their protection against parents with addiction both in family law cases before court and in public custody intervention cases. Swiss law has received a push of modernization due to the restructuring and centralizing of children's protection authorities with the amendments that came into force in 2013. This presentation will highlight these changes in procedure and show the various measures that Swiss law makes available. Where do courts change the custody arrangement of a child from one parent to the other, where do they stand back and simply wish for the best? Where to a judge, but the children protection authorities decides, what changes? How are guidance orders, appointment of a guardian or custodian, replacement of a child or deprivation of parental authorities, allocated? How have the first five years of centralization of the protection authorities worked out? This presentation will examine some leading cases and will examine the newest modification of the law requesting even persons holding a professional secrecy obligation to report an observation of an endangered child. Does case-law give us an image of Swiss efficiency? Or are we observing more office work than results?

## **140. Patterns of Criminality, Risk Factors, and Patients' Experience of Risk Assessment in Forensic Psychiatric Populations**

### *Persistent Criminality in a Swedish Cohort of Forensic Psychiatric Patients; Frequency and Covariates*

Hedvig Krona, *Lund University* (hedvig.krona@med.lu.se)

Persistent criminal behavior is challenging to all societies. Forensic psychiatric patients demand a particular focus as their behavior is often a result of a complex constellation of major mental disorders, substance use disorders, and criminal behavior. Frequency of, and risk factors for, persistent criminal behavior in this particular group are not well known. This ongoing study aims to discern covariates to life course persistent criminality in mentally disordered offenders. Specific aims are to (1) describe number of criminal convictions over the life course in the cohort, and (2) identify the strongest covariates associated with persistent criminality. Detailed information on all offenders from the Malmö University Hospital catchment area sentenced to forensic psychiatric in-patient treatment from 1999 until 2005 (n=125) was collected. Court decisions in a lifetime perspective were collected up until the end of 2013. The implications of these results will be discussed in terms of risk management and treatment of forensic psychiatric patients.

### *Risk Profiles of Female Perpetrators of Severe Violence*

Karin Trägårdh, *University of Gothenburg* (karin.tragardh@vgregion.se)

The aim of this ongoing study is in a first step to characterize female perpetrators of severe violent crimes and compare those sentenced to forensic psychiatric compulsory care with those sentenced to correctional treatment in terms of mental health, risk factors, victim relation, and criminal behavior. All Swedish forensic psychiatric investigations (FPI) from the year 2000 to 2014 of females who were charged for actual or attempted homicide, manslaughter, or involuntary manslaughter, will be scrutinized according to the above presented type of variables. Approximately 180 females underwent a court ordered FPI during this time period, where roughly 60% received compulsory forensic psychiatric treatment and the remaining 40% correctional treatment. In a second step will recidivistic crimes be mapped due to register based information requested from the Swedish National Council for Crime Prevention, covering new sentences up until the end of 2020. Preliminary data compiled from the FPIs will be presented. These data will be discussed in terms of their possible contribution to the knowledge about female perpetrators of severe violence and their risk profiles.

## *Factors Associated with Lifetime Persistent Criminality Amongst Swedish Mentally Disordered Offenders*

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

Aiming to identify factors associated with lifetime persistent criminality in mentally disordered offenders, this study followed-up 97 perpetrators of violent crime on convictions in a life-time perspective, who had undergone a court ordered forensic psychiatric investigation. Data concerning sentences for all types of criminality were retrieved from the National Council for Crime Prevention covering convictions from the age of legal responsibility to the end of 2014. Individuals with five convictions or more over a period of at least eight years were classified as criminally persistent. Forty-three individuals fulfilled these criteria and were compared with the 54 non-persistent on DSM-IV diagnoses and structured assessment instruments of violence risk. Results showed that those persistent in criminality, to a significantly higher degree than the non-persistent, were marked by psychopathology from childhood to adulthood supporting an overrepresentation of mental health problems in the former. However, only a diagnosis of substance abuse and the historical subscale of The Historical, Clinical, and Risk Management-20 emerged as significantly associated with persistence. These results will be discussed with regard to preventive measures and consequences for forensic psychiatric treatment.

## *Forensic Psychiatric Patients' Subjective Experience of Risk Assessment*

Marielle Nyman, *University of Gothenburg* (marielle.nyman@gu.se)

In forensic psychiatry, the assessment of risk of future violence implies a major challenge to mental health care professionals. Admissions, discharges, or transfer to outpatient psychiatric care bring risk assessments to the fore. Lately risk assessments have been complemented with structured assessments of protective factors in many clinics, in order to achieve a more balanced and comprehensive estimate of the risk of violence. Despite the frequent occurrence of risk assessments in forensic psychiatric settings, little has been done to understand how they are experienced and understood from a patient perspective. The aim of the present study is to analyze how patients experience risk assessments, focusing on aspects such as autonomy, participation and influence, as well as their consequences for the care process. This qualitative study will utilize an inductive content analysis approach using data collected by semi-structured interviews with inpatients from two forensic psychiatric units in Sweden. The expected results are increased knowledge and insight into how patients' perceive the practice of risk assessment, which in turn are expected to be useful for the development of risk management interventions in forensic psychiatry. A greater understanding and reflection on patients' responses to risk-related interventions is a prerequisite for the development of a high quality care.

## **141. Persistent Pain Following Compensable Injury: Somatic or Somatoform?**

## *The Physical Basis of Persistent Pain Following Injury*

Carolyn Arnold, *Monash University* ([c.arnold@alfred.org.au](mailto:c.arnold@alfred.org.au))

In the medicolegal context, medical experts are asked whether ongoing symptoms are matched by objective physical signs and investigations, or whether psychological or psychiatric consequences are influencing the extent of physical disability. In attempting to understand legal and medical terminology regarding pain and suffering, the law seeks medical opinion to “disentangle” clinical signs, to measure physical impairment and psychological features separately. Yet in medicine, the gold standard treatment of persistent pain uses a comprehensive multidisciplinary approach addressing physical and psychological factors simultaneously in a rehabilitation model. Early insights to factors maintaining pain were highlighted by orthopedic surgeon Dr. Gordon Waddell who reported a cluster of “nonorganic signs” associated with pain augmentation. These physical findings pointed to psychosocial factors to consider for effective treatment. Newer signs using neurophysiological assessment have developed a test battery known as Quantitative Sensory Testing (QST). This is time intensive and utilises expert interpretation of the laboratory findings by someone skilled in pain assessment. It is rarely used in clinical practice currently. Clinicians use a modified bedside assessment. The final skill of an expert medical pain assessor is to integrate the physical findings into meaningful assessment of pain causation, the disability, the likely response to treatment.

## *Personal Injury Litigation and the Nosology of Chronic Pain*

George Mendelson, *Monash University* ([george.mendelson@monash.edu](mailto:george.mendelson@monash.edu))

Hannah Mendelson, *Monash University* ([Hannah.Mendelson@monash.edu](mailto:Hannah.Mendelson@monash.edu))

Prospective studies of workers’ compensation claimants and of those injured in motor vehicle accidents demonstrate that between 10 and 45 per cent of claimants complain of chronic pain after two years. Statutory workers’ compensation schemes increasingly seek to differentiate claimants whose complaints of chronic pain have an objectively demonstrable organic basis from those who do not; a similar trend is emerging in the field of personal injury litigation, especially in relation to complaints of chronic neck pain following so-called ‘whiplash’ injuries. It is therefore becoming increasingly important that independent medical examiners who assess such claimants – especially in relation to non-organic pain complaints – and who provide expert witness reports and testimony utilise diagnostic terminology that is consistent and readily understood by the fact-finder, be it a jury, tribunal or judge. In this presentation we shall discuss the nosology of chronic pain with reference to the current diagnostic and classificatory schemes, namely the International Classification of Diseases, the Diagnostic and Statistical Manual of Mental Disorders, and the Classification of Chronic Pain published by the International Association for the Study of Pain.

## *Psychosocial Factors in the Development and Maintenance of Chronic Pain Following Injury*

Hannah Mendelson, *Monash University* ([Hannah.Mendelson@monash.edu](mailto:Hannah.Mendelson@monash.edu))  
George Mendelson, *Monash University* ([george.mendelson@monash.edu](mailto:george.mendelson@monash.edu))

The International Association for the Study of Pain has defined pain as “An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”. This definition thus makes it clear that pain can be experienced in the absence of tissue damage, that is, without there being a physical lesion. The implication is that the experience of pain can be amplified by “emotional” factors, and that pain can be experienced in the absence of a causative physical lesion. Numerous studies have demonstrated that emotional and psychosocial factors are a major determinant of pain chronicity following compensable injury. Among the factors that have been studied and shown to be predictive of the development of chronic pain and disability have been involvement in compensation/litigation, catastrophising, and “perceived injustice”. In this presentation we shall review some of these studies, and highlight the importance of early screening for such risk factors. Early identification of individuals at risk of progression to chronic pain and disability allows for targeted intervention that might prevent such a trajectory.

## *“Disentangling” in Workers Compensation Litigation: What Does It Mean, Why does It Matter and How Can It Be?*

Raph Ajzensztat, *Victorian Bar* ([raph@vicbar.com.au](mailto:raph@vicbar.com.au))

A peculiar feature of the serious injury regime under Victorian workers compensation legislation is the requirement that the psychological or psychiatric consequences of a physical injury are not to be considered when determining whether a physical injury satisfies the serious injury requirements. Numerous judgments in serious injury applications describe the extent to which the medical evidence adduced by the plaintiff adequately disentangles the psychiatric consequences of the injury relied upon from the physical consequences. In some cases, the medical evidence does not address the issue or, if it does, results in confusion. The confusion is most acute in cases where the chronic pain complained of by the injured worker seems to have little or no organic explanation. This presentation will describe the types of cases in which disentanglement is relevant, as well as the cases in which it is not relevant; explain the way in which this aspect of the legislation has been interpreted by the Court of Appeal; give some examples of cases in which attempts to disentangle “chronic pain” have resulted in confusion; and offer some thoughts about how lawyers and medical witnesses might go about addressing the issue in a way that may assist in the determination of a case.

## **142. Personal Integrity and the Body**

## *Radical Body Modification: An Ethical Analysis of Body Integrity Identity Disorder (BIID) and Clinical Practice*

Sarah K. Sawicki, *Saint Louis University* (sarah.sawicki@slu.edu)

Body Integrity Identity Disorder (BIID), previously known as apotemnophilia, has been described in clinical literature since 1977. Symptoms traditionally include a feeling of dysphoria regarding one's body and a desire to amputate an otherwise healthy limb or for some other form of radical body modification. However, there is significant debate whether it ought to be classified as a neurological condition, psychological condition, or a combination of both. Currently BIID has no formal diagnostic criteria. As such, there is no consensus on best practices for treating persons experiencing this disorder. This leaves clinicians, especially surgeons, in an ethical conundrum regarding patient requests for radical body modification, such as elective amputation or procedures to render one deaf or blind. This presentation identifies the ethical and professional conflicts that arise when a person with BIID makes a request for radical body modification, analyzes the ethical implications of common ways to address patients with BIID, and examines ways for physicians to holistically treat and care for patients who present with these symptoms while balancing competing ethical interests.

## *Autonomy in Medical Torts: Physical or Mental Harm?*

Kumaralingam Amirthalingam, *National University of Singapore* (lawka@nus.edu.sg)

In recent years, patient autonomy has become a central feature of medical negligence despite the absence of a clear conception of autonomy. In questioning the extent to which patient autonomy should be central to the tort of negligence, this presentation explores the doctor-patient relationship in the context of evolving social, technological, and ethical shifts. It examines recent decisions from the United Kingdom, Singapore, and Malaysia dealing with reproductive negligence, which raise fascinating questions about autonomy in different contexts. What is the responsibility of a doctor in dealing with a patient where the life of the unborn child is at risk? What is the loss that is caused to parents who conceive a child through in-vitro fertilization where the wrong gametes are used? Do spouses or family members have autonomy interests either independently of or derivative of the patient? In all the cases, is the real loss flowing from interference with the patient's autonomy physical or mental harm?

## *Incorporating a Feminist Bioethical Approach into the Management of Breast Cancer in Saudi Arabia*

Ruaim Muaygil, *King Saud University* (rmuaygil@ksu.edu.sa)

Every October, pink becomes the color of the season as breast cancer awareness campaigns become ubiquitous reminders of a serious illness. Pink ribbons and survival stories can be found on everything from educational websites to the backs of cereal boxes. These campaigns project an overarching message of survival, strength, and hope. This is a message echoed in hospital

rooms and survivor support groups where women are told to be brave, and where they are promised “like new” and “natural” looking breasts. These valiant efforts paint a very distinctive picture emphasizing a happy ending consisting of health, healing, and regained femininity. In doing so however, they become harmful and incomplete narratives eschewing the lived experiences of women diagnosed with breast cancer. This presentation is focused on the Saudi Arabian medical setting, where similar “pink washing” and cultural ideals direct the management of breast cancer. It will be argued that current practice modalities cause violence through their neglect of women’s experiences. The presentation will call for an alternate feminist bioethical approach that enables women to claim their own experiences of illness, accepts and understands all choices, rejects cultural definitions of femininity, and ultimately promotes rather than erases personal and bodily integrity.

## *Youth, Non-Suicidal Self-Injury, and Social Media: Crafting a Professional Response*

Michelle Bach, *Albert Gnaegi Center for Health Care Ethics, Saint Louis University*  
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Kathryn Shehldon D’Rozario, *Albert Gnaegi Center for Health Care Ethics, Saint Louis University*, (kaitey.sheldon@slu.edu)

Youth produce and consume non-suicidal self-injury (NSSI) media online at alarming rates. The cause for concern is clear: most NSSI content is neutral or pro-self-injury; there is a risk of contagion effect and promotion of NSSI; social media platforms are ineffective at censoring NSSI; and evidence suggests youth are more likely to turn to internet content rather than mental health professionals for help. Traditional pediatric bioethics may be inadequate for guiding a professional response to NSSI. Traditional pediatric bioethical approaches tend to focus on protecting a child’s best interests and respecting emerging autonomy. This presentation will argue that this approach is overly individualistic and not the best framework for addressing NSSI in social media. A feminist bioethical lens applied to psychiatry and its response to NSSI media highlights that psychiatrists and other mental health professionals may have a broader responsibility to advocate for safer social media and to even produce media content themselves. This presentation will consider the advantages, difficulties, and potential shape of such a response.

## *Professional Regulatory Standards and Legal Obligations: The Missing Link in Protecting the Rights of Intersex Children*

Edmund Horowicz, *University of Manchester* (Edmund.horowicz@postgrad.manchester.ac.uk)

This presentation seeks to explore the significance of professional regulatory medical bodies in upholding and protecting the rights of intersex children or children with variations of sex (VSC) characteristics. There is an apparent discourse between upholding the human rights of these children, which are regarded as being breached by the United Nations, and clinical guidelines, which often still advocate that so-called ‘genital-normalizing surgery’ should be performed.

This presentation will argue that professional regulatory bodies, such as the General Medical Council, must consider the compatibility of current clinical practice with professional standards. Intersex care should be identified within specific professional regulatory guidance, in the same way that transgender medical care is. Given the legal authority provided to professional regulatory bodies, the presentation will argue that there is an imperative obligation for these bodies to specifically consider the protection of intersex children and children with VSC, when considering the detrimental influence of interventions on sex and gender identity. Ultimately the presentation argues that such guidance would force doctors to reconceptualize current clinical practice within a professional framework that places the rights of the intersex patient above any perceived medical ‘abnormality’.

## **143. Personality Traits and Disorders**

### *Aggression in Personality Disorders: Profiles Using the Alternative DSM-5 Model for Personality Disorders*

Claudia Savard, *Université Laval* (claudia.savard@fse.ulaval.ca)

Dominick Gamache, *Université du Québec à Trois-Rivières* (dominick.gamache@uqtr.ca)

Mireille Lampron, *Université Laval*

Caroline Simard, *Université Laval*

Marc Tremblay, *Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, Québec, Canada*

An increasing number of empirical findings support the utility and validity of the Alternative DSM-5 Model for Personality Disorders to study personality disorders (PD), as well as functional impairments caused by these disorders. The present investigation focuses on the Alternative Model’s capacity to identify theoretically and clinically meaningful pathological personality traits associated with aggression and, subsequently, subgroups of patients who report different levels of aggression. A sample of 86 patients (49 F, M age = 34.34, SD = 12) were assessed prior to treatment in a specialized facility from the Quebec City Mental Health University Institute, Canada. Aggression was assessed using the Buss-Perry Aggression Scale (BPAS), which screens for physical and verbal aggression, anger, and hostility. First, hierarchical linear regressions using the 25 pathological personality traits assessed by the 100-item version of the Personality Inventory for DSM-5 personality disorders (PID-5) were performed to identify the best predictors of aggression. We then used a TwoStep cluster-analytic procedure, with PID-5 and BPAS’ scales as clustering variables. Results yielded a six-cluster solution, coherent with PD theory and more traditional DSM diagnoses, two of which characterized by high aggression scores. Clinical implications regarding risk assessment for aggression in PD patients will be discussed.

### *Psychopathic and Vulnerable Narcissistic Traits: The Mediating Role of Entitlement Rage*

Véronique Maheux-Caron, *Université du Québec à Trois-Rivières*  
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Due to their relationships with externalized antisocial behaviours, Dark triad traits (narcissism, Machiavellianism, and psychopathy) and their assessment are of considerable importance in the field of forensic psychology. Recent findings have uncovered an unexpected relationship between vulnerable narcissism, a fragile and defensive variant of narcissism, and Factor 2 (or antisocial) psychopathic traits, prompting some researchers to suggest the existence of a “vulnerable dark triad” characterized by an antagonistic interpersonal lifestyle and emotional vulnerability. Studies have also shown that entitlement rage, a vulnerable narcissism subscale from the Pathological Narcissism Inventory (PNI), drives hostility and aggressive behaviour when narcissistic self-image is threatened. The purpose of the present study is to take an in-depth look at the associations between vulnerable narcissism and psychopathic-antisocial traits. The role of PNI entitlement rage will be taken into consideration as a potential mediator of the relationship between vulnerable narcissism and two measures of psychopathic-antisocial traits: The Psychopathy subscale of the Short Dark Triad and the Expanded Version of the Three-Factor Levenson Self-Report Psychopathy Scale. Results from multiple regression and mediation-moderation analyses (N = 352 from a community sample) will be discussed, providing us a better understanding of the interplay between vulnerable narcissism and antisocial features of psychopathy.

## *Stalking Perpetration and Victimization: The Role of Maladaptive Personality Traits*

Dominick Gamache, *Université du Québec à Trois-Rivières* (dominick.gamache@uqtr.ca)

Claudia Savard, *Université Laval* (claudia.savard@fse.ulaval.ca)

Marie-Ève Cloutier, *Université du Québec à Trois-Rivières*

Jonathan Faucher, *Université du Québec à Trois-Rivières* (jonathan.faucher@uqtr.ca)

The present investigation focuses on the role of two categories of maladaptive personality traits in predicting stalking perpetration and victimization: The Dark Triad traits (Machiavellianism, narcissism, psychopathy) and the five personality disorder trait domains from the Alternative DSM-5 Model for Personality Disorders. A total of 435 participants (374 F; age 18-30, M = 23.1, SD = 3.1) were recruited from a community sample in the province of Quebec, Canada. They completed online versions of the recently developed Stalking and Obsessive Relational Intrusions Questionnaire (SORI-Q), which measures four dimensions of stalking-like behaviours (Hyper-intimacy, Intrusion, Surveillance, and Aggression) perpetrated and/or suffered during the previous year; the Dark Triad Dirty Dozen (DTDD); and the 100-item version of the Personality Inventory for DSM-5 personality disorders (PID-5). Correlational, multiple regression, and moderation analyses show that maladaptive personality traits from both the DTDD and the PID-5

were significantly associated with stalking perpetration and victimization. DTDD Machiavellianism and PID-5 Antagonism were the most consistent statistical predictors throughout the analyses, with DTDD Narcissism, PID-5 Psychoticism, PID-5 Disinhibition, and PID-5 Negative affect making secondary contributions. These results will be discussed from a theoretical and a clinical standpoint.

### *Profiles of Stalking Victims Based on Insecure Attachment Dispositions, the Dark Triad Personality Traits, and Their Own Staking Perpetration*

Jonathan Faucher, *Université du Québec à Trois-Rivières* (jonathan.faucher@uqtr.ca)  
Dominick Gamache, *Université du Québec à Trois-Rivières* (dominick.gamache@uqtr.ca)  
Claudia Savard, *Université Laval* (claudia.savard@fse.ulaval.ca)

Previous works on the profiles of stalking perpetrators have highlighted the presence of insecure attachment dimensions (anxiety, avoidance) and the Dark Triad personality traits (Machiavellianism, narcissism, psychopathy) amongst them. Although some data also indicate the presence of these personality dispositions amongst stalking victims, suggesting an interplay between stalking perpetration and victimization, little is known about the psychological functioning of stalking victims. The objective of this work is to identify profiles of stalking victims based on conceptually meaningful variables associated with stalking victimization. Our analyses will focus on a subsample of participants ( $n = 57$ ; 49 F; age 18-30,  $M = 22.9$ ,  $SD = 3.3$ ) from a larger community sample of 764 participants recruited online who reported high stalking victimization in the past year. They completed the Stalking and Obsessive Relational Intrusions Questionnaire, assessing both stalking perpetration and victimization, and the French adaptations of the Dark Triad Dirty Dozen and the Experiences in Close Relationships scale. To determine profiles of stalking victims, both a discriminant function analysis and a cluster analysis, using insecure attachment dimensions, the Dark Triad personality traits and stalking perpetration as predictors, will be performed. Theoretical explanations and clinical implications of the results will be discussed.

## **144. Perspectives of Mental Health Nurses and Carers**

### *Moral Distress, Providers' Mental Health, and Compassion in Health Care*

Kristen Jones-Bonofiglio, *Lakehead University* (Kristen.Jones@lakeheadu.ca)  
Michelle Spadoni, *Lakehead University* (mmspadon@lakeheadu.ca)

First noted among nurses by American philosopher Andrew Jameton (1984), moral distress has

been a focus of academic study for over 30 years. This presentation will explore the relationships between moral distress experiences, health care providers' mental health and well-being, and compassion for self and others. Outlined will be a multi-phase study conducted with nursing educators and nursing students about their understanding of compassion and how moral distress has impacted them, both personally and professionally, over time. From this study, an arts-based, theoretical model of compassion has been developed. The final part of this presentation will showcase a digital story (three-minute video) that was developed as part of this project to give tangible, real life examples that allow for both cognitive and emotional engagement with the topic. The unique aesthetic approaches to this research will inspire others in creative scholarship activities that further explore moral distress, mental health, and compassion in contemporary health care settings.

### *Paramedics' Perceptions of the Care They Provide to People who Self-harm: A Qualitative Study Using Evolved Grounded Theory Methodology*

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Alison Porter, *Swansea University* (a.m.porter@swansea.ac.uk)

Frances Rapport, *Macquarie University* (frances.rapport@mq.edu.au)

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Ann John, *Swansea University* (a.john@swansea.ac.uk)

Paramedics are often the first health professional in contact with people who self-harm. This study aimed to explore paramedics' perceptions and experience of caring for those who self-harm using Evolved Grounded Theory Methodology. This study took place in one United Kingdom ambulance service. Semi-structured interviews were conducted, recorded, transcribed verbatim, and coded through open, axial, and selective levels of coding, identifying the Basic Social Process (BSP) and developing a Grounded Theory. Eleven paramedics were interviewed. The Basic Social Process was identified as Decision Making in a Context of Risk. The Evolved Grounded Theory describes 'Wicked Complexity of Paramedic Care for People who self-harm'. It proposes that care is shaped by usual factors such as tiredness and frequent callers, common to many areas of paramedic work; heightened factors including lack of appropriate support and pathways, and factors specific to SH such as responding to mental health legislation, anxiety about managing suicide risk, and judgements and values. Paramedic care for people who self-harm is a complex care interaction occurring in a social world. Particular challenges to the encounter relate to lack of appropriate care pathways, and anxieties about risk where significant harm or death by suicide are potential outcomes.

### *Interwoven Histories: How Mental Health Nurses Draw on Their Own Experience of Mental Illness in Clinical Practice*

Jennifer Oates, *King's College London* (jennifer.oates@kcl.ac.uk)

This presentation will report on findings from a mixed methods study on the experiences of nurses with lived experience of mental illness. Personal experiences influenced nursing practice in three ways. First, they were fundamental to the nurse's identity, motivating them and guiding their career choices. Second, the nurses drew on their experiences when developing rapport and relationships with service users. Third, and rarely, the nurses disclosed their experiences to service users and colleagues at times when professional boundary crossing was deemed a judicious means of developing and progressing a therapeutic relationship. Furthermore, the analysis revealed the broad context of nurses' experiences of mental illness according to three interwoven themes: mental illness as part of family life; experience of accessing services; and life interwoven with mental illness. Health professionals' lived experience of mental illness has often been conceptualized as risky and potentially harmful to service users, else through the metaphor of 'the wounded healer'. In England, systemic responses to health workers' mental distress have focused mainly on doctors, despite nurses being the largest professional group. This study draws out messages for nurses and their managers on how personal experience of mental illness may be acknowledged and addressed in the workplace.

## **145. Police Violence Against People with Mental Illness and Impairment**

### *Living with Mental Illness, Police Encounters, and Relationships of Power: A Critical Phenomenological Framework*

Stephanie Q. Quiring, *Indiana University* (squiring@iu.edu)

The criminalization of mental illness has drawn and kept a disproportionate number of people living with mental illness in jails and prisons across the United States. Too often the criminal justice system is ill-equipped or unequipped to provide meaningful mental health care. This presentation examines key legislative policies and judicial decisions that contributed to the transinstitutionalization of people living with mental illness and put encounters with police at the forefront of community response. This presentation also frames the police's role as gatekeeper in the midst of encounters involving people living with mental illness and determining outcomes: (1) Death, (2) arrest, (3) diversion to care, or (4) no formal action taken. When police respond, the state-extended authority to act is guided by *parens patriae* and police power. The literature that informs police decision-making during encounters with people living with mental illness, in crisis or the 'grey zone,' is examined and gaps noted. Finally, a conceptual framework – grounded in critical phenomenology – is provided and integrates the social, economic, political, and cultural influences of these encounters towards new research and knowledge-building.

### *Police Violence Against Individuals with Mental Illness*

Barbara Kritchevsky, *University of Memphis* (bkrтчvs@memphis.edu)

Individuals with mental illness come into contact with law enforcement more frequently than other individuals and the nature of mental illness often leads to misunderstandings and violence. American law is struggling to define police obligations to the mentally ill under the Americans with Disabilities Act, both in recognizing when conduct that appears criminal is a manifestation of mental illness and when police must make accommodations in approaching and arresting the mentally ill. The courts also struggle to determine when police violence against individuals with mental illness constitutes excessive force in violation of the Fourth Amendment and when the victims of police violence may obtain damages from the police. Both issues require courts to balance the need to protect the public and officer safety against the civil rights of individuals whose illnesses manifest in behaviour that draws police attention. This presentation will explain the legal approaches American courts take in determining whether police must accommodate the mentally ill under the Americans with Disabilities Act and the Fourth Amendment. It will argue that police should have to take known mental illness into consideration in approaching and arresting the mentally ill.

## *Policing the Mentally Impaired*

John Burris, *Attorney-at-Law, Oakland, USA* (burris@lmi.net)

This presentation will focus on the victims of police abuse who at the time of their encounter were labouring under a significant mental impairment. Family members often call the police seeking assistance. Unfortunately, police officers are mostly ill equipped either by training or temperament to resolve the conflict without using lethal force. Several cases will be used to illustrate that lives can be saved if officers were better trained and had alternative techniques available. This presentation will explore the different interventions that have been successful and those that have not been. It will also discuss the tremendous negative impact on families calling for assistance when the person is killed by the police.

## *'Don't They Get It?': Policing and Police Encounters in Child and Adolescent Mental Health*

Maria Liegghio, *School of Social Work, York University* (mlieg@yorku.ca)

Generally, the scholarship examining policing and police encounters among psychiatrically distressed individuals report primarily on the experiences of adults, and not necessarily of children and youth. Presented are the outcomes of a thematic content analysis of thirteen (N=13), in-depth, semi-structured, one-to-one interviews conducted with six frontline child and adolescent mental health practitioners and seven caregivers of a child between 12 and 24 years old involved with the mental health system and with a history of police involvement. The outcomes suggest that police services were accessed primarily for support to deescalate a crisis situation with a distressed child, but that the encounters were often negative resulting in experiences of excessive force, stigma, and criminalization. Tensions between the mental health and police systems were also identified. These outcomes add to our professional and academic knowledge of the situations and needs young people living with a mental health issue, and their

caregivers have that may bring them into contact with police, as well as the roles and needs of the police and mental health systems. The significance of adopting an anti-stigma approach to crisis responses, practice, and service delivery is discussed.

## **146. Pregnancy Denial and Neonaticide: What Do We Know?**

### *Women's Bodies, Men's Laws*

Margarita Abi Zeid Daou, *University of Massachusetts Medical School University*  
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Women's gravida status has perplexed men for centuries and across cultures, and it led to various attempts to regulate it in criminal codes. In early modern England and Europe, poor laws made out of wedlock childbirth a crime to prevent the lustful poor from overwhelming the pious gentry with their fecundity. While false pregnancies gave birth to jokes and guffaws despite their equally paradoxical nature, the 1624 English law to "prevent the destroying and murdering of bastard children" criminalized pregnancy denial (PD). Not infrequently, neonates born in unassisted deliveries to unaware mothers didn't survive, and mothers were charged with neonaticide. PD has remained under the cloud of a centuries-old stereotype, which still obscures the events that often lead to poor outcomes. Modern epidemiological studies have demonstrated PD's cross cultural ubiquity with rates as high as 1 in 475 pregnancies discovered past 5 months and 1 in 2400 revealed at term. However, neither medical specialties nor legislative bodies are appropriately informed to properly handle such cases. The myths of PD will be explored and questions raised about the crime of neonaticide. New diagnostic criteria for PD as an example of a disorder of somatic denial will also be explored.

### *Gone Before They Existed*

William Kenner, *Vanderbilt University Medical Center, Nashville, TN, USA*  
(williamdkenner@gmail.com)

This presentation will review a case of a 25-year-old, college educated woman with pregnancy denial (PD) and the subsequent death of her twins. Childhood medical trauma dovetailed with later trauma to reawaken her earlier dissociative defenses. Neither she nor anyone in her support system knew she was pregnant: She had none of the signs and symptoms of pregnancy. She mistook labor for a gastrointestinal upset and delivered on the toilet. When she was interrogated, the detective ignored her description of hypovolemic shock and with the help of the Reid Technique tailored her confession to fit neonaticide's stereotype. Law enforcement delayed medical care, and then, she did not have laboratory tests, which could challenge her competency to waive her Miranda Rights. The medical examiner ignored important autopsy findings and misrepresented others to the jury. In the USA, neonaticide falls on the Roe v. Wade fault line. In this case, social media was alive with calls for her execution. The trial had gavel to gavel TV

coverage with commentaries. In addition to the case, a new PD typology will be offered to better explain PD and distinguish it from concealment.

## *The Detective and the Maiden*

Anish Dube, *University of California, Irvine* (anish.dube@gmail.com)

The Reid Technique of Interrogation is a popular method of extracting confessions by American law enforcement. From Ken Burns' special *The Central Park Five* to academic studies and law review articles, the Reid Technique has been criticized for its use of coercion and bullying, thereby increasing the chances that a false confession is proffered. This presentation will review the specific interrogation techniques prescribed and the adverse consequences that sometimes result. For example, in the presented case of pregnancy denial following the death of a set of twins, the detective used the Reid Technique to manipulate a vulnerable suspect's reality and convert her account of personal tragedy into a stereotyped narrative of neonaticide. A close reading of the interrogation transcript demonstrated how the officer used a grieving mother's guilt to elicit a false confession, all the while systematically ignoring pregnancy denial, a history of trauma, and medical symptoms suggestive of hypovolemic shock, delirium, or preeclampsia. The use of this interrogation technique helped account for the dramatic difference between the pregnancy denial's forensic evidence when compared to the clinical data.

## **147. Prisoner Release I: Emerging Perspectives on Effective Prison-to-Community Transitions**

### *A Randomized Clinical Trial Pilot Study of SUPPORT for Returning Inmates*

Bradley Ray, *Indiana University* (bradray@iupui.edu)

Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT) is a community-driven, recovery-oriented approach to substance abuse care for returning inmates. SUPPORT offers clients choice in service participation and aims to strengthen both internal and external aspects of recovery capital through empowerment and choice. Ultimately, this approach serves as a system-level solution within a community or state that aims to help clients not only achieve abstinence but to make significant progress in other areas of life, as the RSOC model is well-suited to develop sustainable supports and life-long skills that are transferable to natural settings and promote personal development. The primary mechanisms through which SUPPORT will accomplish its goals include: (1) Services delivered by a certified recovery coach; (2) recovery-focused treatment plans developed around each client's chosen goals; and (3) payment vouchers clients can use to access support services to meet their goals. In this study we report

the six-month results from a randomized clinical trial pilot comparing SUPPORT to a treatment-as-usual group. This presentation will examine both changes in client recovery outcomes (e.g., agency/self-determination, treatment motivation, self-efficacy, substance use frequency) as well as criminal justice outcomes (arrest or return to incarceration).

### *Hope, Identity, and Self-Efficacy: Underlying Mechanisms of Recovery and Desistance Guiding Community Reentry from Prison for Persons with Mental Illnesses*

Stacey Barrenger, *New York University* (stacey.barrenger@nyu.edu)

People with mental illnesses continue to be overrepresented in the criminal justice system. Mental health interventions designed to address criminogenic risk or link individuals to mental health services have not been successful at reducing recidivism and promoting community tenure. Incorporating a recovery and desistance orientation into interventions for persons with mental illnesses will address both mental health needs and criminological behaviours. Both recovery and desistance theories identify hope, self-efficacy, and identity as underlying mechanisms. Understanding how these mechanisms operate in recently released individuals with mental illnesses will help to produce an integrative framework of community reentry from prison from which to build or augment interventions. This presentation will review three existing qualitative studies on community reentry to examine the role of hope, self-efficacy, and identity in the narratives of persons with mental illnesses recently released from prison. In two of the studies, participants completed in-depth interviews as part of a reentry intervention study. In the third study, participants completed life history, phenomenological, and meaning making interviews. Data was coded thematically using grounded theory and phenomenological techniques.

### *College in Correctional Custody: Does It Count?*

Stephanie Hartwell, *Wayne State University* (steffi.hartwell@wayne.edu)

This presentation will describe the promise and barriers to college level prisoner education pre and post correctional release from the vantage point of the house of correction, the program professors, and the students. Although the literature on prisoner education is unequivocal in its ability to reduce recidivism and improve outcomes, post-secondary education programs for incarcerated or formerly incarcerated persons are often rare as the public is either unaware of their positive impact or not interested in investing in persons who commit crime. However, education and employment are the most important predictors of reduced post-release recidivism and the lowest recidivism rates are among incarcerated individuals participating in post-secondary education programs. Additionally, in the near future, the majority of available jobs will require some college education. College educated individuals earn more, are less likely to be unemployed, and less likely to be incarcerated than non-college educated individuals. Here, we use qualitative data from field notes and coded variables related to access in a controlled environment, variability of and among students, and community transition issues to highlight

both the promise and barriers to offering college courses to best understand how programming in this area should be structured both behind bars and out to the community.

## *Using Prison Health and Mental Health Service: Perspectives from Formerly Incarcerated Adults with Serious Mental Illnesses*

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

Mass incarceration disproportionately affects people with mental illnesses. The experience of incarceration poses several physical and mental health risks due to the stresses and circumstances associated with imprisonment. People with mental illnesses are more likely to experience physical and sexual victimization and attempt suicide while incarcerated. They also may have difficulty following rules due to their psychiatric symptoms drawing attention from correctional officers. While we know something about correctional officers' attitudes towards people with mental illnesses, little is known about the prison experiences of people with mental illnesses, their use of services while in custody, and their interactions with corrections officers and health care providers. This presentation presents the results of a study on how people with mental illnesses experience incarceration, including interactions with correctional officers and treatment staff, use of physical and mental health care, and sanctions (e.g., solitary confinement). Participants were recruited from three different sites in the US: Missouri, New York, and Pennsylvania. Participants completed an in-depth interview, short survey, and critical event timeline. Data were analyzed using a combination of analytics including grounded dimensional analysis, content analysis, and descriptive statistics.

## **148. Prisons and Human Rights**

### *Prisons, Rehabilitation, and Independent Monitoring Under International Treaties*

Bronwyn Naylor, *RMIT University* (Bronwyn.naylor@rmit.edu.au)  
Stan Winford, *RMIT University* (stan.winford@rmit.edu.au)

The purposes of imprisonment may be endlessly debated: To deter; to denounce the crime; to protect the community. But international treaties and standards, including the ICCPR, the UN Standard Minimum Rules (the 'Mandela Rules'), and the European Prison Rules, state clearly that the preparation of a person for reintegration into society is a fundamental goal of a prison system. This presentation examines the question whether, and to what extent, prison monitoring regimes established under treaties prohibiting torture and inhuman treatment can enhance the rehabilitative role of the prison. To date 87 countries, including many in Europe and Scandinavia, and recently Australia, have ratified the UN OPCAT (the Optional Protocol to the Convention Against Torture) since it came into force in 2006. OPCAT requires ratifying states to establish National Preventive Mechanisms, monitoring bodies to prevent 'torture and cruel, inhuman and degrading treatment' in places of detention. It also requires ratifying states to

receive monitoring visits from the SPT (the UN Subcommittee for the Prevention of Torture). This presentation will examine the scope of monitoring under OPCAT, considering whether and how its mandate to protect against ill-treatment extends to facilitating the rehabilitative role of the prison.

## *Human Rights and Prisons: A Psychological Perspective on Offender Rehabilitation*

Astrid Birgden, *Deakin University* (astrid@justforensic.com)

While offenders have some limitations applied to their human rights, their remaining rights have not been well articulated. Human rights law is predominately applied to manage legal risk as a technical problem to be managed, rather than a source of normative values. Offenders should be considered citizens who are deprived of their liberty but retain other rights and obligations. A way to support human rights is by establishing clear goals regarding offender rehabilitation. However, rehabilitation in correctional systems is ultimately coerced, which requires a respectful effort for the person to be engaged in change. A human rights model developed for forensic/clinical psychologists considers legal rights, social rights and, most importantly, moral rights (supporting autonomy and well-being). An adequate rehabilitation theory should articulate the general aims and principles of rehabilitation (values), the functions that the offending serves for that person (treatment targets) and assessment, treatment, and management (practice strategies). The presenter established and managed a compulsory drug treatment prison in Australia and operationalized strategies to support offender rights. This presentation will compare and contrast two contemporary offender rehabilitation models- the Risk-Need-Responsivity model and the Good Lives Model- in supporting offender rights.

## *A Policy Analysis of the 'Problematization' of Segregation and Mental Health*

Michelle Shelley, *York University* (shelley7@yorku.ca)

Using Carol Bacchi's "What's the Problem Represented to be?" approach, this presentation aims to disrupt the politically dominant narrative that assumes segregation in the prison system to be harmful only when the practice exceeds a specific amount of time, or when an inmate is known to have mental health concerns. The goal is to re-problematize the policy debate surrounding the use of segregation in the correctional system by drawing on a critical theoretical framework that is tied to "social justice aims" and is informed by an analysis of power that accounts for the relations that work to create dominant ideologies that reproduce injustices. A re-problematization of segregation using Bacchi's WPR framework demonstrates that the 'problem'—as represented by prison and policy officials—is the need to maintain "safety and security" for inmates and prison administrators and WPR is able to unsettle this representation by drawing on an intersectional analysis of international human rights legislation to account for the interplay of "distances" and "knowledges" that define a 'problem'.

## *Criminalization of Mental Illness and Jail Diversion Programs as a Remedy*

William Donald Richie, *Meharry Medical College* ([Gary7@msn.com](mailto:Gary7@msn.com))

Aloy Kumar, *Wake Forest Baptist Medical Centre, Winston-Salem, USA*

Ellis Turner, *Meharry Medical College* ([eturner14@email.mmc.edu](mailto:eturner14@email.mmc.edu))

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With approximately half of incarcerated inmates having mental health issues, society has not been successful in its commitment to the mentally ill. The existence of disproportionate mentally ill patients in the criminal justice system results from unnecessary detentions, lack of long-term psychiatric inpatient support, and insufficient funding for community-based treatments (effects of *Souder v. Brennan*). Due to a lack of alternatives, the criminal justice system becomes the path of least resistance for mentally ill, non-violent “criminals.” Although their behaviour may be explained by their mental state, they receive inappropriate disposition. The pseudo-solution of incarcerating the mentally ill, progressively burdens the system. Utilization of jail diversion programs can potentially reduce the burden on local criminal justice budgets in the short term by removing offenders from the criminal justice system at arrest and in the long term by treating mental illness that may precipitate problem behaviour.

## *Understanding the Ethical Implications of Pain Management in Correctional Healthcare Practice*

Stewart Duncan MacLennan, *University of Alberta* ([duncanm@ualberta.ca](mailto:duncanm@ualberta.ca))

Diane Kunyk *University of Alberta* ([Diane.Kunyk@ualberta.ca](mailto:Diane.Kunyk@ualberta.ca))

Gerri Lasiuk, *University of Saskatchewan* ([gerri.lasiuk@usask.ca](mailto:gerri.lasiuk@usask.ca))

Preventing pain and relieving suffering caused by pain is an important aim of ethical practice in healthcare settings. Archaic retributive approaches to justice calls for pain to be intentionally inflicted onto a perpetrator of a crime. Contrastingly, a rehabilitative approach to justice, such as that enshrined in Canadian law, rejects the use of pain for punitive purposes. While the law in Canada is clear, it is unclear if informal, perhaps even unintentional, retributive forms of justice persists. People who are incarcerated are heavily dependent on healthcare providers to obtain relief from their painful symptoms. In most correctional settings, healthcare providers are solely responsible for providing or refusing to provide access to pharmacological and non-pharmacological pain-relieving modalities. Given the tensions between pain and punishment in correctional settings, clinicians have an impetus to recognize and understand ethical and moral dimensions of their decision-making within these clinical encounters. What is it like for individuals to have pain while incarcerated? A relational ethics forestructure was used as an analytical lens during data analysis to develop knowledge of applied ethics useful for healthcare providers in forensic settings. The outcomes of the study, including implications for ethical practice in correctional healthcare settings, will be discussed during this presentation.

# 149. Publishing at the Interface of Psychiatry and the Law: Challenges, Opportunities, and Scholarly Journals

## *The Editor's Perspective on Getting Published*

Brendan Kelly, *Trinity College* (brendan.kelly@tcd.ie)

Submitting papers and getting them published is an important, complex process. Publication depends not only on the research and thought underpinning the work described, but also on the authors' ability to structure their arguments, contextualize their research, present their findings clearly, and explore the implications of their work in the broader context. Preparing a manuscript for submission is a multi-step process that merits time, thought, and attention. Preparing papers is a key element of good science communication that is relatively neglected in programs of under-graduate and post-graduate education. The *International Journal of Law and Psychiatry* is the world's leading journal in its field and receives submissions from all around the globe. Writing for a global readership requires a particular skill set that includes especially clear use of language, logical presentation of ideas, focused formulation of results, and mindful discussion of findings. Responding to peer reviewers and interacting with journal editors are other important skills that can significantly shape a submission's journey through the editorial process. This presentation focuses on these themes and provides advice about optimizing the likelihood of having your submission published by making it more robust, clearer, more "editor-friendly" and—most importantly—more "reader-friendly."

## *The Peer Reviewer's Perspective on Getting Published*

Terry Carney, *University of Sydney Law School* (terry.carney@sydney.edu.au)

What are peer reviewers seeking when they assess submissions made to international, multidisciplinary scholarly journals? What is the difference between supplementing the professional literature and making a truly original contribution to scientific knowledge? Is this difference one that will inevitably determine whether a submission is accepted for publication? What differentiates a submission of domestic interest from one of international significance? Does a submission need a thesis or an argument? What are peer reviewers attempting to convey when they observe that a submission lacks "structure"? How much weight is given by peer reviewers to a submission's methodological rigor? Will poor written expression or deficits in proofreading—involving spelling problems, typographical errors, punctuation concerns, or technical citation deficiencies—always be fatal? What techniques are critical for skillfully and engagingly addressing contributions from more than one area of disciplinary knowledge? Are peer reviewers looking for bland, boring, and "safe" submissions, or instead for something that excites and inspires the reader?

## *Researching, Writing, and Publishing Beyond a Single Disciplinary Focus*

Bernadette Maree McSherry, *University of Melbourne* (bernadette.mcsherry@unimelb.edu.au)

“Interdisciplinary,” “multidisciplinary,” and “transdisciplinary” are terms used to describe research that moves beyond a single disciplinary focus in attempting to solve complex problems. The distinctions between these terms are often subtle, but always meaningful, as each reflects an important perspective on modern social scientific scholarship—both theoretical and applied. The incorporation of perspectives from a range of identified disciplines is increasingly encouraged in universities and in public service institutions alike, particularly in relation to areas that have a policy orientation. This assumes that intractable problems can only be solved by transcending specific disciplinary cultures. This presentation will explore how interdisciplinary, multidisciplinary, and transdisciplinary approaches may be practically applied, and will describe some of the challenges in researching, writing, and publishing beyond a traditional single disciplinary focus. It will examine whether learning others’ disciplinary language is possible, or whether incommensurability is always the case, and how best to cultivate common ground.

## *The International Journal of Law & Psychiatry: An Author’s Perspective*

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

How well does the International Journal of Law and Psychiatry fare on the factors that I take into account in choosing a journal to submit a paper: Is its readership that one I want to reach? Does it have a niche readership of interest? How broad is the readership base; is it international? How does it deal with interdisciplinarity; how well does it work for clinicians? Will my colleagues who I want to read it, read it? Does the journal have a good ‘impact factor’ (for a journal in this subject area)? How efficient, helpful, and friendly is the review process? How quickly does it publish following acceptance? I will discuss my experience with the journal along these lines – including one or two surprises. I shall also report on the results of a small informal survey of a number of colleagues’ (both medical and legal) experiences with submissions to the journal.

## *An Introduction to Publishing in Scholarly Journals*

Jennifer Franklin, *Elsevier, UK* (jfranklin@elsevier.com)

This introduction to the journal publication process will provide information and tips to guide authors through key parts of the publication process. Topics covered will include factors to consider in selecting the right journal, writing style for scientific journals, structuring the article for maximum utility and understanding, and authorship issues. This presentation will also cover navigating the peer review process, how the typical peer review process is conducted, and how authors can deal with peer review comments in different situations. Impact measures used in journals publishing will be covered, including the Impact Factor and H-index, with explanation

of how to use and understand these measures correctly to get maximum value. Finally, the session will cover how to maximize visibility of the article after publication, how to promote the work and share with networks, and how to use tools to track performance of the article across academic platforms, in the media, and on social media.

## **150. Quantitative Electroencephalography: Forensic Assessment of FASD**

Natalie Jean Novick Brown, *University of Washington* ([drnataliebrown@gmail.com](mailto:drnataliebrown@gmail.com)) -  
Discussant

### *No Stone Unturned: QEEG as an Integral Part of the Defense of Criminally Charged Clients with a FASD*

Karen Steele, *Attorney at Law, Salem, Oregon, USA* ([kasteel@karenasteele.com](mailto:kasteel@karenasteele.com))

Criminal law defenders are charged with adequately investigating anything that may have contributed to the charged offense (e.g., social history including indications of traumatic brain injury), the offense elements themselves (including degree of culpability), and prospects for the future (including the degree to which the use of a forward-thinking mitigation strategy may assist in ameliorating future dangerousness concerns); otherwise stated, defenders must leave no stone unturned, remaining cognizant of how best to prepare and present the case to the factfinder (court, prosecutor, or jurors). Neuroimaging, including QEEG, is an integral part of this process, contributing to reliability and doing so through compelling media. This criminal law defender considers QEEG an indispensable tool, without which the ability to adequately represent the accused is vulnerable to attacks of ineffective assistance of counsel, especially when the client has a FASD – a brain-based condition seen not with the eye but instead through observation of function – and for which generally-held societal assumptions and expectations don't square with reality. The hows and whys of forensic use of QEEG (including investigatory and legal relevance, funding requests, evidentiary considerations, jury research, and options to bring it within the reach of many) will be discussed.

### *Voxel-by-Voxel: What A Detailed Analysis of QEEG Tracings Has Revealed*

Wesley Center, *Private Practice, Brain & Behavior Associates, Burlison, Texas*  
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QEEGs were obtained from twenty-one (21) male U.S. felony defendants, age 16 – 62 (average = 38) from 2012 – 2019. Each subject had a diagnosis of a Fetal Alcohol Spectrum Disorder (FASD) that had been established independent of the QEEG findings. From early on in this research, “naked eye” analysis of the QEEGs suggested the presence of bilateral abnormalities of

LORETA (low resolution electromagnetic tomographic analysis) in anatomically midline structures. This presentation will focus on our recent effort to test the initial observation and expand upon the preliminary LORETA-associated finding. Utilizing voxel-based analysis of LORETA Z-scores we found that 17 of the 21 of the FASD subjects had bilateral LORETA abnormalities of Brodmann Area 24. We also generated the Mild Traumatic Brain Injury (mTBI) Discriminant from each QEEG. Although the Probability Index average was 75% and the average TBI Severity Score was in the Mild Range, the average TBI Discriminant score was notably negative (-0.49). The relevance and implications of these findings, and the direction for future research it suggests will be addressed.

### *Convergence of Data: Consistency between Neuropsychological Data and Quantitative Electroencephalography (QEEG) in Individuals with Fetal Alcohol Spectrum Disorders (FASD)*

Paul Connor, *Private Practice, Seattle Washington, USA* (paul@connornp.com)

Neuropsychological assessment is a critical component of the Fetal Alcohol Spectrum Disorders (FASD) diagnostic process. Criteria that are used to identify consistency with an FASD diagnosis include intellectual functioning that is at least 2 standard deviations below the mean and/or deficits of at least one standard deviation below the mean in at least three domains of cognitive functioning. In some cases, though the individual may meet minimum criteria of neuropsychological impairments, their levels of impairment might not be considered robust. There also may be questions raised about level of effort on the part of the individual being evaluated. In those cases, addition of Quantitative Electroencephalography (QEEG) has been used to provide convergent validity with neuropsychological functioning. One benefit of QEEG is that it is not impacted by issues of the examinee's effort. Neuropsychological and QEEG data were collected on 19 U.S. homicide defendants. On average, they demonstrated deficits in seven domains of functioning (academics, memory, visuospatial construction, executive functioning, communication, daily living skills, and adaptive socialization). Furthermore, significant correlations were observed between neuropsychological functioning and the QEEG Traumatic Brain Injury Discriminant score was found between intellectual/academic functioning, executive functioning, and adaptive socialization skills.

### *The Emerging Role of Quantitative Electroencephalography (QEEG) in Forensic Assessment of Fetal Alcohol Spectrum Disorders (FASDs): Current and Long-term Implications*

Richard S. Adler, *University of Washington School of Medicine, Seattle, WA, USA* (richadler@fcpsych.com)

In 2007, the authors began developing an ensemble approach to forensic evaluation of Fetal Alcohol Spectrum Disorders (FASDs). Not until 2012 did we make use of QEEG; for some years

it was not t a routine part of our evaluations. Initially we used QEEG in cases that were diagnostically challenging, such as when neuropsychological testing results were atypical. When case facts were atypical, QEEG was utilized at times as a “screening examination,” to bolster a funding request for neuropsychological testing. Notably, QEEG is never used alone to fulfill the established (i.e., CDC and/or Institute of Medicine) diagnostic criteria for FASD. QEEG testimony was utilized mostly in the Sentencing (as opposed to the Guilt) Phase of legal proceedings. QEEG is primarily admitted as an “illustrative exhibit.” Although QEEG did face evidentiary challenges in a small number of cases, QEEG data has never been excluded. We now use QEEG routinely. We will present the current protocol for QEEG developed to strengthen its scientific/research/evidentiary status. Theoretical, scientific, and forensic aspects of QEEG will be addressed. The exciting promise QEEG represents as a viable screening tool, especially for the general population, will be explored.

## **151. Race and Mass Incarceration**

### *The Role of Truth and Reconciliation in Serving Men in Prisons in the Era of Mass Incarceration*

Maria Ward Morrison, *Washington University in St. Louis* (m.morrison@wustl.edu)  
Fr. Dustin Feddon, *St. Vincent de Paul Seminary* (feddon.dustin@gmail.com)

Rehabilitative services to incarcerated men are limited in both availability and effectiveness in the US, where the primary objective of the correctional system is retribution. Incarceration rates have climbed dramatically since the 1970s from approximately 300,000 to 2.3 million today. The majority of the incarcerated are people of colour (56%) and nearly all are impoverished. The US has a long history of enslaving, terrorizing, and systematically denying rights to people of colour. These facts are often relegated to the background in research of and practice with incarcerated and recently released men who are primarily conceptualized as criminals. We propose a model of service provision to men during the reentry process that incorporates providing material support with an engagement in a truth and reconciliation process with their communities. This process goes beyond a restorative justice model to confront the history of racial bias that led to the conditions of mass incarceration. The aim of this process is to assist formerly incarcerated men as well as their communities in addressing the wounds of mass incarceration and establishing a shared human identity based on mutual care, shared responsibility, and justice.

### *Preliminary Findings from the Community Wise Optimization Study: Addressing Social Justice, Substance Use Disorders, and Reentry*

Liliane Cambraia Windsor, *The University of Illinois at Urbana-Champaign*  
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Carol Lee, *The University of Illinois at Urbana-Champaign* (carolal2@illinois.edu)

Rates of substance misuse (SM) among residents of distressed communities are similar to the general population in the United States. Yet SM has significantly higher consequences for residents in distressed communities (e.g., higher incarceration and HIV infection rates). This presentation discusses preliminary findings from a 2\*2\*2\*2 randomized factorial experiment funded by the National Institute on Minority Health Disparities (grant # U01MD01062) aiming to develop and test Community Wise, an innovative, multi-level intervention created in partnership with service providers, residents of distressed communities, and individuals with histories of substance use disorders and incarceration to reduce SM. Community Wise is hypothesized to reduce SM by raising critical consciousness (the ability to understand the structural roots of one's problems in order to empower communities to address social determinants of health while changing individual behaviours). A total of 214 of 528 men have been randomized thus far into one of 16 experimental conditions to examine which intervention component is the most potent in reducing SM. Intervention retention is 48% and ongoing follow-up rates range from 43% to 56%. Preliminary findings indicate that the intervention's feasibility must be enhanced, licensed facilitators may be more effective than peers, and goal implementation components may be more potent.

### *Trauma, Race, and Incarceration*

Navneet Sidhu, *Saint Elizabeth's Hospital, Washington DC* (Navnitsidhu@gmail.com)

It is well-documented that racial minorities are incarcerated at higher rates throughout the world. The reasons behind these disparities are myriad and can range from political motivations to socio-economic factors. The Sentencing Project noted in its June 2016 report that, in the United States, African Americans are incarcerated at least five times the rate of whites. Similar trends are reported worldwide. According to the Institute of Criminal Policy Research (2017), 27% of adult inmates in Australia are indigenous people even though they constitute only 2% of the adult population. Trauma and Post Traumatic Stress Disorder (PTSD) can both predate the incarceration and can be a potential result of incarceration. Jaggi et al. noted that trauma increased the odds of arrest and being imprisoned in black Americans. This can have a potentially devastating impact on minorities leading to disruption of communities and can have far reaching consequences on recidivism rates as well. Blaauw et al. demonstrated that inmates with high suicide risk reported substantially more traumatic life events than those with low suicide risk. This presentation aims to highlight the seriousness and prevalence of these issues and stresses the importance of trauma focused interventions in minority populations in correctional settings.

### *Risk Assessment and Racial Disparities: Do Presentence Investigations Expand or Diminish Racial Disparities?*

Ann Leymon, *Research PDX, Portland, USA* (ann@researchpdx.org)

The US criminal justice system has used validated risk and needs assessment tools to inform

supervision intensity and programming requirements for decades. In recent years some jurisdictions have explored new uses for these tools, using them to inform sentencing at the pre-adjudication stage rather than waiting until the beginning of an offender's sentence. These tools are useful because they can estimate the likelihood of an individual recidivating and also identify priorities and goals for rehabilitation, both of which can be useful for making decisions about sentencing. At the same time, some have raised concerns that these tools may exasperate racial disparities in sentencing outcomes due to their reliance on criminal history (Skeem & Lowenkamp, 2016). This research project looks at a pre-adjudication process in a US county that has included risk and needs assessments since 2014, thoroughly examining its impact on decision-making by criminal justice system actors and on outcomes in sentencing and rehabilitation. This presentation focuses on how this new assessment process is changing norms for each member of the courtroom workgroup and explores the question of whether this tool is used in ways that may impact racial and ethnic disparities.

## **152. Recidivism**

### *Examining How Much is Enough: The Effect of Prison Stay Duration on Recidivism in Oregon, USA*

Mark Harmon, *Portland State University* (mleymon@pdx.edu)  
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In 2011, Snodgrass et al. published a study examining how length of prison stay impacts recidivism, accounting for criminal history, criminal trajectory, severity of current crime, and relevant demographics in the Netherlands. They found no consistent and significant relationship between time served and offending. Part of Oregon's Justice Reinvestment Initiative is to reduce imprisonment while maintaining public safety. The current study is a replication of Snodgrass et al.'s quasi-experimental study examining the connection between length of stay and recidivism in the context of Oregon. The study used a variety of state data sources on incarcerated individuals released in Oregon from 2011-2015 and then assessed the impact of stay on follow-up through 2018 for three years of recidivism tracking those whose most serious offence is a Justice Reinvestment crime. The relationship between imprisonment and recidivism is clearly complex, and it is likely that the overall influence depends on the specific context of the criminal justice system in question. The results provide useful information on the effectiveness and efficiency of our criminal justice system. The results can be used to identify ideal prisons stays that minimizes recidivism, maximizes public safety, and potentially reduces overall costs.

### *Sexual Offense Recidivism and Sexually Violent Predator Civil Commitment Laws*

Joseph Julian Plaud, *Consulting Psychologist, Boston, USA* (plaud@forensicbehavior.com)

Can forensic psychologists and psychiatrists predict future sexual offending? This presentation will focus on sexual offense recidivism for those who were once civilly committed as Sexually Violent Predators or Sexually Dangerous Persons and then released back to the community after either a jury trial or other administrative proceeding. Various methodologies employed by behavioral experts will also be examined in context of sex offender civil commitment practices. The implications of the outcome data on sexual offense recidivism will be analyzed and conclusions will be drawn concerning whether or not there is scientific or social justification for the proliferation of sexual offender civil commitment laws. In the United States at the present time there are 20 states with such laws, as well as within the federal government. The role of forensic psychologists and psychiatrists will also be examined in the civil commitment process. Real data sets will be examined to seek an answer to the fundamental justification for day to life civil commitment of sex offenders as predators.

### *Recidivism Among Female Systematic Offenders*

Eric Blaauw, *Hanze University of Applied sciences* (r.w.blaauw@pl.hanze.nl)

The Netherlands have a court order in which systematic offenders can be placed in a prison for a maximum of two years as a last resort measure. All the personal files and criminal records were gathered and studied of all 102 women who had been subjected to the court order of ISD in the period 2004-2014. All except one woman were addicted to substances in the past year, with an average duration of addiction of 21 years. In addition, 53% were diagnosed with another DSM Axis I disorder and 73% were diagnosed with a personality disorder. Furthermore, 32-59% were found to have intellectual dysfunctions. Criminal recidivism was found to be high (58%) after one year follow-up but lower than that of prison populations or male systematic offenders (72%). The number of offences committed was significantly lower than that prior to the measure. Personal characteristics were found to be unrelated to the criminal recidivism. In conclusion, the presentation will suggest that female systematic offenders are characterized by high levels of addiction and comorbid disorders. Treatment and guidance may reduce criminal recidivism even in a sample of female systematic offenders.

### *Relationship of Housed Status and Arrest and Incarceration for Adults Experiencing Homelessness, Mental Illness, and Substance Use Problems*

Nahama Broner, *New York University* (nb24@nyu.edu)

Arnold Aldridge, *RTI International*

In the U.S., homelessness continues to rise. A national evaluation of adults with mental and substance use problems who were homeless and enrolled in programs throughout the U.S. and its territories provides preliminary information on the relationship between housed status and criminal justice arrests and incarceration for 30 days at 6-month follow-up. Six-month follow-up (N=32,961) on the relationship between housing status and short-term substance use, criminal

justice involvement, and employment will be presented. Per a two-level hierarchical linear model, days used alcohol was associated with increased likelihood of arrest and incarceration, with decrease in likelihood for incarceration and days incarcerated in interaction with housing status when moved from transitional to permanent housing. There was no relationship between employment attainment and arrests or incarceration. Separately, a preliminary mediational model using latent class analysis (LCA) for planned treatment and planned support services will be discussed in the context of potential mediating factors. The LCA suggests planned treatment services classes were associated with improved mental health and criminal justice outcomes, but not substance use outcomes, and planned support services classes were more often associated with improved substance use than mental health or criminal justice outcomes. Findings, potential explanations, and implications will be discussed.

## **153. Refugees and Mental Health**

### *Working with Immigrants and Refugees in an Ever Changing Socio-Political Climate*

George Baboila, *University of St. Thomas* (gvbaboila@stthomas.edu)

In our Interprofessional clinic's current work with asylee seeking and refugee clients, constant changes to government rules and regulations makes it extremely difficult to provide assistance. Add to that the constant negative barrage by political leaders attacking immigrants and refugees creates a "sanctioned" hostile environment. One example of this struggle occurs when accessing resources for refugees may prevent the client from gaining legal entry or being able to stay in the U.S. This problem is compounded by the emotional toll that clients feel from outright racism. All of this leads to a refusal to obtain critical services for fear of being deported. This presentation will review current issues such as "public charge," family separation, travel bans, closing the border, etc. further creating worry about entry refusal or denial of asylum claims facing refugees. Social Work efforts at staying on top of these changes and helping clients be reassured in the face of these ever-changing rules will also be explored. Finally, a case example that weaves through my colleagues' presentations will be used to illustrate these points.

### *Cultural and Systematic Barriers to Addressing Mental Health Among Refugees from Burma*

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Wooksoo Kim, *University at Buffalo* (wkim5@buffalo.edu)

Limited mental health service use remains a critical concern for resettled refugees because their mental health is tied to traumatic experiences. It is critical to understand cultural and systematic nature of barriers, since each refugee group has unique combinations of factors. We conducted semi-structured, in-depth interviews with Burmese and Karen community leaders living in Buffalo in order to examine issue of mental health service use among refugees from Burma.

Interviews elicited community leaders' views and their understanding on mental health, based on their experiences working with their own community members. Findings revealed cultural differences and lack of knowledge on mental health concepts as overarching issue that contribute to varying decisions to use mental health services. Although some were aware of depression or PTSD, such knowledge for them was gained more recently through agency-based training. Three major categories were identified: Sources of mental health issues, service use barriers, and proposed solutions. Findings expand our understanding of unique and specific mental health issues, barriers, and proposed solutions to this refugee population through the eyes of community leaders. Useful information and culturally appropriate support, such as tea gathering, are identified for refugees in utilizing healthcare services.

## *Meeting Mental Health Care Needs of Asylum Seekers: Collaboration Between Service Providers*

Andrea Tortelli, *Pôle GHT Psychiatrie Précarité Paris, Institut des Migrations*  
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Laura Wolmark, *Committee for the health of exiles – COMEDE* (laura.wolmark@comede.org)

Asylum seekers are at higher risk of psychological distress and psychiatric disorders than natives or economic migrants. Therefore, a rapid identification of specific mental health needs allows for the development of adequate service planning, prevention, and support. Yet, there is some evidence that refugees are less likely to seek mental health care on their own, and when referred, are also less likely to attend follow up sessions after the first appointment. In France, after the cleaning of the "Calais jungle", most asylum seekers moved to Paris. A humanitarian asylum seeker center (CPA- Centre Premier accueil) was then created to allow rapid access to the asylum seeker procedure, shelter, and medical care (including mental health). The psychiatric consultation was a first line service which aimed to identify needs of care: hospital admission, pharmacological treatment, or psychological care. To get access to appropriate psychological care (interpreter, cultural sensitivity), a partnership was created with the COMEDE (Committee for the health of exiles), since the public health system lacks services and practices specific to this population. This presentation will analyze rates of hospital admissions, pharmacological prescription, and more particularly, rates and characteristics of patients who attended psychological care after referral.

## *Why Asylum Seekers Should not Participate in Intervention Studies*

Douwe H. van der Heide, *GGZ Centraal* (d.vanderheide@ggzcentraal.nl)

In a psychiatric clinic for asylum seekers in the Netherlands a double blind, placebo-controlled intervention study was conducted into the effect of caloric vestibular stimulation on a dissociative symptom common among inpatients with therapy-resistant PTSD. Effects were rated by independent, blinded observers; at the (premature) conclusion of the study (n = 9) effect was observed in two patients: One in the intervention condition, and in one in the placebo

condition. At the same time, the clinic happened to start a program for the implementation of routine outcome monitoring (ROM); this included the use of two symptom validity tests (SIMS and MENT) as a general validity check (n = 203). The validity turned out to be poor: Mean SIMS score 33.8, 95% CI [31.5, 36.1] (cutoff > 16); mean MENT score 18.7, 95% CI [16.7, 20.7] (cutoff > 9). As poor symptom validity confounds the inclusion of participants in an intervention study it was decided that it would be unethical to proceed; the intervention study was aborted. Our conclusion is that if asylum seekers are to participate in intervention studies, a symptom validity check should be done as an extra precautionary measure to prevent unethical exposure to the test intervention.

## *Mental Health and Refugee Protection in an Era of Immigration Restrictions*

Virgil Owen Wiebe, *University of St. Thomas (Minnesota)* (vowiebe@stthomas.edu)

Asylum under Attack in the US: Mental Health and Refugee Protection in an Era of Immigration Restrictions. In the face of expanding numbers of refugees worldwide, the United States and other nations have taken drastic measures to limit the availability of relief under the Refugee Convention, the Convention Against Torture, and national immigration laws. Using the lens of mental health challenges faced by many seeking refugee protections (including PTSD, Traumatic Brain Injury, Depression & Anxiety), this presentation will address legal changes in the US context. Those changes include the Muslim Ban, dramatic reductions in refugee admissions numbers, credibility determinations in US adjudication, restrictions on particular social group determinations, treatment of asylum seekers in immigration detention, and efforts to detain and deport established refugee populations in the United States. This presentation will include information about the mental health costs of family separation policies at the border, the effects that “public charge” exclusions have on access to mental health resources by poor migrants, and systemic efforts to deny asylum to victims of domestic violence. Legal and advocacy efforts to contest these trends will also be discussed.

## **154. Reproductive Health I: Accessing Reproductive Health Services in Australia**

### *Between Rocks and Hard Places: The Lived Experience of Third-Party Reproduction and Mismatched Regulatory Frameworks*

Anita Stuhmcke, *University of Technology Sydney* (anita.stuhmcke@uts.edu.au)

This presentation will assess the ability of existing legal frameworks to respond to reproductive need based upon interviews with Australians who have travelled for the purposes of third-party reproduction. In particular it assesses the extent to which four decades of policy development in Australian have facilitated a regulatory approach which ‘does no harm’ and ensures the health and safety of all participants. The conclusion reached is that the current regulatory framework

for third-party reproduction has failed those that need it most. Global travel for the purposes of reproduction is disruptive, and exposes gaps and collisions between health care law and family law and other areas of law such as immigration and criminal law. This presentation will draw upon interviews with individuals who have travelled in their attempt to pursue family formation through ART and surrogacy in order to identify and analyze the lived experience of particular sites of conflict between legal regimes. Shared attributes of interviewees include physical and psychological harm, and economic and emotional loss. The aim is to rethink the current regulatory approach to ART and surrogacy so as to improve the impact of law upon individuals who pursue assisted family formation.

## *Surrogacy in Australia: Enforced Altruism's Market Failures*

Jenni Millbank, *University of Technology Sydney* (jenni.millbank@uts.edu.au)

Australian regulation of surrogacy was dramatically liberalized over the past decade, yet still enforces a strict vision of reproductive altruism. Surrogates within Australia cannot be paid anything other than documented reasonable expenses; nor can intermediaries be paid to arrange, facilitate, or advertise surrogacy services. The stated legal objective of such measures is to 'prevent exploitation'. Our research found that while surrogacy is tightly controlled throughout Australia, it is not well facilitated, and domestic surrogates are inadequately supported by parents, peers, or professional networks. There were also reports of surrogates experiencing very serious health problems, which were undetected due to the largely on-line self-matching and unscreened nature of the Australian environment. This presentation will argue that the rigid adherence to altruism in Australia, far from protecting women, has led to a situation where surrogates may be placed at significant risk to their physical and emotional health. The US commercial market has produced a settled model of surrogacy facilitation including screening, intermediation, dispute resolution, and on-going support measures which may, somewhat counterintuitively better 'protect' surrogates' interests than the paternalistic Australian system.

## *Legislating for Health and Well-Being: The Case of Australia's Safe Access Zones*

Tania Sandra Penovic, *Castan Centre for Human Rights Law, Victoria, Australia*  
(tania.penovic@monash.edu)

The harassment and intimidation of patients by anti-abortion protesters outside clinics in which abortions are provided has become commonplace in Australia. This protest activity has undermined the well-being and safety of persons requiring access to clinics, causing significant distress to patients and impeding access to lawful health services, particularly for vulnerable women and those who live outside urban centres. Protesters have been involved in physical altercations with patients or their companions and in 2001, a security guard at a Victorian clinic was murdered by an anti-choice protester who planned a massacre of everyone inside the clinic. In order to address the impact of protest on the health, well-being, and privacy of women seeking abortions and others requiring access to premises in which abortions are provided, four Australian jurisdictions (Tasmania, the Australian Capital Territory, Victoria, and the Northern

Territory) have introduced legislation providing for safe access zones around clinics which provide abortions. Drawing on empirical research conducted in two Australian jurisdictions, this presentation will examine the nature and effect of anti-abortion protest outside clinics and the scope, operation, and impact of safe access zone legislation.

## *Law, Politics, and the Criminalization of Abortion*

Bronwyn Naylor, *RMIT University* (Bronwyn.naylor@rmit.edu.au)

Women's access to abortion has been managed since at least the 1860s through the criminalization of a range of practices, addressed both to women and to the providers of abortion services. The politics of criminalization in Australia have seen developments through legislative change and through judicial interpretation of legislation, as legislatures and courts respond to (or reject) social and political change. The late 1960s was a time of challenges to class, gender, and political inequalities, locally and internationally. In Victoria at the time, with politicians unwilling to introduce abortion law reforms despite substantial community support, a judicial ruling in 1969 changed the law in Victoria at one stroke. The decision of Mr. Justice Menhennit in *R v Davidson* provided a model of legal access to abortion for other jurisdictions, and was followed by significant decisions in New South Wales. In recent years abortion has been decriminalized in two jurisdictions but continues to attract criminal sanctions otherwise. This presentation examines the political and legal context for reforms to the criminal laws of abortion in Australia.

## *To What Extent Does Australian Law and Practice Facilitate a Woman's Right to Terminate a Pregnancy?*

Ronli Sifris, *Monash University* (ronli.sifris@monash.edu)

This presentation explores the law relating to abortion in Australia through a "pro-choice" lens. It begins by considering the need for decriminalization as a precondition to the adequate facilitation of access to abortion services. As part of this discussion, the presentation argues that the criminalization of abortion is problematic for a number of reasons. For example, it contravenes the notion that the right to terminate a pregnancy falls within existing human rights norms, it increases the stigma attached to abortion, and it undermines the need for certainty and clarity in the law. It then proceeds to consider other factors, besides criminalization, which affect women's access to services. As part of this discussion the presentation engages in an analysis of the law in the various Australian jurisdictions and considers the extent to which access to services is facilitated adequately. For example, it considers the "health exception" to prohibitions on abortion together with the imposition of gestational limits before discussing other relevant issues such as abortion on grounds of fetal abnormality, access to medical abortion, conscientious objection, non-legal barriers to access, and the introduction of safe access zones.

## 155. Reproductive Health II: Public Policies of Reproductive Health

### *A Principle of Interdependency: Care Ethics and Public Health Recommendations in Reproductive Health*

Georgina Campelia, *University of Washington* (gdcamp@uw.edu)

Public health recommendations regarding reproductive health, such as those concerning risks of Fetal Alcohol Spectrum Disorder (FASD) and risks related to the Zika virus, standardly target women, but this is not inherently justified. Criticisms of these recommendations have focused on the unnecessary burden placed on women. First, the recommendations skew or misrepresent information. Second, they target women, neglecting the roles of partners and social norms. These recommendations represent responsibility as belonging primarily or solely to women, while at the same time partners and norms hold equal (though not the same) responsibility. Diversifying and expanding responsibility in the form of public health recommendations would alleviate this burden. A feminist ethics, like that promoted by Susan Sherwin and other feminist scholars, offers a model particularly well suited to this endeavor. Indeed, such an ethics, which is both ‘feminine’ and ‘feminist’, brings relationality to the foreground of justice in healthcare. In these cases, recognizing interdependency and facilitating caring interdependent relations would require adjusting our tactics so that all pertinent relations of responsibility are targeted (not just women) and decisional burden is shared.

### *Reproductive Injustice: Examining Disparities in African American Infant and Maternal Mortality*

Cheryl E. Amana Burris, *North Carolina Central University School of Law* (camana@nccu.edu)

Black women experience the highest rate of infant mortality rates among any racial or ethnic group in the United States. Moreover, Black women are three to four times more likely to die from pregnancy-related causes than their white counterparts. Developing data suggest that a significant cause of this disparity is the structural racism and discrimination that is experienced by these women and indeed black people in the United States. These experiences contribute to a lower life expectancy, higher incidents of diseases such as diabetes and high blood pressure, and poorer outcomes for those experiencing such diseases. While providing some introductory discussion on the health disparities among Black people as whole, this presentation will focus on the reasons for the disparity in mortality for Black women and their infants. Initial studies show that the disparity is not improved by education or income status. The goal of the presentation will be to examine which policy and programs, if any, can be implemented prioritizing and improving the outcomes for black women who exercise their reproductive choice to have healthy pregnancies and healthy babies.

## *Breastfeeding and Marijuana Use: A Medical and Ethical Analysis of Policy*

Marielle S. Gross, *Johns Hopkins University* (mgross23@jhmi.edu)

Nadine Rosenblum, *Johns Hopkins University*

Carla Bossano, *Johns Hopkins University*

Lorraine Milio, *Johns Hopkins University*

U.S. guidelines recommend breastfeeding women avoid marijuana given concerns about infant neurodevelopment. Unfortunately, this has resulted in many physicians and hospitals prohibiting women who use marijuana from breastfeeding, despite inconclusive evidence of harm and well-known benefits of breastfeeding. Meanwhile, marijuana use is increasing, and complex personal/socioeconomic factors affect feeding choices. Evidence and ethical justification for current practice will be assessed. First, delta-9-tetrahydrocannabinol (THC) is excreted in breastmilk and limited data suggests neurobehavioral changes among infants whose mothers use marijuana during breastfeeding, though effects of in utero vs. breastmilk exposure are difficult to distinguish. There are also concerns about effects of marijuana use on child care. Meanwhile, avoiding breastfeeding increases infants' risk of sudden infant death syndrome, sepsis, necrotizing enterocolitis, diabetes, asthma, and obesity. Women who do not breastfeed have increased risk of cardiovascular disease, reproductive cancers, diabetes, depression, and unintended pregnancy. Marijuana use is highest among minorities who disproportionately suffer these health consequences and are especially vulnerable to punitive damages (e.g., criminal charges related to drug use). Ultimately, failure to account for risks of avoiding breastfeeding may result in policies which do not optimize health outcomes and may unduly undermine health of underserved women and infants. Breastfeeding policies for women who use marijuana should utilize an individualized, shared decision-making approach.

## *Harming: Remediating Fertility Clinic Mistakes*

Lewis Cornell Browne, *Cleveland State University* (b.c.lewis@csuohio.edu)

People who store their frozen eggs and embryos rely on fertility clinics to keep those materials safe. The purpose of this presentation is to explore the options available to patients who are harmed by fertility clinic mistakes. The law only requires fertility clinics to report their successes. Thus, there is no effortless way for a person to evaluate the quality of a fertility clinic. This presentation will analyze the current legal regime and suggest modifications that are necessary for it to apply to situations involving ART. It will examine ways to provide appropriate remedies to protect the rights of fertility clinics while promoting the best interests of patients. The presentation will take on the challenge of coming up with a method of valuing frozen eggs and embryos. Once those materials have been destroyed, it is difficult to figure out how to legally make the contributors whole. A person can purchase insurance to protect items that he or she places in a storage locker. Even if it were available, that person would probably not buy insurance to protect the frozen eggs and embryos that he or she stores in a fertility clinic because that genetic material is priceless.

## *Legal and Ethical Issues in Fetal Alcohol Spectrum Disorders*

Yasmin Senturias, *Atrium Health* (yasmin.senturias@atriumhealth.org)

Michael Baldonado, *United Church of Christ, Western North Carolina Conference*

Micah Baldonado, *Providence Highschool*

Fetal Alcohol Spectrum Disorder (FASD) is the term for the group of conditions associated with prenatal alcohol exposure. The majority of individuals with an FASD have neurobehavioral challenges that predispose them to challenges within the legal system. They have neurocognitive and self regulatory challenges that result in deficits in impulse control and understanding of the consequences of their actions. Challenges in FASDs are lifelong, affecting function at home, school and the community. Given that FASDs are caused by alcohol use during pregnancy, and therefore preventable, there are ethical issues that merit discussion. While a woman should have autonomy of thought and action when making healthcare decisions the physician should inform the mother of the risks to the fetus, to help her make an informed decision. The principle of beneficence dictates that the clinician should promote both the health of the mother and the fetus, which may conflict with the principle of autonomy. The principle of justice also needs to be addressed. Individuals with FASDs are often not diagnosed nor provided with fair, equitable and just treatment for their disability. It is therefore important for the public to understand the legal and ethical issues for individuals with FASDs.

### **156. Responses to Violence and Trauma**

#### *On the Intersection of Trauma and Human Rights: The Politics of Trauma*

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Lisa Butler, *University at Buffalo* (ldbutler@buffalo.edu)

In recent decades, advances in our knowledge of trauma have lead a growing number of mental health professionals to advocate for treatment systems based on principles of trauma-informed care that recognizes the pervasiveness of trauma in the lives of helping services consumers. At the same time, expansion of international human rights law articulates and codifies a broad range of civil and political, economic, social and cultural, and collective rights. Human rights violations and the resulting trauma are acknowledged as threats to the psychological and social well-being of individuals and communities. Yet, a clear understanding of how these two significant frameworks intersect is lacking. This presentation addresses this conceptual gap and examines how trauma and human rights converge and intersect in multiple and complex ways. The commonalities and unique features of traumatic experiences and human rights violations are discussed, as well as how an integrated framework can be applied to specific vulnerable groups. This integrated approach reframes trauma work beyond the scope of individual suffering and considers trauma within broader social contexts shaped by economic, social, and political imbalances of power.

## *Improving the Role of Traumatized Victim-Witnesses in Criminal Proceedings*

Jan Christoph Bublitz, *Universität Hamburg* (christoph.bublitz@uni-hamburg.de)

In criminal cases, victims are regularly summoned to testify in criminal investigations before police or in courts. Discharging this duty is particularly challenging for victim-witnesses who have been traumatized by the incident. While some may want to contribute to the investigation, others would rather not engage with the incident or even repress it. Many would prefer to deal with the painful incident on their own terms and in a therapeutic environment. Pre-trial traumatherapy is often not offered by therapists for several reasons. The duties of witness thus often impair recovery. Using the example of German Criminal law, this presentation seeks to explore ways in which legal systems may alleviate burdens of traumatized witnesses, e.g., by early recordings that substitute later testimony, and the limits it faces, e.g., by the jurisprudence of the European Court of Human Rights. It also addresses ways in which therapists might proceed before trials commence. Inputs from other jurisdictions and therapeutic perspectives are very welcome.

## *Challenges of Gaining ‘Valid Witness Testimony’ in Cases of Sexual Violence and Trauma*

Nargis Islam, *Oxford Health NHS Trust, Oxford, UK* (nargis.clinicalpsychology@gmail.com)  
Shireen P. Huq, *Member Naripokkho, Bangladesh*

In 2017 the Myanmar Army initiated another brutal “clearance operation” involving widespread and systematic use of sexual violence and murder, driving over 700,000 Rohingyas into Bangladesh. Bangladesh and the international community submitted petitions and amicus curiae observations including witness testimonies to the International Criminal Court in June 2018 to initiate an investigation into the actions of the Myanmar army and government. Gathering witness testimony for mass sexual violence that is ‘forensically valid’ is a recognized challenge, creating tensions between what is legally admissible, and ethically and psychologically appropriate for individuals processing trauma experiences. There is an additional risk of re-traumatization for the victims. Concepts of ‘justice’ are often interpreted differently by individual’s, communities, and the international legal system. This presentation will discuss specific issues and conflicts raised in gathering witness testimonies and in providing a supportive environment to process traumatic experiences and memories, as well as interrogate whether punishment of individual perpetrators and redress through criminal justice mechanisms or procedures is necessarily the one that is most desired by victims of genocide. It will then consider the concept of justice and reparation from the perspective of the Rohingya women and how these cultural perspectives sit within legal and psychological trauma constructs.

## *Implementing Trauma-Informed Psychosocial/Educational Services in Bangladesh*

Nahama Broner, *New York University* (nb24@nyu.edu)

Nargis Islam, *Oxford Health NHS Foundation Trust*

Nishat Fatima Rahman, *BRAC University*

Sakila Yesmin, *BRAC University*

Over the last year, about 800,000 Rohingya refugees have entered refugee camps in the Cox Bazaar region of Bangladesh from Myanmar. In addition to the international response, BRAC Institute for Education Development (BIED), the training, mental health implementation, and research institute of BRAC University, has implemented a 4-tiered psychosocial model in 232 child friendly spaces and through counseling in the camps' refugee shelters, targeting children, youth and women to provide resources, specialized referrals, and skills to support resilience. Following a train-the-trainer training of paraprofessional and professional staff, with ongoing observation and supervision, trauma-informed approaches and services have been integrated into group psychoeducation and "in-home" psychosocial counseling services for children and adult women. This work along with a new initiative to train Rohingya refugee camps' youth to lead trauma-informed psychoeducation groups in small "in-home" community formats will be discussed. This presentation will discuss implementation information, demographic characteristics, needs, and follow-up services data for approximately 1000 participants. A brief discussion of planned services and evaluation research will conclude the presentation.

## *“Violent and Paralyzed El Salvador”: Decolonizing Crime Prevention and Intervention*

Maria Liegghio, *School of Social Work, York University* (mlieg@yorku.ca)

As the smallest country in Central America, El Salvador is characterized as one of the most violent in the world. In a review of the issues, Colburn and Cruz (2016) say, “the level of distrust in the country, a legacy of the civil war, is paralyzing. It chokes all efforts to renew and rehabilitate” (p. 82). Across scholarships the violence is often attributed to the activities of criminal gangs – the notorious “maras” or “pandillas”. Through an auto-ethnographic account of my situated knowledge as a Canadian, social work, scholar, woman, and mother raising a son whose father is Salvadoran, I problematize the construction of “violent and paralyzed” for the ways in which personal and collective traumas, and the intergenerational and transnational transmission of trauma are obscured. I problematize the ways in which the discourse operates to depoliticize the legacy and effects of the war and post-war conditions within their contexts of historical and ongoing colonialism and imperialism effectively alienating the generations from one another. A decolonizing approach to crime prevention and intervention is proposed moving away from deviance and pathology-based traditions to theorizing rooted to “identity” – what it means to be “Salvadoran” across generations and nations using a trauma-informed lens.

## **157. Rethinking Education Programs**

## *Instituting a Coaching Program to Enhance Resident-Physician's Mental Health and Wellness*

Caroline Lee Bertolet, *Eastern Virginia Medical School* (bertolcl@evms.edu)

The Accreditation Council for Graduate Medical Education (ACGME) has recognized the importance of promoting wellness and mental health among resident-physicians. Compared to the general population, resident-physicians experience high rates of burnout, suicidal ideation, and depression. Focusing on wellness is not only more beneficial to the resident-physicians but also for patient care. Residents' experiencing burnout are less likely to provide optimal patient care. With the increased focus of promoting wellness and mental health, many medical schools have implemented wellness programs. This presentation will focus on a piloted program utilizing counselors to provide wellness coaching at a medical school. The counselors use brief solution-focused therapy techniques combined with insight-oriented counselling to teach skills and provide support to increase resident-physicians' overall wellness. The presentation will provide a brief overview of the program and common resident concerns with the main focus pertaining to utilizing insight oriented brief solution-focused therapy in a medical setting. Implications for counselling programs, students, and further research will be discussed.

## *Measuring Impact of Trauma-Informed Education in a Clinical Law Setting*

Gemma Elisa Smyth, *University of Windsor* (gemma.smyth@uwindsor.ca)

Trauma-informed lawyering (TIL) has increasingly taken hold in clinical teaching and practice. In Canada and the United States, clinical law programs are a common site for students' first practice experiences. Given its importance, how can we meaningfully incorporate TIL education into clinical law programs? This presentation reports on data gathered from an interdisciplinary project educating clinic law students on trauma-informed lawyering. The project drew on literature and practices in the fields of therapeutic jurisprudence, social justice lawyering, neurobiology, and critical trauma theory. The presentation will outline the theoretical approaches taken by the researchers in designing the project, describes the project format, and the primary findings. The researchers give insight into questions including: what is the impact of trauma-informed lawyering education on clinic students? How do students incorporate this learning into their understanding of client conflict? Considering its impact, how can we meaningfully embed TIL education for clinic students? Ultimately, how does commitment to trauma-informed lawyering challenge fundamental assumptions about the nature of dominant legal processes, and how do these insights impact lawyers-in-training?

## *Joint Training Program and Clinic for Law and Psychology Students in Child Centered Mediation*

Paul J. Meller, *Hofstra University* (paul.meller@hofstra.edu)

Research suggests that among divorcing couples, those who use alternative dispute resolution are more likely to demonstrate lower levels of conflict and have higher satisfaction with their parenting. In an effort to minimize the conflict and subsequent dysfunction brought about by ongoing conflict, all professions that work with divorcing families must be able to integrate their services. Creating the next generation of legal and mental health professionals who are trained not only in alternative dispute resolution but also in interdisciplinary functioning must begin at the point of initial professional training. This presentation will outline the implementation of a joint training program and clinic for law and doctoral psychology students for child centered divorce mediation. The first phase of the project aimed to reconcile the many thorny issues involved in the collaboration between the two professions, including differences in ethical standards, mandating reporting, and understanding approaches to child abuse. Law students and psychology students will be provided with 40 hours of training in mediation and alternative dispute resolution. Students will then be required to co-mediate divorces in interdisciplinary pairs. Outcome data will be presented regarding student training and collaboration, as well as the efficacy of the mediation services.

## **158. Restrictions of Personal Freedom in Psychiatry: A Continuing Controversial Practice?**

*Restrictions of Personal Freedom in Psychiatry from the European Perspective*

Tomáš Holčapek, *Charles University* (holcapek@prf.cuni.cz)

Psychiatry is a medical field in which the necessity of significant limitations to the exercise of certain personal rights, especially the right to the inviolability of the person, occurs more frequently than elsewhere. Restriction of personal freedom in psychiatric context has many forms. The most controversial examples include the use of the means of restraint and surgical castration of sex offenders. While there is a general trend across Europe to abolish or at least limit these practices, it is questionable whether we can talk about a certain form of consensus on the matter. The presentation will be divided into three sections. In the first section, some of the most controversial practices will be introduced and basic definitions will be provided. The second section will offer an overview of the current state of legislation on use of means of restraint (with an emphasis on their prohibition in the United Kingdom) and surgical castration (which is legal, e.g., in Germany). The third and most extensive part will be dedicated to the relevant case law of the European Court of Human Rights.

## *The Use of the Means of Restrain and the Surgical Castration in Czech Law*

David Elischer, *Charles University* (elischer@prf.cuni.cz)

The Czech Republic belongs to European countries with significantly permissive legislation in relation to several of the most controversial contemporary psychiatric practices, i.e., the use of means of restraint and surgical castration. The presentation will introduce the core of legal regulation of both practices in Czech law. First, the relevant provisions of the Charter of Fundamental Rights and Freedoms, as well as several sections of the Civil Code guaranteeing the inviolability of person and other personal rights, will be introduced. Legal requirement of informed consent for the provision of health services will then be analyzed along with the exceptions from this very basic rule of modern health law. After that, regulation of the use of means of restraint will be described, including the list of the permissible means of restraint, conditions for their use, and procedural aspects of their use. Subsequently, regulation of surgical castration of sex offenders will be analyzed. Validity of informed consent in this type of cases will also be discussed, raising the question of whether surgical castration restricts the patients' freedom.

## *Restrictive Practices in Czech Psychiatry: International Criticism and Illustrative Cases*

Petr Šustek, *Charles University* (sustek@prf.cuni.cz)

The use of means of restraint has been the most controversial practice in Czech psychiatry for many years, being repeatedly subjected to a harsh criticism from abroad including the United Nations Committee against Torture (CAT) and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). While critics consider the use of cage beds and net beds contradictory to human dignity and unnecessary, its proponents find it inevitable in order to avoid the use of harsher means of restraint in the context of the underfinanced Czech psychiatry. Another highly controversial practice criticized by the international human rights bodies is surgical castration of sex offenders. The presentation will examine the relevant parts of the two committees' reports and the debate-provoking question resulting from the Czech Government's official response to the CPT Reports. Several cases illustrating the problem in the practical context will be presented.

## *Surgical Castration of Sex Offenders: A Case Study of the Dilemma Between Dignity and Autonomy*

Martin Šolc, *Charles University* (solcma@prf.cuni.cz)

Restrictions of personal rights of psychiatric patients who are very vulnerable (but, at the same time, sometimes also dangerous to themselves or others) give rise to many complex ethical

questions. One of the most controversial practices in this context is the surgical castration of sex offenders, which remains legal in a minority of European states. There may be identified many questionable issues related to the castration, such as the thin borderline between punishment and treatment in case of sex offenders, the free character of consent in the context of (involuntary) protective treatment or imprisonment, or the degree of moral difference between surgical and chemical castration. However, the ethical core of the problem arguably lies in the sometimes antagonistic relation between the concepts of human dignity and personal autonomy. The advocates of surgical castration state that for many persons with paraphilia, castration represents the only hope for suppressing unwanted sexual attractions. Assuming that consent is, at least in some cases, given freely, we are facing the dilemma between the autonomy of will and the notion of human dignity. The fundamental question is: Should the law protect the society, as well as individuals themselves, from the cases of voluntary mutilation?

## **159. Retrying Leopold and Loeb: A Neuropsychological Perspective**

Ginger Lerner-Wren, *Judge, Broward County, USA* ([jwren@17th.flcourts.org](mailto:jwren@17th.flcourts.org)) - Discussant

### *Retrying Leopold and Loeb: A Neuropsychological Perspective*

David Lewis Shapiro, *Nova Southeastern University* ([shapirod@nova.edu](mailto:shapirod@nova.edu))

They called it the crime of the century; in 1924 in Chicago two brilliant, well-educated, and wealthy young men kidnapped and murdered a 14-year-old boy and killed him "for the thrill of it". Expert testimony was presented by several well-known psychiatrists and psychologists, but even with all their clinical insights, none could reach a conclusion about the causal relation between their disturbed childhoods and a violent senseless crime. In fact, the well-known criminal defense attorney Clarence Darrow made little mention of the extensive psychiatric and psychological workups, and the judge did not deal with it in his sentencing. A review of the findings does suggest a delusional disorder for one of the defendants and psychopathy for the other; the interaction of these two disordered personalities led to a "perfect storm" a confluence of factors that only in combination could result in the brutal crime. Recent developments in neuropsychology allow us to see how these two disordered personalities interacted; the neuropsychological basis of delusional disorder and of psychopathy will be explored in this presentation along with a re-imagined closing argument by their attorney.

### *Cautions in the Use of Neuropsychological Findings in Court*

Charles Golden, *Nova Southeastern University* ([goldench@nova.edu](mailto:goldench@nova.edu))

Findings from neurology and neuropsychology have demonstrated great promise in the understanding of violent criminal behaviour. The previous presentations have dealt with a horrifying crime committed many years ago, when even very skilled clinicians were unable to

relate their clinical findings to the senseless brutality of the crime. While neuropsychological assessment is very intriguing, we need to keep in mind certain cautions. We must recall that the etiology of violent behavior is complex, with a disordered brain playing only one part; we must also consider other psychological variables, demographic ones, sociological ones, and contextual ones. A further complicating factor is that we do not have any good base rate data; in other words, even if we find some neuropsychological impairment in a certain individual who has committed a violent crime, how often is the same or similar impairment found in those who are not violent? Finally, the law demand that we find a causal nexus between the impairment and the behavior, and furthermore, that certain legal standards are met, such as whether or not the impairment affects the person's capacity to appreciate wrongfulness; this makes the whole undertaking very complex.

### *Neuropsychology and neuroimaging: Implications for Mental Health Courts and Therapeutic Justice*

Karen Shatz, *Barry University* ([karen.shatz@gmail.com](mailto:karen.shatz@gmail.com))

Neuropsychology testing and neuro-imaging continue to represent scientific contributions in interpretation, assessment, and adjudication. Factor triangulation implicated in psychopathy include brain damage, personality disorders, and social factors. In an effort to best represent the etiology of criminality and its heinous actions, it is expected that experts have scientifically proven cause and effect of such actions. They must proffer explanations that not only describe causality but determine whether or not a defendant is able to comprehend both charges against them and contribute to their defense. But as Perlin and Lynch point out, would "biological evidence" (e.g. neuro-image reports) be accepted as evidence? Would defendants be able to understand interpretations and correlations? Furthermore, would judges and juries put aside their own presuppositions to consider the linkage of neuropsychology testing and neuroimaging? Despite advances in neuroscience, neuro practitioners repeatedly emphasis that no direct correlations can be made between neuro damage and particular thought and behavior actions. It remains a suggestive field with strong implicative understandings. In mental health courts the expectation is that all testing be included to ascertain best possible treatment outcomes. Before we become too enthusiastic let us consider the implications for defendants, the judicial system, while respecting therapeutic jurisprudence.

## **160. Risk and Recovery Issues in Forensic Psychiatry**

### *The eHARM, a State of the Art Violence Risk Management Tool*

Gary Chaimowitz, *McMaster University* ([chaimow@mcmaster.ca](mailto:chaimow@mcmaster.ca))  
Mini Mamak, *St. Joseph's Healthcare, Hamilton, Canada*

The electronic Hamilton Anatomy of Risk Management – Forensic Version (eHARM-FV) was developed with an aim to enhancing the assessment, monitoring, and management of risk at the clinical interface using analytics. The eHARM is an easy to use electronic tool that allows for innovative data input and data output. From a risk assessment and management perspective, the tool generates automatic individual analytics which allow users to easily track progress and change. These analytics allow users to track patients' progress on specific risk factors, aggressive incidents, and to track changes in clinical risk ratings. From a research and quality improvement perspective, the tool has an aggregator component that also allows for group analysis and is SPSS compatible. As a result, real-time clinical data is easily accessible. Exploration has begun into the many research, quality improvement, and evaluation opportunities that this tool affords. Analytics offer an opportunity to increase our understanding of the forensic population, target effective programs and interventions, and direct more personalized care at the critical intersection of risk assessment and prediction – risk management. Emerging research provides support for its reliability and validity, and clinical utility. Through this presentation, the tool will be demonstrated, and preliminary psychometric data will be presented.

## *Ethics, Risk, and Recovery*

Joseph Ferencz, *St. Joseph's Healthcare, Hamilton, Canada* (jferencz@stjosham.on.ca)

The practice of recovery-oriented care with individuals who have been found unfit to stand trial or not criminally responsible, and who are subject to provincial review board dispositions, presents a variety of ethical tensions. Health care providers are often called upon to provide information in the form of reports and expert testimony about patients who are both in custody and treatment. The assessment and management of risk in a rehabilitative context raises many issues related to autonomy, confidentiality, and conflicting roles. The conflict between forensic and therapeutic roles, in particular, can result in problematic issues such as the loss of objectivity and resulting bias which can result in harm to both the credibility of the evaluator and to the well-being of patients. Such conflicts can also result in significant moral distress in care-givers. This presentation will highlight a number of the ethical challenges which arise in the treatment and rehabilitation of forensic psychiatric patients, with an emphasis on dual role conflicts, and discuss approaches to their analysis and solution.

## *The Review Board Disposition: A Guidance for Addressing Risk and Promoting Rehabilitation?*

Sebastien Prat, *McMaster University* (prats@mcmaster.ca)

Once found Not Criminal Responsible or Permanently Unfit to Stand Trial, a psychiatric patient becomes under the jurisdiction of the Review Board, which mandates a Forensic Psychiatry Program to control the risk posed by and provide the care to this patient. The Review Board orders a set of rules that the patient has to follow, named Dispositions. The Review Board has to give the least onerous and least restrictive disposition for this purpose. At times, these dispositions appear to be inadequate to deal with some patients, due to the intensity of their

delusions, or the constant oppositional behaviour. For instance, the Review Board can decide about the level of security of the unit on which the patient has to reside; at times, despite constant rule breaking or the acuity of the symptoms, the Review Board decides to place the patient in an environment of a lesser level of security, contrary to the recommendation of staffs. The purpose of the presentation is to highlight some of the difficulties that frontline staff have to deal with when referring to what they perceive as being inadequate legal orders.

## *History of Mental Health Courts in Canada*

Richard Schneider, *Ontario Review Board, Toronto, Canada* (richard.schneider@ontario.ca)

This presentation will be delivered by a judge who set up one of North America's first mental health courts. Canada has witnessed a steady decline in mental health services beginning with the deinstitutionalization movement in the latter half of the 20th century. Consequently, criminalization of mental illness has occurred and more people with active mental disorders end up behind bars. Mental health courts were created in response to this reality. The Canadian system has been broad in its focus. The first Canadian mental health court was set up in Toronto, Ontario, Canada with its primary objectives to expeditiously assess and treat mentally disordered accused and to slow down the "revolving door." One of the first programs, the "Diversion of Mentally Disordered Accused," was created in Toronto in 1994. In addition to this program, a mental health court was created to deal with a broader range of issues. These specialty courts have been a success and have grown in number. This presentation will overview the historical and theoretical foundations underlying the mental health court movement and operation of a typical mental health court. Some guidance will be provided for those who wish to set up a mental health court.

## **161. Royal Commissions in Australia: Their Responses to Child and Family Vulnerability**

### *Cultural Healing for Aboriginal Survivors of Institutional Child Sexual Abuse*

Margarita Frederico, *La Trobe University* (M.Frederico@latrobe.edu.au)

Maureen Long, *La Trobe University* (M.Long@latrobe.edu.au)

Carlina Black, *La Trobe University* (19166016@students.latrobe.edu.au)

Megan Van Den Berg, *Victorian Aboriginal Child Care Agency (VACCA), Melbourne, Australia* (meganc@VACCA.ORG)

Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse in 2013 provided an avenue for Aboriginal people who had experienced child sexual abuse in institutions to be heard and believed often both for the first time. However, sharing their stories before the Commission also meant that individuals placed themselves at risk of further

traumatization. The Government responded to advocacy from the Victorian Aboriginal Child Care Agency (VACCA) and funded a Cultural Healing Program for its clients. The authors discuss the role of the Royal Commission, and the impacts of invasion, colonization, racism, discrimination, poverty, and intergenerational harm which are the context for the Cultural Healing program. The authors present evidence from the evaluation of the Cultural Healing Program highlighting the role and importance of cultural healing programs to facilitate addressing the impact of betrayal, trauma, and losses of both cultural abuse and sexual abuse experienced by Aboriginal individuals their families and communities.

## *Childhood, Youth Offending, and Family Violence: Victimization and Vulnerability*

Rosemary Sheehan, *Monash University* ([rosemary.sheehan@monash.edu](mailto:rosemary.sheehan@monash.edu))  
Susan Badaiwi, *Monash University* ([susan.baidawi@monash.edu](mailto: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. Available evidence suggests that these ‘crossover kids’ experience earlier involvement with youth justice systems, and disproportionately come under both youth and adult criminal justice system custodial and community-based supervision over their lifetimes. A 2016-18 study was conducted involving individual case file audits of 300 ‘crossover kids’ who presented to the Criminal Division of the Children’s Court in Victoria, Australia, and who also experienced current or historical statutory Child Protection involvement. Family violence featured prominently in the children’s histories, from early childhood to adolescence, encompassing both victimization and perpetration. The presentation explores the place of family violence in relation to Child Protection, out-of-home care, and Youth Justice involvement among crossover children. Findings are discussed in the light of current system’s responses to adult and adolescent-perpetrated family violence, and the recommendations arising from the Victorian Royal Commission into Family Violence (2016).

## *The Impact of the Royal Commission on the Safety of Children in Residential Care*

Stephen Roche, *Monash University* ([steven.roche@monash.edu](mailto:steven.roche@monash.edu))

This presentation reviews the impact of the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) on the safety of children in residential care in Australia. It presents research that explores how young people perceive and experience safety in residential care, and the things that they most need to be and feel safe, via a qualitative study with 27 Australian children and young people conducted for the Royal Commission. Detailing young people’s perspectives on what makes residential care safe, it highlights the importance of supportive relationships, stability, and having some control over their environment. The presentation then explores the policy and practice impact of the Royal Commission, highlighting the changes that have occurred in response to this research, as well as the recommendations of the Royal

Commission. It concludes by reviewing how the process of a Royal Commission, and the research it commissions, can impact on social policy more broadly.

### *The Stories of Aboriginal Survivors: The Royal Commission's Examination of Child Sexual Abuse*

Maureen Long, *La Trobe University* (M.Long@latrobe.edu.au)

Carlina Black, *La Trobe University* (1966016@students.latrobe.edu.au)

Margarita Frederico, *La Trobe University* (M.Frederico@latrobe.edu.au)

The Royal Commission into Institutional Responses to Child Sexual Abuse included private sessions, a truth-telling process used for the first time in an Australian Royal Commission. This presentation presents the themes that emerged from a thematic analysis of the 54 narratives for Aboriginal survivors who were sexually abused in out-of-home care in Victoria, Australia. The knowledge gained from these stories provide clear lessons for action to keep Aboriginal children and families safe and to prevent abuse. A reoccurring theme from survivors is wanting to know what happened to them will not happen again. The presentation highlights actions which need to be taken to change the context which facilitated the abuse. This is particularly relevant in Victoria where the rate of Aboriginal children in out of home care (96 per 1000 children) has doubled over the past five years and is higher than in any other state or territory in Australia.

### *Implementing Effective Therapeutic Practice: Translating Organizational Culture Into Child Safe Practice*

Prue Atkins, *La Trobe University* (p.atkins@latrobe.edu.au)

Margarita Frederico, *La Trobe University* (M.Frederico@latrobe.edu.au)

Maureen Long, *La Trobe University* (M.Long@latrobe.edu.au)

The final report from the Royal Commission into Institutional Responses to Child Sexual Abuse handed down in December 2017 identified organizational culture as playing a central role in supporting the perpetration of child sexual abuse, slowing the detection of abuse, and/or impeding effective responses to abuse. The Commission's report outlines recommendations for a way forward that concentrates on the promotion of 'child safe' organizational environments but there is an absence of specific comment on developing culture to support more effective responses. This gap is disappointing given emerging evidence from translational science about the role organizational culture plays in encouraging innovative practice aimed at improving therapeutic outcomes. The presenter draws on findings from her own study of the role culture plays in supporting the implementation of innovative therapeutic practice for children involved in the child protection as an illustration of specific methods for promoting more effective responses.

## **162. Seclusion and Restraint**

## *The SABRE Project Seclusion and Barriers to Restraint Elimination*

Eimear Caitlin Muir-Cochrane, *Flinders University* (eimear.muircochrane@flinders.edu.au)  
Deb O’Kane, *Flinders University*

This presentation will report on a study that investigated nurses’ perceptions and attitudes regarding barriers and enablers to eliminating the practices of seclusion and restraint in inpatient psychiatric settings and emergency departments (EDs) in Australia. 512 nurses across Australia completed an online survey examining nurse views on the possibility of elimination of seclusion and restraint, as well as their perceptions of these containment practices and factors (e.g., patient acuity, unit and policy, time available to spend with patients) influencing use and the possibility of reduction and elimination with psychiatric consumers. Barriers to seclusion and restraint elimination involved staff (e.g., levels, experience, training), consumer (e.g., acuity, drug-affected, violence), and environmental factors (e.g., lack of space). Enablers to elimination focused on strong clinical leadership, training and adequate staff numbers, and ability to form good therapeutic relationships with the same nurses caring for consumers across shifts. Nurses reported being faced with threatening situations and the potential for violence and being worried about going to work fearful if they did not use seclusion or restraint to maintain ward safety and adverse events occurred. The results suggest that initiatives at multiple levels are needed to help nurses to reduce and where possible eliminate use of seclusion and restraint.

## *Physical Restraint: Narrative Experiences of Mental Health Patients*

Pauline Cusack, *University of Central Lancashire* (pcusack@uclan.ac.uk)  
Michael McKeown, *University of Central Lancashire* (mmckeown@uclan.ac.uk)  
Jean Duckworth, *University of Central Lancashire* (JEDuckworth@uclan.ac.uk)  
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In the western world, policy and legislation seeks to minimize restrictive interventions, including physical restraint; for example Article 3 of the European Convention on Human Rights (2003) prohibits inhumane and degrading treatment. Under this same convention physical restraint can also be challenged under Article 8, respect for private life, and under Article 5, regarding deprivation of liberty/unlawful detention. Whilst specific international legislation around restrictive interventions will inevitably vary, in England and Wales the Mental Health Act 1983: Code of Practice (Department of Health 2015) outlines best practice in the use of restrictive interventions for people within mental health settings. Yet research studies have suggested that physical restraint use continues to raise concerns. There have been uncertainties surrounding the potential for restraint to be used inappropriately by staff on occasions. Irrespective of this, there remains unease about the potential for psychological and physical harm caused to patients, stemming from its use. This presentation is the findings from a study exploring the narrative experiences of mental health patients, in England, surrounding the impact of physical restraint.

In addition, findings from an Integrative review exploring the physical and psychological impact of physical restraint for mental health in-patients, will be shared.

## *Using Lived Experience to Address “Pasung” in Indonesia: Learning Together*

Sharon Lawn, *Flinders University* (sharon.lawn@flinders.edu.au)

Muhamad Taufik Hidayat, *West Java Psychiatric Hospital, Bandung, Indonesia*  
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Deb O’Kane, *Flinders University* (debra.okane@flinders.edu.au)

Indonesia has among the highest rates of Pasung in the world; the phenomenon of restraint of people with mental illness in the home, usually by their family, in the absence of any formal system of evidence-based mental health care beyond the short-term support provided by large psychiatric institutions. This significant human rights issue is widespread, despite being declared illegal in Indonesia since 2014. In countries, such as Indonesia, where significant structural differences influence mental health care compared with Western mental health systems, including virtually no community mental health services, the legal and ethical markers in place to address seclusion and restraint of people with mental illness are problematic. This presentation reports on a collaboration between Australian and West Java consumer advocates and experts in seclusion and restraint, as part of an Australia Award Fellowship. The purpose of the Fellowship program was to develop skills, knowledge, and capabilities through people-to-people and institutional links across academic, government, civil society, and private sectors. Through exchange visits between countries, workshops, and organizational visits centred on mobilizing consumer advocacy, the Fellowship is exploring policy, practice, and translation steps required to establish more effective psychosocial supports to reduce Pasung in the West Java community.

## *Medical Restraints Between Coercion And Protection: Medico-Legal Issues*

Simona Zaami, *"Sapienza" University of Rome* (simona.zaami@uniroma1.it)

Simona Napoletano, *ASL Latina UOC Clinical Risk, Latina, Italy*

This presentation will contend that restraining patients against their will entails a violation of human dignity and personal fundamental rights, irrespective of the motives at the root of such initiatives. Health care personnel may resort to restraints for patients presenting extremely low or absent mental capacity only under emergency circumstances when no alternatives exist and the patients must be prevented from harming themselves or others. Resorting to restraints may be acceptable when it comes down to “holding” measures, i.e., techniques used by health care personnel in order to contain seizures or fits from patients, by listening to them and engaging their bodies, should the need arise, in an effort to lay the groundwork for a constructive dialogue. Medical and nursing personnel should however use restraints in a proportionate, sensible fashion,

based on real needs, prioritizing less invasive measures and limited to the time needed to overcome the conditions that made such techniques necessary in the first place. The presentation argue that medical restraints should be consistent with 21st Century psychiatric practice, one that greatly prizes patient autonomy.

## *To Use or Not to Use Physical Restraints in Pediatric Psychiatric Care: Should Health Professionals as Guarantors Use Coercive Measures to Protect Children from Potential Harm?*

Elvira Pértega Andía, *Hospital Universitario Infanta Sofía, Madrid, Spain* (elvira.pertega@gmail.com)

The CRPD establishes that involuntary treatments and coercive measures should be banned in psychiatric institutions. Nevertheless, national legislations still allow the use of coercive measures to protect from imminent harm as a last resort. This conflict places health professionals' legal responsibility to protect from harm using coercive measures under scrutiny. In particular, this presentation will discuss how professionals' legal role as pediatric patients' guarantors may shape their decisions regarding whether or not to use physical restraints (PR) in inpatient pediatric psychiatric units (IPPU). It will be claimed that the role of guarantor makes professionals more prone to use physical restraints for safety reasons as they are obliged to act in case of risk of harm. Hence, the presentation will recommend changes to the current law so that instead of professionals being responsible to act with coercive measures (i.e., PR) in case of risk of harm, the law protects professionals from being accused of negligence or malpractice if they do not use coercive measures (i.e., PR) to protect from potential harm, even if harm occurs.

## **163. Service User-Provider Relationships**

### *Informed Consent for Psychiatric Patients*

Gianluca Montanari Vergallo, *"Sapienza" University of Rome, Italy* (gianluca.montanarivergallo@uniroma1.it)

Alessandro di Luca, *Institute of Public Health, University of the Sacred Heart, Catholic University of Rome, Rome, Italy*

Radical changes in the way treatment for mentally ill patients is conceived, which were phased in by law n. 431/1968, and fully implemented by law n. 180/1978, have turned mental patients from subjects to be kept in custody and institutionalized into individuals who are entitled to make decisions about their health, except in cases where involuntary commitment is warranted. Respect for human dignity now requires that doctors make an effort to acknowledge their patients' margins for the exercise of self-determination, which play a role in the establishment of a fruitful doctor-patient relationship. The basic principle to be reasserted is that no mental illness in and of itself, with the exception of emergency situations and unless proven otherwise, is

enough to brand a patient as a “minus habens”, lesser beings to be treated differently from other patients. On the contrary, from the standpoint of medical ethics, such patients are to be listened to and informed with great attention. Psychiatry has thus overcome the notion of mental patients as necessarily dangerous individuals and has come to espouse a trust-based approach, grounded in cooperation between doctors and patients, aimed at the preserving and improving health in its broadest sense.

## *Psychiatrist Liability for Crimes Perpetrated by Psychiatric Patients*

Enrico Marinelli, "Sapienza" University of Rome, Italy (enrico.marinelli@uniroma1.it)  
Francesca Negro, "Sapienza" University of Rome, Italy

The issue of psychiatrists held liable for their patients' crimes is a complex realm for several reasons. The lines between an accurate diagnosis and a wrong one are blurred, even more so than in standard medical practice. Furthermore, a need exists to balance the goal of treating and protecting patients against the urge to preserve their freedom, dignity and autonomy, which was pushed to the forefront by law n. 180, 13th May 1978. Such a law has marked the abandonment of the characterization of mental patients as dangerous individuals to be restrained, in favor of a different approach emphasizing care and the enhancement of free patient participation in therapeutic pathways. It has been observed that judges may sometimes stretch the principle of “protection”, thus burdening doctors with the legal obligation to stave off damages to patients. The presenters have looked at court rulings centered on failure to commit patients, discharge from facilities and obligations to supervise, in order to stress that generalized regulations that apply to standard professional liability cases cannot govern the peculiarities inherent to psychiatric practice. A reform appears to be urgently needed, in order for psychiatrists to be able to rely on a clear code of conduct.

## *"Hear me out": Perspectives of Patients with Severe Mental Illness, their Families, and Mental Health-Care Providers on Access to Legal Facilities, A Qualitative Study from India*

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Debasish Roy, CMC, Kolkata, India

Mental illness creates social vulnerability, especially in a developing nation like India. Even with substantial mental health law reform, human rights violation in this population is still the norm. Their dignity and equality are compromised if their voices are ‘unheard’ by justice. We attempted to hear these ‘unheard voices.’ This is a qualitative study with a constructivist paradigm. Using semi-structured interview guides, four focus group discussions were conducted with 30 patients with severe mental illness and their families from different sites in India. Fifteen mental healthcare providers were also interviewed in-depth. NVivo 10 was used in

grounded theory analysis. Excessive legal importance was given to testamentary capacity and fitness for duty, whereas adoption, guardianship and marriage-related issues were neglected. Access to justice was hard in rural areas and closed hospital wards. ‘Feeling neglected’, ‘coercion’, ‘discrimination’ and ‘inadequate legal representation’ were the perceived unmet needs by the patients and families. The care-providers resonated the ‘unawareness of rights’ and ‘lack of adequate service provisions.’ Despite recent implementation of mental health care legislation in India, the execution and distribution of justice remain a challenge as reflected in this study.

## **164. Sexual Offences and Sexual Victimization Among Healthy and Disordered People: A Snapshot of Some Groups in Brazil**

*Blaming the Evil for the Sexual Misconduct: Beliefs of Rapists and Children Molesters*

Danilo Baltieri, *ABC Medical School* (dbaltieri@uol.com.br)

Sometimes, after a rigorous competence evaluation, a person who has committed a “monstrous” crime and is even considered “normal” causes academic discussions and public awkwardness. In addition, politicians occasionally attribute a sexual offence against children mainly to an act guided by evil forces and not to human tendencies or psychiatric disorders, disregarding medical and/or psychological positions and evaluations. In order to investigate how sexual offenders against children and adults understand their behaviour and attribute their “bad” actions to a superior “force,” a sample of 73 sexual offenders under outpatient treatment were asked about their beliefs on evil, if this “evil” could be personified or reified, and if this “entity” could have influenced their previous criminal conducts. All participants were Catholic or Protestant. More children molesters blamed the “evil” for their misconducts ( $\chi^2 = 4.96$ , 1df,  $p = 0.03$ ) than their counterparts and the majority of sexual offenders against adults denied this kind of influence and linked their sexual offences to drug use at the moment of the crime. Given the fact that children sexual molestation is highly condemned and provokes intensive public outcry, it is possible that child molesters attempt to justify their behaviours blaming others for their crimes.

*Dimensional Aspects of Sexual Abuse Among Women Convicted of Violent Crimes Evaluated by the Latent Class Analysis: A Sectional Study*

Brian Bellandi Da Cunha e Silva, *ABC Medical School* (brianbcs1@gmail.com)

There are diverse pathways that lead girls/women to delinquent behaviours, such as sexual

victimization, early traumatization, drug misuse, among others. This study aims to evaluate women convicted of violent crimes, that is, robbery or homicide, who reported being sexually abused previously to incarceration. Our sample involved 315 women. One hundred fifty-nine prisoners (50.47%) reported some type of sexual offence (undesirable sexual contact, attempted coercion, sexual coercion, attempted rape, rape), measured by Koss et al. (2007). Independently of the committed crime, those who reported one or more undesirable experience have shown higher scores on impulsiveness, depressive symptoms, alcohol and/or drug use problems than their counterparts. To analyze only those women who reported one or more types of undesirable sexual experiences (n = 159), we carried out a Latent Class Analysis (LCA). The indicators entered into LCA were the five types of undesirable sexual experiences. Five groups were investigated to evaluate the model fit. Two groups were better derived from this analysis, one with more frequent undesirable sexual experiences showed higher scores on impulsiveness and depression levels. It is important to identify paths to delinquency and, subsequently, to manage the main risk factors for it should be of the paramount importance within all criminology-related sciences.

### *A Path Analysis Model for Explaining Sexting Behavior Among University Students: The Effect of Personality Traits Derived from the Interpersonal Reactivity Index (IRI)*

Tomaz Eugenio De Abreu Silva, *ABC Medical School* (tomazeugenio@hotmail.com)

The term sexting means to send and/or receive sexually explicit images, texts, or videos through cell phones. This behaviour can be associated with specific attachment styles, some personality traits, high impulsiveness levels, and alcohol/drug use. This research investigated 164 University students (61% female; mean age = 22.51) in the State of São Paulo, Brazil. Using self-administered questionnaires, seven variables supposed to influence sexting behavior were investigated, such as sexual impulsiveness, depression symptoms, four personality dimensions, and alcohol/drug use problems. A path analysis model was constructed based on the hypothesis that some personality traits are correlated with this type of sexual conduct. In summary, the results have shown that sexting is significantly, directly, and independently correlated with low personal distress and higher scores on depression. Self-esteem and a certain level of detachment from moral concepts may be risk factors or even simply correlated with this phenomenon. Those participants who have sexted can be at a psychologically vulnerable condition and their behaviours may put them in a socially embarrassing situation.

### *Are Sexually Sadomasochistic Fantasies Different Between Male and Female University Students? Scientific Evidence and Anecdotal Reports*

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Danilo Baltieri, *ABC Medical School* (dbaltieri@uol.com.br)

A few researchers that previously investigated sexually sadomasochistic fantasies and activities in samples of subcultures of individuals who have enjoyed these sexual behaviours, by posting advertisements or invitations in specialized sites or magazines, have suggested that high extroversion and low neuroticism are associated with these fantasies and/or activities. Our study aimed to verify if participants' gender, alcohol and drug use problems, depressive symptoms, and other types of sexual fantasies are associated with a higher sexual interest in sadomasochistic fantasies in a sample of university students. The Sexual Fantasies Questionnaire (1978) was administered to 302 University medical students (56% female; mean age = 21.46). Female gender, later onset age of alcohol experimentation, illicit drug use in lifetime, and higher scores on depressive symptoms were related to a higher score on sexually sadomasochistic fantasies ( $R^2 = 0.44$ ). Our results are in line with some other studies that have shown that the neuroticism factor (which is highly correlated with depressive symptoms) was linked to sexually sadomasochistic activities/fantasies. Pain exchange sex can be constructed around scenarios and narratives of shame and humiliation, and based on certain types of vulnerability. The presentation reviews the findings and concludes that the study has demonstrated strong association of this kind of sexual fantasies with depressive symptoms and illicit drug use.

## 165. Sexual Offenders I

### *Sexual Identity Disorder and Perception Distortion at Rorschach*

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Christian Mormont, *Université de Liège* (c.mormont@uliege.be)

This presentation will discuss the relationship between sexual identity disorder and a specific type of “sex oriented” perception distortion at Rorschach through the case study of a sex offender male (Mister M., 28 years old) who, at the age of 15, had raped his 11-years-old sister. Mister M. was himself subjected to repetitive and brutal rape by a male adult neighbour from the age of ten to 12 years old. According to his Rorschach protocol, analyzed by Exner's Comprehensive System (1995), Mister M. showed “no obvious indications of deliberate efforts to malingering psychotic or mood disorder in the structural data”. Although he was demonstrably able to perceive realistically people and events, Mister M. showed signs of “impaired capacities to think logically and coherently”. Indeed, he perceived systematically sexual differences in symmetrically structured images. The presentation will show how, under the effect of a sexual trauma, Mister M.'s sexual identity disorder impaired his cognitive capacity to recognize reality: Perceiving a difference that does not exist while denying factual differences (anatomical sexual difference).

### *Libidometry in the Evaluation of a Serial Rapist*

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When evaluating the dangerousness of sexual delinquents, minimization, denial, or cognitive distortions occur while unconscious motives are neglected in the criminogenesis. Since Freud's discovery of sexuality as a main force in unconscious functioning, there were attempts to quantify the drive force of sexuality. It was Bernfeld who introduced the concept of Libidometry – psychic conflicts are energetic conflicts and drives have an energetic potential. In 1947 Szondi developed a test instrument, based on the forced choice of six series of eight pictures of persons with psychic problems, in order to measure the strength of drive in four domains: Sexuality, contact, ego functioning, and emotions. Further research by Borg demonstrated the danger of imbalance caused by accumulated drive forces, manifesting in the high load of choices in the sexual vector of the Szondi test, and the risk of disruptive events, discharging excessive drive energy. This presentation will discuss the theory of Bessoles that sexual criminality can act as a self-calming process, the ego functioning lacking a grip on an unmanageable sexual drive force. The limitation of descriptive testing instruments such as MMPI will be discussed.

### *Applying Risk Factors to Assist the Investigation, Prosecution, and Supervision of Child Sex Offenders*

Jessica N. Owens, *Federal Bureau of Investigation, Quantico, USA* (jnowens@fbi.gov)

Sexual deviance has been identified as one of three factors for reoffending among contact child sex offenders (CSOs). Researchers have opined that despite the limited research on risk factors for online CSOs, these offenders are likely to exhibit similar characteristics as contact CSOs related to their future risk to children. Research conducted by the Federal Bureau of Investigation (FBI) supports the assertion that the lack of criminal history may not accurately represent the totality of a CSO's sexual deviance or the potential future risk to children. The aim of this research is to provide analyses from a law enforcement sample that will contribute an additional perspective to the field of study. Understanding and evaluating the breadth of CSO behaviour obtained by law enforcement during investigations can provide legal professionals with additional information with which to argue increased risk to reoffend, greater sentences, and more stringent monitoring following a CSO's release from prison. Furthermore, probation and mental health professionals can also benefit from understanding the identified risk factors and incorporating them into more accurate evaluations and/or treatment of CSOs. This information is intended to spark further analyses and additional dialogue among professionals from a cross-section of disciplines.

### *Sexual Offences and Risk Reduction: The Indian Scenario*

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Suresh Bada Math, *National Institute of Mental Health and NeuroSciences (NIMHANS), Bengaluru, India*

Statistics estimated that 99% of crimes against women in India go unreported. The 2016-17 crime records reported four cases of rape and four cases of child sexual abuse every hour, double that from the last decade. However, only a fifth of the cases proceed till conviction of the offender. This presentation will undertake a status review pertaining to the existing laws that govern action against sex offenders, whether major or minor. The Indian government has introduced the death penalty for sexual offences and initiated a nationwide sex offender registry. Our review compares sentencing of sex offenders and the effectiveness of sex offender registries in curbing sexual offences in other countries with the situation in India. It was observed that there are no recidivism and reoffending data for sex offenders in India nor are there any risk reduction or rehabilitation programs. There are no guidelines for practitioners to report regarding their clients' past offences or present risk to reoffend. Medical and mental health needs assessments that are undertaken elsewhere were reviewed. Based on the presenters' findings, a change in the Indian legislative, policing, judicial, and correctional systems is suggested to effectively control sexual crimes.

### *The Sexually Violent Predator (SVP) with Serious and Persistent Mental Illness (SPMI): Special Considerations*

Marta Pék Scott, *Consulting Psychiatrist, New York, USA* (martapscott@gmail.com)

Kimberly Tate-Brown, *Mental Hygiene Legal Service, New York, USA* (ktbrown@nycourts.gov)

In the United States, twenty states and the District of Columbia have sexually violent predator laws. While there are some variances across individual statutes, most states require the establishment of a “qualifying” mental disorder in order to pursue civil commitment for individuals with a history of sexually-related offenses. The most common diagnoses that are used to establish that an individual’s emotional, cognitive, and volitional capacity are affected in a manner that the mental disorder predisposes him or her to the commission of another sex offense are paraphilias and antisocial personality disorder (ASPD). Paraphilias denote sexual arousal to specific stimuli over an extended period of time that results in distress or impairment. ASPD is a pervasive pattern of disregard for and violation of the rights of others. There are many cases in which individuals solely diagnosed with a psychotic disorder, such as schizophrenia or schizoaffective disorder, who have committed sexually-related offenses, are civilly committed under the SVP laws and placed in treatment programs specifically designed to treat SVPs with paraphilias. This presentation will examine the ethical, legal, and medical challenges of such cases through two case studies from New York State.

## **166. Sexual Offenders II**

## *Psychotropic Medication with Youth Who Cause Sexual Harm: A Valid Treatment Method or Chemical Restraint?*

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Matthew A. Hanggi, *Strong Memorial Hospital*

Medication management is often a form of treatment used in conjunction with psychotherapy of youth who cause sexual harm. Studies have found most of these youth have been assigned at least one, but often more than one, DSM-V diagnosis. The presence of at least one mental health diagnosis warrants consideration of medication management in treating this population. However, this presentation will show findings that indicate youth who cause sexual harm in a residential treatment facility have a significantly higher number of medications prescribed at discharge than what they came in with at admission. This begs the question: Is talk therapy effective with this population, or are we simply imposing a chemical restraint to modify behavior? This presentation reports on a study that examined the use of psychotropic medication with youth who cause sexual harm and their treatment outcomes. Based on these findings, the presentation will discuss the ethical considerations psychotherapists and prescribing professionals must consider and attend to in their work.

## *Female Sexual Offenders: A Reality That Can No Longer Be Ignored*

Franca Cortoni, *Université de Montréal* (franca.cortoni@umontreal.ca)

Although progress has been made, female sexual offenders continue to be an understudied population and many questions remain unanswered. This situation is complicated by the fact that many professionals fail to recognize that women can and willingly do engage in sexual abuse of children. Victims of women suffer from the same range of traumatic effects as victims of men, a fact that is often misunderstood. Further, victims of women must additionally contend with the fact that their offender was a woman – sometimes their mother, thereby violating ingrained expectations that a woman (or a mother) would never sexually hurt a child. To help professionals better understand this special subgroup of sexual offenders, this presentation will provide an overview of current knowledge on the proportion of sexual offenders who are women; the gender-specific factors related to female sexual offending; issues related to risk of sexual recidivism. Implications for treatment as well as for the criminal justice system will be discussed.

## *Sexual Attraction for Adolescents: A Psychopathological Category? About the Concept of Hebephilia*

Ingrid Bertsch, *CRIAVS, CHRU de Tours, France* (i.bertsch@chu-tours.fr)  
J. Cano, *ERIOS-CRIAVS Aquitaine*,  
C.H. Charles Perrens, *Bordeaux, FRANCE*

Sexual violence is an international concern which lead to psychic understanding of sexual offenders (SO). Previous publications presented several classifications in order to clarify the clinical variety of these sexual offenders. According to DSM-5, pedophilia is defined as “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger)”. This definition does not include a particular clinical population of sexual offenders who have specific preference or attraction for underage pubescents victims. Hebephilia (generally defined as a sexual attraction for 12 to 16 years old adolescents) is a psychopathological category that created important controversies, which is why it still does not exist in modern classifications. The goal of this presentation is to discuss the ethical and clinical necessity of this concept, using empirical situations, a historical reminder of the main arguments of previous debates, and a literature review allowing to appreciate the clinical characteristics of hebephilia.

## *Registering Disability: Exploring Sex Offender Registries and Persons with Developmental Disabilities*

Lisa Michelle Whittingham, *Brock University* ([lisa.whittingham@brocku.ca](mailto:lisa.whittingham@brocku.ca))

Sex offender registration is used internationally to protect community members by monitoring and tracking any offenders convicted of a sexual offence following their release into the community. Despite research indicating that these registries provide limited efficacy for both offender rehabilitation and community safety, they continue to be a popular form of surveillance. To date, there has been very little attention given to the impact of sex offender registries on persons with developmental disabilities (e.g., autism spectrum disorders, intellectual disabilities). The goal of this presentation is to explore the current literature regarding sex offender registration in Canada and the United States, and the assumptions regarding persons with developmental disabilities who engage in sexually-based offences. Based on this exploration, the discussion will focus on how conceptual frameworks such as the Good Lives Model and the United Nations’ Convention on the Rights of Persons with Disabilities can help to understand the needs of this unique population and to properly address their supports and challenges, while also promoting community safety.

## **167. Shifting Power: Human Rights Law Confronts State and Psychiatry**

### *Where is the Camp? Psychiatry and the State of Exception*

Leah Marie Ashe, *University of Notre Dame* ([lashend@gmail.com](mailto:lashend@gmail.com))

This presentation will issue a radical biopolitical critique, engaging two lines of work to uncover the juridical-philosophical particularities that undergird contemporary psychiatric legitimacy and operation. First, the presentation will assume Agamben's articulation of the "state

of exception" and his positioning of "the camp" as the "nomos of the modern." The camp (for Agamben) is "the space... opened when the state of exception begins to become the rule": both inside the law and outside the law, it is brought into being *by* the law and yet operates outside the normal juridical order. Psychiatry operates in a parallel form: its legal privilege consists in its power to suspend the regnant juridical order (for those under its control) while being instantiated (itself) by that same order, and the space of psychiatric internment is, like the camp, both inside and outside the law. Second, the presentation will draw upon decolonial writings to suggest one particular political maneuver by which people are made eligible for, and assigned membership in, this psychiatrized state of exception and demoted to a "zone of nonbeing": "epistemicide."

## *Why Japan has the Highest Number of Beds Per Population in Psychiatric Hospitals – and Why the Government Wants to Keep Them*

Mari Yamamoto, *Advocacy Center of Persons with Psychosocial Disability, Tokyo, Japan* (mariyamamot@gmail.com)

Japan has the largest number of beds in psychiatric hospitals in the world and there are many long-stay inpatients. Over 30,000 persons are kept in psychiatric hospitals for over 20 years, and there are about 190,000 persons kept for over one year. Furthermore, the government claimed that 60% of inpatients staying over one year are "severe and chronic patients" and they need a long stay in psychiatric hospitals. Even in 2025, the "demand" for beds for long stay inpatients is forecast to be 100,000 beds. This comes as the result of the government's generally discriminative policy and legislation: recently, for example, the government established a new policy to send persons with dementia to psychiatric hospitals as if these wards are terminal institutions. The presentation will discuss one of the strategies to change the situation, which is to use the UN human rights mechanism including the individual complaints to the Working Group on Arbitrary Detention, from which we got the opinion that one case of forced hospitalization was arbitrary.

## *Loss of Integrity Among Experts and Regulators is the Reason for Lingering Human Rights Violation Within Mental Health Settings*

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In 2016, the South Korean government amended the Mental Health Act to make involuntary hospitalization more difficult to implement, in order to suppress hospital-based care and encourage community-based care. With this amendment, government officials boasted their commitment to protect the human rights of people with severe mental illness (SMI). Interestingly, explicit objection was expressed by advocacy groups because the community was not ready to provide adequate services supporting reintegration of people with SMI. Over the

past 20 years, there has been a general trend of fewer psychiatric care beds in most developed countries, as mental health care shifted to community care. Yet, the number of psychiatric hospital beds in Korea has risen from 30,000 to 90,000. There are a few underlying drivers for this lingering pattern. First, the Mental Health Act (1997) seemed to provide effective medical services and rehabilitation care for this group. However, it implicitly aimed to increase hospitalization of people with SMI to protect those without SMI. The current situation can be explained by detecting the misinformation of the government and experts in the policy making and budget spending, misinformation which helped silence public opinions about the human rights violation against people with psychosocial disabilities in Korea.

## *Positive Policy to Replace Forced Psychiatry, Based on the CRPD*

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CRPD prohibits forced psychiatric interventions, through provisions that establish a right to exercise legal capacity in all aspects of life (including health care decisions) and a right to not be deprived of liberty based on an actual or perceived impairment. In the past few years we have seen mental health policy experts at the UN, as well as experts in the human rights of people with disabilities, taking up the challenge to promote the abolition of coercion in mental health services. Yet the two discourses (mental health policy based on freedom from coercion, and the radical shift from a medical/clinical to social model of disability) have remained tangential to each other. This presentation brings them together, beginning with the premise that forced psychiatry is a regime of substitute decision-making (established in General Comment No. 1 of the Committee on the Rights of Persons with Disabilities) and exploring what it means to replace this regime with one of supported decision-making. The presentation also explores the link with liberty and how to parse the trope of ‘danger to self and others’ and offer non-coercive, non-discriminatory approaches to addressing legitimate concerns.

## **168. Social and Clinical Aspects of Ageing and Dementia**

### *Management of Agitation Among Patients with Dementia at End of Life Care*

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Agitation, as it is currently understood, affects over 40% of care home residents and 75% of older medical hospital in-patients with dementia. Agitation phenomena are not well-defined and includes restlessness, pacing, shouting, and verbal or physical aggression. It may be a direct result of neurodegeneration, affecting brain circuits that control and manage behaviour and may also be an expression of unmet needs indicating emotional distress. Thus, the coping strategies of those around the person with dementia and their perception of that person may be crucial. At best, staff may see such behaviour as ‘meaningless’ epiphenomena. At worst, agitation may result in neglect and elder abuse. We aimed to clarify agitation phenomena in people with moderate or severe dementia near the end of life and how institutions conceptualise and manage this. We sought to examine how agitation and associated responses may be produced through structurally determined problems. We used structured and semi-structured non-participant observations of people with dementia within hospital and care settings, and in-depth interviews with staff. Cultural-structural factors will be shown to play a major part in how staff attending to people with dementia conceptualise and manage dementia. In units which are poorly provisioned for dementia care, staff were found to respond negatively to agitation.

## *Public Knowledge of and Attitudes to Dementia*

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Dementia is a major public health concern but one that continues to be stigmatised. We examine lay knowledge of dementia and attitudes to people with dementia as potential precursors of public anxiety, focusing on the social characteristics associated with both the formation of these attitudes, and perceptions of the need for restriction and control of people with dementia. Analysis of the 2014 Northern Ireland Life and Times survey, which included questions on knowledge of, attitudes to and personal experience with dementia. We used latent class analysis and logistic regression to examine factors associated with respondent attitudes towards dementia. Respondents (n=1211) had relatively good general knowledge of dementia, but limited knowledge of specific risk factors. Negative perceptions were mitigated somewhat by personal contact. A high proportion of respondents felt that high levels of control were appropriate for people with dementia, even at early stages of the disease. Personal antipathy to dementia was prevalent despite ongoing public campaigns to increase public awareness of developments in prevention, treatment and consequent care pathways, hampering efforts to widen social inclusion. Fresh thinking and more resources may be needed to challenge persisting common misapprehension of the condition and the formation of entrenched stigma.

## *Loneliness, Religion and Migration: Anxiety Disorder with Mixed Depression and Subthreshold Symptoms in The Irish Longitudinal Study on Ageing (TILDA)*

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Anxiety disorders frequently occur in older populations, often accompanied by depression. In the absence of an appropriate diagnosis, undetected subthreshold symptoms, or dual diagnoses, older people may not obtain adequate support or treatment. This study examined the extent of anxiety disorder with comorbid depression in an older Irish population, and the presentation of subthreshold symptoms using questions from the Hospital Anxiety and Depression Scale and the Center for Epidemiologic Studies Depression Scale latent class analysis (LCA) defined indicative diagnoses of anxiety and depression. These were used to assess associations between socio-demographic and socio-economic factors, past migration, religious practice, social network, loneliness and long-term limiting illness. For those diagnosed with anxiety, LCA derived three classes of self-reported depression low, sub-threshold and high. Regression analyses indicated that high depression levels were associated with long-term migrant status, a lack of social connection, perceived loneliness and long-term limiting illness. With sub-threshold depression only limited social connection and perceived loneliness were associated with higher levels. Our findings support the idea of comorbidity of both disorders and associations between past migration, emotional and social loneliness and long-term limiting illness. Consequently, government health strategy on detecting and managing loneliness and psychological disorders in older people may require a more granulated approach.

## *Advance Care Planning with Patients Who Have End-Stage Kidney Disease: A Systematic Realist Review*

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Advance care planning (ACP) is a process that can help patients identify future health priorities, make decisions to refuse treatment, and appoint power of attorney. ACP is recommended as good practice for palliative patients: it improves patients' quality of life, reduces hospitalisations, and increases uptake of hospice and palliative care services. However, ACP is a complex process which can incite personal and cultural sensitivities around death and dying. Organisational challenges arise around the implementation of ACP: lack of staff training and time, concerns around upsetting patients, initiating the conversation, and communication difficulties between healthcare organisations. A systematic realist review using the RAMESES publication standards was conducted to identify factors that affect the implementation of ACP. Two ACP stages were identified: 1. effective training for healthcare professionals to increase confidence to initiate discussions with patients and surrogates, and 2. use of simple ACP processes that are individualised and culturally appropriate. Factors found to hinder ACP include lack of training, pressures of routine care, patients overestimating their life-expectancy, and reluctance to initiate discussions. Factors that facilitate ACP include acknowledgment of ACP as core business, resources to support education and quality assurance, availability of trained staff, feedback on implementation, culturally appropriate practice, and patient readiness to discuss death and dying.

### *Dementia and the Law: Knowledge and Understanding of Legal Matters Should be Promoted as Part of a Whole-Person Approach to Dementia Care*

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A recent study evaluated the efficacy of a healthcare passport for people living with dementia and their family carers in Northern Ireland. Applying Qualitative Longitudinal Research (QLR), interviews with patient-carer dyads, service user groups, and general practitioners were conducted over an 18 months' period. This presentation introduces the findings of the evaluation with a particular focus on the legal needs of people with dementia and ethical aspects of dementia care. Our findings showed that these range from protection from depersonalisation and disempowerment, preservation of dignity, guidance on property-, and financial matters, to personal welfare. When such needs are not met, patients and carers are disadvantaged, and suffer undue stress and worry. Timely and accessible information and advice are key in ensuring the quality of life of people living with dementia and their family carers throughout the course of the illness. As part of its role in self-management, the passport could include pertinent information and signposting in a dedicated legal section. With some alterations it has the potential to facilitate and improve quality of life for patients and carers alike.

## **169. Special Issues in Child Custody and Child Abuse**

### *Factitious Disorder Imposed on Another*

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Factitious Disorder Imposed on Another (FDIA) in the DSM 5, previously called Munchausen Syndrome by Proxy, is an extreme form of child abuse in which the parent/care giver (usually the mother) intentionally creates or falsifies her child's medical and/or psychological symptoms to health care providers. As a result, the child is subjected to various medical and/or psychological procedures for the diagnosis and treatment of a disorder that may not exist. The abuse is most prevalent in children under the age of five. Boys and girls are equally likely to be abused. The abusers represent all income groups and, often, the fathers are not involved in their child's care. FDIA is difficult to detect. These mothers deny making their child ill and deceive health care providers. Reviewing the child's medical file demonstrates various inconsistencies between symptoms and objective findings. FDIA has been thought to be relatively rare but increased reporting indicates this may not be so. This presentation will discuss some of the challenges that the legal and mental health systems encounter in these difficult cases.

### *Use of Psycho-Sexual Evaluations in the Investigation of Child Sexual Abuse*

Allison Williams, *Attorney-at-Law, Short Hills, NJ, USA*  
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This presentation will explore the use of psychosexual evaluations in the presentment of evidence to either support or defend child sexual abuse allegations. Child protective services agencies and courts rely heavily upon the evaluations of children to substantiate child sexual abuse. When these issues arise in a child custody dispute, psychosexual evaluations are but one piece of evidence to help the Court to determine if child sexual abuse has occurred, and if so, whether or how the abusing parent may be permitted access to the child in a manner that keeps the child physically and mentally safe. The court's reliance upon psychosexual evaluations necessitates a testing of the scientific validity of the methodology employed for the assessment at issue. When psychosexual evaluations are offered into evidence to admit children's hearsay statements, presentation of social science research on children's suggestibility should be employed to ensure that the offered hearsay is trustworthy and reliable. This approach will ensure that undue weight is not given to hearsay derived from questioning techniques and/or the ongoing activity of child custody litigation.

### *The Reunification Process: How the Family Court System Deals with the Breakdown of Parent Child Relations*

Amy Sara Cores, *Attorney-at-Law, Freehold, USA* ([secretary@coresandassociates.com](mailto:secretary@coresandassociates.com))

When there has been a forced separation between children and parents, the process of reunification should proceed carefully and with sensitivity. The presentation will focus on three main modalities. First, what is the appropriate process when the separation occurs as a result of alienation. Second, what is the appropriate process when there has been a lack of contact by a parent for reasons other than alienation. Third, what is the appropriate process when the separation occurs as a result of one parent being geographically distant from the other. When a child has been alienated from a parent he can often be quickly transformed from refusing or staunchly resisting the rejected parent to being able to show and receive love from that parent, followed by an equally swift shift back to the alienated position when back in the orbit of the alienating parent. What are some of the strategies to be employed with dealing with these cases? When there is separation for a reason other than alienation, what are the tools that are most useful to the professional working with the family? How can we remove the stressors that may have triggered the separation? What support systems should be put in place?

## *Making the Case for Trauma-Informed Forensic Evaluations*

Carla J. Cooke, *Sanctuary of Hope and Healing*, ([drcarla.sohh@gmail.com](mailto:drcarla.sohh@gmail.com))

The conversation about trauma-informed courts and child welfare systems is not new, yet continues to need attention particularly as it relates to parental fitness. When professionals, from diverse disciplines, fail to consider trauma symptoms for parents, their behaviors may be misconstrued, services may be misaligned, and significant delays in reunification may occur. Forensic evaluations can be essential instruments that inform case practice, legal matters, and treatment methods. However, it is incumbent upon evaluators to capture trauma symptoms throughout the evaluation process, explain specifically how trauma symptoms impact the parent's functioning, inform the parties involved about the best way to engage the parent to achieve desired results, and provide recommendations that increase the likelihood of improving symptoms and overall functioning. This presentation is a call to utilize trauma-informed forensic evaluations to further interdisciplinary common goals for parents involved in litigation. Attendees will engage in an overview of the literature about the adverse impact of trauma on functioning; explore opportunities to identify trauma symptoms throughout the evaluation process; and, discuss how forensic evaluations present an opportunity for interdisciplinary collaborations that assist parents who present with trauma symptoms.

## *Special Needs Children and Divorce*

Rachel Birnbaum, *King's University College at Western University* ([rbirnbaum@uwo.ca](mailto:rbirnbaum@uwo.ca))

There is a growing body of social science and empirical literature for mental health professionals on conducting differentiated parenting plans for children with special needs (i.e., autism spectrum disorder, epilepsy, cerebral palsy, attention-deficit/hyperactivity disorder, and disruptive behavior). This presentation will examine more closely the factors associated in

undertaking a differentiated parenting assessment when parents are disputing parenting arrangements and have a child with an NDD. That is, what additional types of information (i.e., agreement on diagnosis or not, medical history and care, dietary needs, food allergies, educational, socio-emotional needs, and respite care support) must also be gathered, assessed, and analyzed by a mental health professional, in addition to, the overall methodology in conducting a parenting assessment with a child who has NDD. Included in this discussion is a range of special or extraordinary expenses that children with NDD require to meet their medical and socio-emotional and behavioral needs over. For example, these additional expenses may include, but are not limited to, medications, various mobility devices, therapeutic (physiotherapy/occupational) interventions, and dietary needs that are not always covered by one or the others parent's insurance plan.

## **170. Steps Toward Shared and Pragmatic Frameworks of Forensic Psychological Evaluation, Treatment, and Re-Integration**

### *Steps Toward Shared and Pragmatic Frameworks of Forensic Psychological Evaluation, Treatment, and Re-Integration*

James Tyler Carpenter, *Massachusetts Mental Health Center, Boston, USA*  
(drcarpenter@metispsych.com)

The purpose of this panel is to present and explore the current status and possibilities of 3 separate emergent frameworks for progress in forensic psychological treatment/reintegration across varied international settings. Presentations will highlight current aspects/concepts integral to the systemic evolution and criminal justice reform in China, the US, and Germany, as they are manifested in proposed innovations, current practice, programmatic changes, reform in the treatment of forensic populations, and the potential (in some instances) to be bootstrapped using telepsychiatry technology and innovations for training and practice across and in collaboration with mental health, criminal justice, and correctional agencies and teams. The panel will present how three international forensic frameworks deal with the reintegration of their psychologically challenged citizens in the context of evolving criminal justice related settings and potential innovations for facilitating and establishing frameworks that are forensically consistent and scientifically current and pragmatic models for change. Common challenges/impediments to the treatment/reintegration of forensic-psychological nexes demonstrated, political-legal approaches, and technological frameworks suggested and discussed.

### *Discharge from Mental Hospitals: Barriers and Countermeasures*

JiNian Hu, *China University of Political Science and Law* (hujinian@yahoo.com)

Discharge from mental hospitals have been facing difficulties even though the Mental Health Law of the People's Republic of China have taken effect since May 1, 2013. The legal rights of those mental patients who have recovered but cannot leave the mental hospitals are infringed upon. It is reported that there are multiple reasons for this phenomenon. Guardianship problems are significant, among others, such as no specific regulations in the Mental Health Law, lack of social support and community facilities, financial problems, stigma, etc. Unlike the western cultures, families play a significant role in China in decision making in care of mental patients. It is provided that in the Mental Health Law, "guardians of persons with mental disorders are persons who may assume the role of guardian as specified in the relevant regulations of the General Principles of the Civil Law." In practice, sometimes no guardians are available when running the discharge procedures because it takes long time to designate a guardian. Barriers for guardians to fulfill their obligations and duties were investigated, reasons were analyzed, and possible countermeasures are proposed.

### *Transition Management of Released Prisoners with Severe Mental Disorder in Germany*

Annette Opitz-Welke, *Humboldt University* (Annette.opitz-welke@charite.de)

Prisoners show a high prevalence of mental disorder all over the world. Since 1980, there has been scientific evidence for a link between mental disorder and violence. Generally, in Europe, mentally disturbed offenders who are not supposed to be responsible for reasons of insanity are cared for in special high security forensic hospitals, but there are many individuals who are mentally ill but sent to prison after committing a crime. Therefore, in German prisons, detainees with psychotic disorders are 3-5-fold more common than in general population. Caring for mentally ill prisoners must take into account that this group often experiences double stigmatization inside and outside prison. Mentally ill prisoners are prone to an increased risk of poor reintegration in community care after release. Psychiatric care inside correctional institutions should be part of general mental healthcare and therefore transition management should generally established. Nevertheless, transition from prison health care to community mental health care is difficult, because patients who receive the label "forensic" enter into a mental health ghetto with little connectivity or integration with general mental health system outside. Strategies to establish a successful transition management in the German community mental healthcare service will be discussed.

### *The Politics of Establishing Effective Community-based Reentry Service*

John J. Larivee, *Community Resources for Justice* (jjlarivee@crjustice.org)

Much attention has been given to enhancing the effectiveness of community re-entry services. Extensive research has identified the essential principles of risk, need and responsivity for such services. And the work to establish those principles in practice has made them essential in any

design and operation. Many public officials proclaim support for community-based re-entry services, and can expound on the benefits for offenders, their families and their neighborhoods. However, regardless of fidelity to such principles and the broad support by officials, a single bad experience can undermine those services regardless of a long positive record and strong public safety results. In preparation for such a turn, practitioners must tend to the politics of building support for community-based reentry services when establishing and throughout operations. Using case studies of successful efforts to site and launch such programs, discussion will examine strategic components of building diverse support, sustaining that support, and deploying that support. The case studies will include an organization entering a new community as well as a long standing organization expanding its programming.

## *Violent Offences of Methamphetamine Users and Forensic Psychiatric Assessment*

Hu Zhao, *Zhongshan School of Medicine, Sun Yat-Sen University, Guangzhou, China*  
(zhaohu3@mail.sysu.edu.cn)

Methamphetamine (MA), an extremely addictive synthetic stimulant, has quickly spread to become the most frequently used illicit drug in China. People with a history of chronic and heavy MA use have a high possibility of exhibiting schizophrenia-like psychotic symptoms, mainly delusions of reference, auditory hallucinations and cognitive deficits. These emerging findings suggest MA use increases aggression and violence and that there is a correlation between MA use and violence. This presentation will focus on the dispute on the judicial identification of criminal responsibility and differential diagnosis of methamphetamine-associated psychosis (MAP) and schizophrenia (SCZ). However, it is unclear how to set clear boundaries between MAP and SCZ when only limited and inconsistent evidence is available. Furthermore, a final persuasive differential diagnostic method based on improved understanding of schizophrenia and MAP has yet to be developed. This presentation will propose a future direction for the differential diagnosis between MAP and SCZ, and put forward some practical solutions to assess the criminal responsibility of defendants with drug-induced psychotic disorder. In the future, we will try to construct biological markers systems for the differential diagnosis of persistent MAP and paranoid SCZ, explore the genetic pathogenesis of persistent MAP and paranoid SCZ, and provide a scientific evidence for the forensic practice.

## **171. Substance Use Disorders I: Treatment and Intervention**

### *Implementing Bundled Screening and Brief Substance Use Intervention in Juvenile Justice Settings*

Matthew Aalsma, *Indiana University School of Medicine* (maalsma@iu.edu)  
Leslie Hulvershorn, *Indiana University School of Medicine*  
Zachary Adams, *Indiana University School of Medicine*

Tamika Zapolski, *Indiana University – Purdue University Indianapolis*

Justice involved youth access substance use services at lower rates than non-delinquent samples with similar treatment needs. Moreover, few teens receive the benefit of substance use treatment that is evidence-based. We seek to understand how best to implement screening, brief intervention, and substance use treatment services to youth in juvenile justice settings. In the current project, we will implement universal screening for all JIY. Currently, substance use screening only occurs at the point of detention. In addition, we will test the utility of two brief intervention models [Teen Intervene (TI) and the Family Checkup (FCU)] on substance use measures. We will use a hybrid Type 2 clinical effectiveness-implementation trial for the current project. The implementation portion will be guided by the Exploration, Preparation, Implementation, and Sustainment implementation science framework to study how best to implement the bundled treatment approach in juvenile justice settings. In order to assess the effectiveness of the navigator-led brief-interventions, we will use an adaptive design. The presentation will provide interim findings on the bundled screening, brief intervention, and community intervention model in two US counties in Indiana. Results will include both implementation and youth specific outcomes based on the bundled screening, brief intervention programs.

## *Cannabis for Cannabis Use Disorder: An Update for Clinicians*

Anees Bahji, *Queen's University* (0ab104@queensu.ca)

Emily Hawken, *Queen's University*

In 2014, the Cochrane Foundation conducted a systematic review of pharmacotherapies for cannabis use disorder (CUD), finding that there was no consistent evidence for the use of medications in the treatment of CUD. However, in the ensuing years, there has been a large increase in the number of cannabis-related clinical trials for the treatment of CUD. Updating the evidence base for the effectiveness of cannabis for psychiatric disorders is an important way to address controversies in claims, and in supporting patients who struggle with CUD. This study aims to identify the available literature on the use of cannabis for the treatment of CUD by way of a systematic review and meta-analysis. This presentation will review the results of the meta-analysis in order to inform the audience on the potential benefits and risks on the use of medicinal cannabis for the treatment of CUD.

## *The Effectiveness of Naltrexone for Opioid Use Disorder Among Inmates: Systematic Review and Meta-Analysis*

David Carlone, *Queens University* (dcarlone@qmed.ca)

Josephine Altomare, *Queen's University* (8ja28@queensu.ca)

Anees Bahji, *Queen's University* ([0ab104@queensu.ca](mailto:0ab104@queensu.ca))

Opioid use disorder (OUD) is an important public health issue, especially among incarcerated individuals, who have higher rates of addiction than the general population; however, inmates generally do not have access to pharmacotherapy for OUD. Therefore, evidence supporting the

effectiveness of a pharmacologic intervention may encourage attitudinal changes by correctional administration and improve availability to those who wish to take it. To this end, a systematic review and meta-analysis was conducted to examine studies of naltrexone for inmates with OUD. Trials that were eligible were those comparing the use of naltrexone to other medications, placebo, or no pharmacological intervention (i.e., supportive care) in inmates diagnosed as opioid-dependent or who were likely to be dependent. Relevant outcomes were improvements in treatment retention, the cessation or reduction of illicit opioid use, or both. Seven studies involving 613 inmates were included. Significant heterogeneity was found in the effectiveness of naltrexone at improving treatment retention; however, there was moderate quality evidence for reducing rates of reincarceration. Overall, naltrexone was significantly better than control in improving abstinence from illicit opioids. The findings suggest that naltrexone - either oral or long-acting injectable forms - are of some value to inmates with OUD.

### *Advancing Theory and Treatment Approaches for Males in Substance Use Treatment Who Perpetrate Intimate Partner Violence: Developing an Integrated Intervention*

Elizabeth Gilchrist, *University of Worcester* (E.Gilchrist@worc.ac.uk)

Danielle Stephens-Lewis, *University of Worcester*

Amy Johnson, *University of Worcester*

Juliet Henderson, *University of Worcester*

Beverly Love, *King's College London*

Alyson Huntley, *University of Bristol*

Mary McMurrin, *Independent Consulting Psychologist*

Gene Feder, *University of Bristol*

David Gadd, *University of Manchester*

Louise Howard, *King's College London*

John Strang, *King's College London*

Sara Kirkpatrick, *Respect, UK*

Polly Radcliffe, *King's College London*

Gail Gilchrist, *King's College London*

Intimate partner abuse (IPA) includes any behaviour by a partner causing physical, sexual, or psychological harm, including aggression, sexual coercion, psychological abuse, and controlling behaviours. Many static and dynamic risk factors have been identified for IPA, including substance use. While men in substance use treatment are more likely than men in the general population to perpetrate IPA, few substance users are referred to treatment for IPA. A systematic review and meta-analysis conducted as part of ADVANCE considered randomized and non-randomized controlled trials exploring IPA (with either an integrated element of substance use or some acknowledgement of substance use within their population). This review found very little evidence of effectiveness in IPA reduction. However, there was some support for a short-term effect on both IPA and substance use, although fading at follow-up. As such, the effectiveness of interventions, whether integrated or singular, remains unclear with very little empirical support. Subsequently, this presentation will detail the development of an integrated substance use and IPA intervention targeting men in substance use treatment. In

considering the theoretical and empirical underpinnings of this intervention, key features of the program and corresponding sessions will be discussed.

## **172. Substance Use Disorders II**

### *Examining the Links Between Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) in a Certified Community Behavioural Health Clinic (CCBHC)*

Jamy Lynn Stammel, *BestSelf Behavioural Health, Buffalo, USA* (JStammel@bestselfwny.org)  
Caitlin Lachaal, *BestSelf Behavioural Health, Buffalo, USA*

The co-occurrence of posttraumatic stress disorder (PTSD) is a growing area of concern for social workers in the integrated treatment field. Those with concurrent PTSD and substance use disorders (SUD) typically present with more complex clinical pictures, more severe symptoms, higher rates of additional mental health disorders, and poorer physical health. Additionally, these individuals with co-occurring PTSD and SUD are often at higher risk for relapse and have a poorer long-term prognosis. Those with these concurrent disorders typically do not appear to benefit from standard SUD intervention programs. This presentation will examine the nature of both PTSD and SUD, what recovery looks like, and the research supporting the most effective ways of treating these co-occurring disorders. Highlighted will be the work of one agency's efforts to effectively treat these individuals within the Certified Community Behavioural Health Clinic (CCBHC) model. This presentation will explore the challenges and successes utilizing an integrated treatment archetype.

### *Co-Occurring Disorders Among State Sentenced Inmates in the United States*

Michele Pich, *Rowan University* (pich@rowan.edu)

Concomitant mental health concerns and substance use disorders have been known by a variety of terms throughout the years. Regardless of whether the literature refers to this phenomenon as a co-occurring disorder (as it is currently known), a dual diagnosis, or a dual disorder, its presence cannot be denied. The correctional system has become the largest provider of mental health services in the United States. Some individuals may be suffering from a misdiagnosed, untreated, or insufficiently treated mental health disorder and then using alcohol or illicit substances to self-medicate. Others may use illicit substances first and then their brain chemistry changes leaving ongoing symptoms of mental illness. The current study examines data from a sample of over 8,000 inmates serving state prison sentences to determine whether the presence of self-reported drug and/or alcohol use at the time of arrest is associated with an increased likelihood of being diagnosed with specific mental illnesses. This presentation will also explore whether these individuals were receiving mental health or substance use treatment in the year

prior to admission into the correctional facility, or since admission. Implications for correctional health services, and re-entry will be discussed.

## *Look What Dragged the Cat In, Part II: Prioritizing the Gateway Drug*

Scott J. Stevens, *Alcoholologist.com* ([scott@alcoholologist.com](mailto:scott@alcoholologist.com))

Preventable drug overdoses tallied 54,793 lives lost in 2016 – an increase of 391 percent since 1999. The majority of OD deaths (38,000) involve opioids. *Look What Dragged the Cat In: The Rise of an Opioid Crisis* (aka Part I) presented in 2018 looked at the conclusive evidence that every opioid related death is alcohol related. Part II uses data collected for the *Monitoring the Future* project at the University of Michigan and results from the American Addiction Centers study on gateway drug use, behaviors, attitudes, and values. Alcohol was clearly the most common first substance used, the most widely consumed, and the one that was initiated the earliest -with some students beginning as early as the 5th grade. These children typically use other illicit drugs in the following years. The abuse of drugs, regardless of classification, begins with the permissiveness granted the world's most lethal drug and third-leading cause of all preventable deaths: Alcohol. It's a straight line. What you ignore, you permit. What you permit, you condone. The World Health Organization (WHO) indicates that alcohol use is the third leading preventable cause of death. *Look What Dragged the Cat In: Part II* looks at preventing or delaying first use.

## **173. Suicide**

### *Social Factors Relating to Suicides Referring to a New Group in Danger of Suicide*

Isao Takayanagi, *Arisawabashi Psychiatric Hospital, Toyama, Japan*  
([arisawabashi-h@muse.ocn.ne.jp](mailto:arisawabashi-h@muse.ocn.ne.jp))

The number of suicides in Japan exceeded 30,000 in 1998 (26.0 per 10,000). The large number of suicides continued for 14 years in a row until 2011, when the Great East Japan Earthquake occurred. Because of the situation, the Japanese government legislated two new acts for suicide prevention (Basic Act on Suicide Countermeasures, 2006; and Act for Prevention of Death by Heavy Labor, 2014). The number of suicides decreased to fewer than 30,000 in 2012, and has been decreasing slightly every year since then. However, the problem concerning suicide is still very significant in Japan. The study reported in this presentation investigated all cases of outpatients and inpatients of a mental hospital who committed suicide in the past 47 years (since the hospital was established in 1971) to thoroughly examine the social factors contributing to their suicide. The total number of suicides was 45 (Male 25; Female 20). The number of suicides after 1996 was 34 (=75%). Among these 34 patients, 13 of them shared similar social

difficulties before committing suicide. These patients may be called “New Group in Danger of Suicide”. They were suffering from serious social factors such as isolation, heavy labor, etc.

## *Clinical Aspects of Impulsive Suicide Threat*

Rob Brouwers, *GGZ Drenthe, Assen, Netherlands* (brouwers.rob@ggzdrenthe.nl)

In the Netherlands suicide prevention is nowadays an integral part of the clinical approach following the guidelines. It is at least a search for critical factors associated with suicide threat and a narrative for context. From the presenter’s own research, four factors are associated with impulsive violence, namely a weapon, drugs and/or alcohol, verbal capacity, and factors associated with impulsivity. In clinical practice, three types of suicidal behaviour are seen. Firstly there is instrumental suicide threat, which is well-planned and causes regret if it fails. Furthermore there is impulsive suicide threat, which can be divided into opportunistic impulsive and could not resist impulsive, both with relief if it fails. This presentation will focus on verbal capacity as a means for intervention. To what capacity is the patient able to describe his or her suicidal thoughts and which factors influence these thoughts? Pathological conditions, like depression or psychosis, make it sometimes almost impossible for the patient to communicate about his or her suicidal thoughts.

## *Conceptualizing Desires to End One's Life*

Michael Bostwick, *Mayo Clinic* (bostwick.john@mayo.edu)

Due to the association of mental illness with suicidal thoughts and behavior, suicide has been seen as the result of mental illness and something to be prevented by psychiatrists at all costs. To this end, U.S. laws support psychiatrists’ ability to prevent suicide by allowing for incapacitation through means from involuntary commitment to involuntary treatment and limitations on the ability to legally obtain or possess a weapon. Nonetheless, a debate exists regarding so-called rational suicide and other desires to end one’s life that may be poorly associated with mental illness or otherwise not indicative of illness but rather of a well-considered desire to control the timing and manner of one’s death when one has completed a life fully lived. This presentation, through case material, will engage the boundaries of suicide as a preventable harm versus ending one’s life as a considered and rational choice to be expected. In particular, this presentation will focus on decisions to end one’s life in the context of terminal illness.

## *Female Suicide Terrorism*

Kavita Khajuria, *Twin Towers Correctional Facility, Los Angeles, California, USA.*  
(KKhajur@lasd.org)

In 2018, suicide attacks incurred trails of mass destruction. Suicide terrorism has become one of the most disturbing and fearsome phenomena in recent years. Shock value and publicity are often compounded when operatives are discovered to be mothers or pregnant women. Not

everyone considers the potential dangers of a female terrorist. Women are less likely to be suspected for a number of reasons, including a mistaken assumption that women are inherently nonviolent. Furthermore, there can be a tendency to presume that women are the instruments of men, despite history having demonstrated a long running history of female involvement in terrorist groups, including a more recent emergence. What drives women to become *shaheedas* or to participate in suicide terrorism? Studies reveal that motives may merge in ways that make a simple explanation impossible. This presentation will review this complex topic, including the myths, stereotypes, cultural considerations, gender biases, vulnerabilities, motives, recruitment tactics, dynamics and implications.

## *Psychiatrists and Physician Assisted Suicide*

Rebecca Weintraub Brendel, *Harvard Medical School* (rebecca\_brendel@hms.harvard.edu)

Due to the association between mental illness and suicide, psychiatrists have responsibility not only for the treatment of suicidal patients, but more broadly have engaged in research and advocacy related to treatment of mental illness and suicide prevention. The important role of psychiatrists in reducing suicide has more recently come into tension with laws – in particular in the United States, Canada, and several western European countries – that recognize the autonomy of suffering patients by permitting various forms of physician participation in death from issuing a lethal prescription for patient use at a later time to active euthanasia. Professional organizations have taken various stances regarding these new legal options from opposition to neutral to permissive – and the debate continues. This presentation will engage the challenges for psychiatric practice and ethics in light of laws permitting actions by physicians for the express purpose of causing death. Specific areas of focus will include an exploration of: features of physician-assisted dying that could distinguish the practices from suicide, per se; the relevance, content, and utility of psychiatric assessments of capacity in the implementation of physician-assisted death laws; and how psychiatrists can most effectively and compassionately create a therapeutic frame and space to assist patients in the psychological work of dying and in alleviating suffering in light of the availability of legally permissible medical assistance in causing death.

## **174. Systematically Using Collaborative Problem Solving in a State Forensic Hospital**

### *Collaborative Problem Solving: Skill, Not Will*

Kimberly Bosley, *Oregon State Hospital, Salem, USA* (Kimberly.Bosley@dhsosha.state.or.us)

The Collaborative Problem Solving (CPS) model has shown more than a decade of demonstrated efficacy with children and adolescents who present with a wide range of social, emotional, and behavioural challenges. CPS has more recently been introduced in an adult forensic state hospital setting with the goal of providing a structured, relational process for understanding and working with patients, as well as a common philosophy and language amongst staff

members. This presentation will discuss how the core philosophy of CPS of “skill, not will” is frequently a novel approach when working with a forensic population. It will discuss the five key domains in which people with challenging behaviour lack skills, as well as the three primary plans for responding to unmet expectations and challenging behaviour. The presentation will then describe how the primary skill building intervention, known as Plan B, is rooted in the neuroscience of information processing with a specific sequence of engagement that allows for regulation and relationship to occur prior to solution generation.

## *Creating Lasting Culture Change*

David Blakey, *Oregon State Hospital, Salem, USA* (DAVID.BLAKEY@dhsoha.state.or.us)

Efforts to effect organizational culture changes have low success rates and many change management studies indicate that up to 70% of all cultural transformation efforts fail. This failure rate is especially problematic for healthcare institutions motivated to address systemic patient care issues. When looking at the implementation of Collaborative Problem Solving (CPS), a treatment approach operationalizing Trauma Informed Care, into a forensic behavioural healthcare setting, it is easy to identify reasons why this culture change initiative might have failed. Obstacles to successful implementation and culture change included resistance, staff anxiety, low staff empathy for forensic patients, and staff burnout. Despite these obstacles, the implementation of CPS at Oregon State Hospital has continued successfully over the last four years as evidenced by key metrics and staff attitudes toward CPS. This presentation will go into both the general and specific strategies that have contributed to the successful implementation of a Trauma Informed Approach in an inpatient, adult, forensic, behavioural healthcare setting as well as lessons learned. Implications for future culture change initiatives in forensic behavioural healthcare settings will be discussed.

## *Culture Eats Strategy for Lunch: Launching Collaborative Problem Solving*

William A. Newbill, *Oregon State Hospital, Salem, USA*  
(WILLIAM.A.NEWBILL@dhsoha.state.or.us)

Once Oregon State Hospital had committed to reforming its culture of care, the organization faced a critical decision: Start with an analysis of patient treatment-need and then implement a series of trainings on the corresponding evidence-based practices, or launch a hospital-wide initiative to fundamentally transform how staff think and talk about forensic psychiatric patients. This presentation will describe the analysis that led us to choose the latter, transformative option. Topics will include 1) the impact of critical goals such as reduction of patient and staff injuries resulting from assault, 2) the comparative difficulties of successfully implementing multiple EBPs versus promoting culture change, and 3) the unique challenges of cultivating patient-centered approaches in a forensic psychiatric setting. Our hospital, like many serving this population, had evolved a culture within which direct-service, aide-level staff relied on practices of command and control, including confrontation and restrictive measures, to feel safe.

Fostering change among this group of 1000+ employees without resorting to unnecessary confrontation and restriction thus emerged as another central challenge.

## *CPS and Psychiatry: Transforming the Medical Model*

Sara C. Walker, *Oregon State Hospital, Salem, USA* (sara.walker@state.or.us)

The landscape of psychiatric care is changing rapidly. In an increasingly consumer-driven medical culture, the traditional roles of doctor and patient are shifting to a model in which patients have a much more active role in making decisions about treatment. In addition, integrated care settings are increasingly common, with non-medical clinicians sharing responsibility for care of psychiatric patients. What remains unchanged is that the success of psychiatric treatment is highly dependent on the strength of the therapeutic relationship. This presentation will discuss how Collaborative Problem Solving provides a framework for development of a more effective treatment plan for both patient and psychiatric care team members. The presentation will identify the ways in which it fosters interdisciplinary approaches, builds therapeutic relationships, and empowers patients without sacrificing the value of clinician expertise. It will also discuss an approach that incorporates CPS into routine treatment care planning.

## *Putting Your Money Where Your Mouth Is: CPS as a Tool in Leadership*

Tyler G. Jones, *Oregon Health and Science University* (jonety@ohsu.edu)

The challenges of leading a large organization are compounded at the state government level. Multiple stakeholders increase the need for collaboration and creative problem solving. Using CPS as a model for the administration and leadership of a state hospital along with robust expectations for feedback has significant advantages. This presentation will discuss the integration of a feedback model, in which managers are encouraged to first receive and then give clear feedback with the collaborative problem-solving model. These methods are used to drive administrative and clinical expectations through the change process. Oregon State Hospital has used this model in addressing several systems and personnel issues during a time of transformation. This change in administration has led to improved performance and care delivery while enhancing the interdisciplinary team approach in the structure and delivery of forensic services. The presentation will discuss how this patient centred approach has been applied at the executive level to support leadership and workforce development within a state hospital.

# **175. Terror, Tactics, Trauma, and Transformation: Islamophobia and the Mental Health Sequelae**

## *Introduction to Islamophobia*

Mariam Aboukar, *Advocate Aurora Health Care, Chicago, USA*  
([Mariam.aboukar@advocatehealth.com](mailto:Mariam.aboukar@advocatehealth.com))

Islamophobia, the irrational fear of, aversion to or discrimination against Islam or people who practice Islam, has arguably been on the rise. Interestingly, the majority of Muslim coverage in the media largely misrepresents them. Though media tactics represent Muslims as largely connected to terror, statistics reveal that Muslims are far more likely to be the victims of terror. Interestingly, Islamophobic rhetoric increases significantly during election season in the West, as does the vulnerability of Muslim populations for collective trauma and subsequent mental and physical illness. Islamophobic tactics also lend themselves to an increase in violence, microaggressions, hate crimes, discrimination and collective punishment. Sadly, three aspiring Muslim youth in Chapel Hill, North Carolina were executed in their home in 2015 due to their faith. In 2017, the Trump Administration legalized the policy commonly known as the “Muslim ban.” In 2019, 51 innocent Muslim worshipers were massacred in Christ Church, New Zealand by a zealot. And in 2018 until the present day, Islam is deemed a “mental illness” by the Chinese government, requiring “re-education.” Subsequently, millions of Uyghurs are currently detained, tortured, and abused in secluded camps to revoke their Islamic beliefs. This panel will discuss the violence due to Islamophobia and its legal codifying and mental health implications on Muslim minorities globally.

## *The Legal Codification of Oppression in Time of Crises in the Post WWII Era*

Ahmad Aboukar, *The Ohio State University Moritz College of Law*  
([ahmad.aboukar@gmail.com](mailto:ahmad.aboukar@gmail.com))

This presentation will explore the recent tactics of international governing bodies legalizing selective legislation as a justification to violate human rights, especially in times of civil and social unrest in the post-World War II era. The incentive for such approaches is thought to be for the purpose of solidifying a long-standing power structure through the use of force, concealed by a “legislative process” that assumes a well-vetted policy. This power structure is presumably derived from the military’s enforcement of protecting the nation from foreign and domestic threats. Moreover, these threats often become critical for drawing support, silencing criticism, and presenting the government as the only viable option for governance. Case studies of dictatorial and centralized regimes that have operated largely without weighing the consequences upon its people will be discussed. Such cases will highlight the paradigm shift that was enacted in order to propagate a paradoxically “decentralized image” to thwart any accusations of infringing upon the human rights of its people. Examples from China, the Middle East, South America, and the United States will be considered.

## *The Sociopolitical Exploitation of Religious Identity and Human Rights*

Gianni Tognoni, *Permanent Peoples Tribunal, Italy* ([giantogn@gmail.com](mailto:giantogn@gmail.com))

An ancient tactic of denying fundamental human rights to marginalized people is that of denying or manipulating their cultural identity. These groups are declared to express 'abnormal behaviors' by dominant rules, who serve as 'experts of otherness,' thus justifying the minorities' threat to society and the legitimacy of their oppression. The tragic scenario of the long-term and ongoing genocide of the Islamic ethnic minority of the Rohingyas in Myanmar can be seen as a model case of a dehumanization of a population. The progressively emerging hidden oppression of another Islamic ethnic minority of the Uighury could be seen as an expression of another form of denial of a cultural identity. The specific features of both scenarios will be examined focusing on the main strategies, including: promotion of hate speech; manipulation of religious identity to promote a pathological public opinion; transformation of minority populations into enemies; institutional justification of repression for a healthier economy and advanced society; criminalization of diversity and impunity of criminal collective behaviors; and absence or planned impotence of international legal players. These tactics dehumanize its victims in the name of 'religion' in the context of violent economic sustainability which threatens the mental health of society.

## *Overcoming Xenophobia Through Compassion*

Maya Ramic, *AdvocateAurora Health Care, Chicago, USA* ([maya.ramic@advocatehealth.com](mailto:maya.ramic@advocatehealth.com))

Xenophobia can be defined as “fear and hatred of strangers or foreigners or of anything that is strange or foreign”, or simply fear of the other. Xenophobia can lead to traumatic interactions between individuals in various segments of society (familial, academic, communities, occupational, government, national, etc). Of note, our panel consists of members whose families of origin were able to overcome xenophobia - so we have chosen to address this topic from both personal life perspective as well as professional experience. As mental health professionals we are trained to cultivate and implement our ability to relate to patients despite potential adversity and this interaction is therapeutic to the patient. We propose that this type of interaction can be a new model of relation in which we bond over our similarities and do not allow our differences to be the focus of interaction and subsequently cause division. Scientific studies demonstrate that compassion - through activation of mirror neurons and oxytocin production enhances relating to another and can be cultivated and developed even in cases of adversity. The brain is plastic and susceptible to anatomical change throughout lifespan, as well as susceptible to epigenetics - experience altering gene expression. Our brains are equipped with mechanisms that can foster transformative behavior.

## *Xenophobia and Narcissistic Patterns of Terror and Trauma*

Jeri Srur, *AdvocateAurora Health Care, Chicago, USA* ([Jeri.Srur@advocatehealth.com](mailto:Jeri.Srur@advocatehealth.com))

In the Media, it is difficult to differentiate the truth from the false. This mental confusion is further exacerbated by what is known as “gaslighting.” A term which first became known in the 1944 movie, “Gaslight” with Ingrid Bergman and Charles Boyer. In the movie, Charles Boyer plays the role of Ingrid Bergman’s husband as he systematically turns down the gas light in their home; and when confronted by Ingrid Bergman, Charles Boyer denies this is occurring. An insidious form of covert manipulation causing mental confusion in which one doubts their own reality is known as “gaslighting.” Initially beginning in the home, the re-enactment of questioning one’s reality gets played out in social networks, places of worship, educational, employment, and governmental institutions. Women and men habitually exposed to Covert Narcissistic Abuse, such as “gaslighting,” leads to the mind boggling experience known as Cognitive Dissonance. This presentation will review the Cycle of Narcissistic Abuse, Cognitive

Dissonance, Intermittent Re-Enforcement, and the necessity of Narcissistic Abuse Informed Care as related to sociopolitical patterns and xenophobia.

## **176. The Digital Age: Ethical Implications of New Technologies**

### *Forensic Psychiatry in the Digital Age: Ethical Considerations of a Paradigm Shift from Pitfall to Promise*

Kimberly S. Resnick, New York Presbyterian Hospital, New York, USA  
(drkimberlyresnick@gmail.com)

The approach to collecting mental health information has remained essentially unchanged for the past century and rests heavily on self-rated psychometric testing, self-reported symptomatology, and clinician observation. The limitations inherent in these methodologies and the absence of objective clinical tests have curtailed the capacity of psychiatry to provide accurate ongoing monitoring of individuals' mental states, with implications for diagnosis, treatment planning, and prognosis. Certain patient populations are particularly affected by these limitations. The forensic population, which has the dual status of being comprised of individuals with both criminal records and mental health issues, suffers from increased stigma and reduced access to mental health care. This population may benefit uniquely from recent developments in technology and the use of mobile devices to collect behavioural information by passive monitoring. These technologies seek to create objective parameters that correlate with diagnostic criteria and use Big Data and machine learning to refine diagnosis and predict behaviour. This session will review these concepts and explore potential ethical concerns. It will also discuss the potential relevance to Forensic Psychiatry, with an emphasis on broader applications and implications for related health policy.

### *Epistemological and Ethical Issues in the Use of Big Data in Health*

Christophe Lemey, *Brest Medical University Hospital* (christophe.lemey@chu-brest.fr)  
Laure Bleton, *Centre Hospitalier Universitaire de Brest* (laure.bleton@chu-brest.fr)  
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David Jousset, *Université Bretagne Occidentale*

The use of Big Data in mental health has grown considerably in recent years and raises many hopes especially in the perspective of offering personalized care tailored to the situation of each patient. Beyond questions about privacy, data storage, and consent, which is often implicit, this presentation will explore epistemological and ethical issues. Based on the reflection that the use of a technique is not neutral, the presentation will explore how these techniques can modify the relationship to knowledge and to the clinic. The aggregation of an increasing number of data

concerning a patient can maintain the illusion of a superposition between mathematical risk and the uncertainty of the human being. This questioning leads to questions about what makes the clinic in healthcare and about the physician's place in these data collection devices. Indeed, these are intimately linked to massive data analytical techniques and decision-support devices and directly question the medical decision and the deliberative process; these tools sometimes support the fallacy of total objectification, yet it seems that medicine cannot escape a form of uncertainty inherent to the living where the physician's place is indispensable.

## *I Am a Person: The Ethical Obligation to Persons-First in a Technology-Driven World*

Kristen Jones-Bonofiglio, *Lakehead University* (Kristen.Jones@lakeheadu.ca)  
Dr. Dimitrios Vergidis (*retired*)

Patients, families, and care providers around the world encounter many problems when faced with illness and disease. These issues can often be mitigated or intensified based on caring actions that are committed or omitted in the context of therapeutic relationships. One barrier to relationships is over-reliance on technology. Today we are walking the slippery slope of depending on machines and software to tell us what is happening and what we might do about it. What about the person? Patients are more than just the sum of a diagnosis or a set of symptoms; beyond a simple medical algorithm. This discussion aims to promote seeing patients as persons first in order to promote renewed commitment to a model of person-focused care. Not only can attention to these important concepts potentially mitigate ethical conflicts and suffering, it can positively enhance the quality of care experiences and guide us toward appropriate use of technology in health care environments. We suggest that the ethical obligation to persons-first, will help to mitigate potential negative effects and unquestioned dependence on technology. A person-focused approach should be central to our ethical and moral consciousness as health care providers.

## *Exploring the Ethical and Legal Implications of Implementing Neuroimaging in Courtrooms*

Mary Boulos, *Toronto Rehabilitation Institute* (mary.boulos@mail.utoronto.ca)  
Leah Hamovitch, *Department of Psychology, Ryerson University*  
Shawn Baldeo, *Department of Psychiatry, University of Toronto*  
Daniel Ambrosini, *Department of Psychiatry & Behavioural Neurosciences, McMaster University* (dambro@mcmaster.ca)

As neuroscience technologies continue to advance, there has been increased attention surrounding the utilization of neuroimaging evidence in criminal court proceedings (e.g., in order to establish culpability, or to determine proper sentencing and/or potential for recidivism). The current study explored the social, ethical, and legal implications of using neuroimaging scans as evidence in criminal justice courtroom proceedings using semi-structured, in-depth interviews with key stakeholders in the forensic psychiatry community (neuroscientists, psychiatrists,

Crown Attorneys, and psychiatric patients). A phenomenological approach was used to explore the following themes: brain privacy, protection of fundamental rights, circumstances where neuroimaging should be used, and recommendations for implementation. Results demonstrated that neuroscientists, psychiatrists, Crown Attorneys, and psychiatric patients have differing opinions regarding privacy concerns, the reliability of neuroscientific evidence, and the ethical consequences of using neuroimaging in courtrooms. Participants will discuss these opinions and identify the gaps in the legislature that would need to be addressed in order for neuroimaging technologies to meet the standards of legal admissibility while protecting the rights of defendants.

### *Shared Technology, Competing Logics: Implications of Prescription Drug Monitoring Program Use in Healthcare and Criminal Justice Fields*

Elizabeth Chiarello, *Saint Louis University* (liz.chiarello@slu.edu)

Efforts to curb the contemporary US opioid crisis have brought healthcare and criminal justice into an uneasy relationship. These fields enlist different institutional logics oriented towards care versus punishment as they employ distinct strategies and mobilize disparate resources to tackle the crisis. But how might efforts to address this social problem facilitate change in these professional fields and what implications might these changes have for patients' access to care and exposure to punishment? Previous work on medicalization and criminalization shows how social problems change as they traverse the boundaries of organizational fields, how the same problem can be understood as "sickness" or "badness" depending on whether healthcare or criminal justice has claimed it under its purview. This research examines how efforts to address a shared social problem using a shared surveillance technology (Prescription Drug Monitoring Programs) affect the daily work of healthcare providers and enforcement agents. Drawing on interviews with workers in two California counties in California, the presentation will demonstrate how the use of shared technology shifts their roles, routines, and relationships in field-specific ways. The presentation will conclude with a theoretical discussion of how social problems transform social fields and a policy discussion of the implications of big data surveillance for patients' access to care.

## **177. The Effects of Institutional Environments on Rehabilitation: Part of the Problem or Part of the Solution?**

### *Adaptive Systems and the Social Ecology of Rehabilitation*

Adrian Needs, *University of Portsmouth* (adrian.needs@port.ac.uk)

The effectiveness of psychological interventions in secure environments can be enhanced by

better understanding of contextual features and related processes associated with personal change; this also casts light on why in such settings constructive change can fail to be instigated or sustained. Insights and evidence can be derived from a range of sources, from research focused on the nature and consequences of environmental influences to areas such as trauma and attachment, where it is apparent that adaptation within a current environment can be affected by the legacy of previous environments and vice versa. Considered alongside advances in research and theory in psychotherapy, social interaction, and social development there may be much to recommend a shift from a conventional emphasis on factors ‘within’ more or less isolated individuals to a position centred more upon context and process in relation to complex and dynamic systems. Conceptually, this would help close the gap between rehabilitation and contemporary developments in other sciences, encouraging fresh insights and implications for practice.

## *Principles of Therapeutic Environments and Facilitating Change in a Prison-Based Therapeutic Community*

Geraldine Akerman, *HM Prison Grendon, Grendon Underwood, UK*  
(Geraldine.Akerman01@hmps.gsi.gov.uk)

The importance of the environment in which treatment is offered has received increased interest in forensic therapeutic communities, the Rehabilitative Culture and Enabling Environments. There are several measures by which to assess the quality of the environment, including community members perceptions, and environment scales and these will be considered. The need to foster a therapeutic alliance is paramount, but this is not always easy to achieve; particularly if working with those with complex needs, who are situated in a forensic setting. Many of those who are in custody have experienced multiple traumas and so it is important that this is kept in mind when facilitating change. The need to provide a safe environment, which promotes healthy attachment, a sense of belonging, is characterized by open communication, and encourages self-responsibility is discussed. Community-mindedness and openness are found to be important but are not easy to achieve. This presentation will draw on experience of opening a new therapeutic community and will consider what is important to develop a therapeutic environment, how it can be achieved, and what the hurdles may be.

## *What are the Important Contextual Features of Effective Prison-Based Interventions in Reducing Re-Incarceration?*

Dominic Pearson, *University of Portsmouth* (dominic.pearson@port.ac.uk)

In a context of unacceptable prisoner re-offending and re-incarceration rates, this presentation will aim to identify features of effective prison-based interventions and make recommendations for enhancing the supporting environment. A body of evidence suggests that, relative to community sentences, prison by itself is ineffective in reducing reoffending. There is therefore a need for prison to be supplemented with evidence-based interventions. However some reviews have suggested that interventions in prisons are associated with inconsistent non-significant

effects in reducing recidivism. This may be due to the nature or quality of the treatments, the characteristics of the clients, or the influence of different contexts. A review of recent meta-analytic findings is used to consider what features of prison-based interventions are associated with differential effects in reducing recidivism. Although program type and design are considered, particular attention is paid to contextual features of successful programs. Discussion centres on how to enhance the rehabilitation potential of prison-based interventions. Likely pivotal contextual factors for prison establishments include the need for ongoing focus on continuity of services, community links, and management factors in ensuring the quality and fidelity of program implementation.

### *Hope, Harmony, and Humanity: Creating a Positive Social Climate in Democratic Therapeutic Communities (DTCs) and the Implications for Wider Clinical and Organizational Practice*

Richard Shuker, *HM Prison, Grendon, UK* (richard.shuker@hmps.gsi.gov.uk)

The presentation will provide a review of clinical practice within prison-based therapeutic communities, highlighting how a treatment supportive and positive social climate is established. The notion of the social climate is central to the democratic therapeutic community (DTC) approach, which deploys psychotherapeutic interventions within a social milieu. The DTC method has been successfully developed in prison settings as an intervention for those who have committed serious offences, and emphasizes the importance of social arrangements and relationships as the basis for change. There is a growing academic and organizational interest in the social climate of prisons. Recent attempts have been made to describe, measure, and alter social climate in order to humanize the penal environments, reduce harm, and promote individual personal development. The presentation will explore how a culture which promotes healthy social relationships can exist within a prison setting. It will describe how social structures, a set of values, and routine practices can provide the conditions for positive and respectful relationships to emerge. It will outline how the conditions for change can be established and how specific practices can be adopted which promote personal change and risk reduction. Elements of therapeutic community practice which have the potential to be applicable and ‘translatable’ to other settings and how these can support a rehabilitative culture will be discussed.

### *Developing a Rehabilitative Culture in High Security Prisons and Beyond: Lessons and Prospects*

Jenny Tew, *HM Prison & Probation Service, London, UK* (Jenny.Tew@noms.gsi.gov.uk)

A considerable amount of work is happening across Her Majesty’s Prison Service to develop a more rehabilitative culture. This is with aim of impacting positively on both re-offending and the safety of our establishments. This work started in the challenging environment of High Security prisons, places where the idea of a rehabilitative culture might seem at odds with the necessary security focus but where hope and rehabilitation are actually critical for individuals.

The work and learning from this are now helping to inform wider efforts across the whole organization. This presentation will outline the background to this work, explain how a rehabilitative culture is being conceptualized and operationalized, and share some of our learning to date. The operationalization of this work includes activities such as the use of culture web exercises to gain people's perspectives on the current culture; an exercise that is being reviewed centrally to identify themes for the organization. There has also been a focus on other aspects including the approach of senior leaders, how we can improve procedural justice, and how we can engage staff and increase their levels of hope that change is possible. These and other areas will be further explored within the presentation.

## **178. The Heterogeneous Nature and Application of Mental State Defenses**

### *Variations in Criminal Responsibility Statutes in the United States and Internationally*

Lindsay Ingram, *Oregon State Hospital, Salem, Oregon* (lindsay.ingram@state.or.us)

This presentation will describe and review various United States criminal responsibility statutes (i.e., M'Naghten, American Law Institute [ALI], Irresistible Impulse, etc.) as defined in case law and jurisdictional practice. There will be discussion about how these statutes then are applied and interpreted across the United States. For example, Oregon uses a Guilty Except for Insanity statute based on ALI, Virginia uses a Not Guilty by Reason of Insanity statute based on caselaw, and Montana does not offer any such defense. Select international countries (not limited to England, the Netherlands, and France) and their legal statutes related to criminal responsibility will also be reviewed. The presentation will identify if, and how, these varying statutes affect public perceptions as well as the rates in which defendants are found not criminally responsible. Time will be spent reviewing scholarly literature and available statistics. The presentation will also discuss directions for future legal considerations, or changes to local jurisdiction practices.

### *How Being Under the Influence of Substances May or May Not be Used During Mental State Defenses*

S. Ceryc Tinsley, *Federal Bureau of Prisons, Washington, DC, USA*  
(scharlestinsley@gmail.com)

A man is accused of murdering his mother-in-law due to persecutory delusional beliefs and auditory hallucinations. What looks outwardly as a simple criminal responsibility evaluation is suddenly complicated when the evaluator learns that the defendant was actively using methamphetamine around the time of the offense. In the United States, most jurisdictions specifically exclude a defendant from being able to use mental state defenses if their symptoms

are due to a psychoactive substance that was knowingly ingested. This presentation will review relevant case law and state statutes, which addresses this complex forensic question. Methamphetamine, due to its insurgence in use and similarity to psychosis, will be investigated in detail. A discussion of the differences between acute methamphetamine intoxication versus methamphetamine addiction will be discussed with an emphasis on the cognitive and behavioral deficits associated with addition, and its association with violence, psychosis, and impulsivity. The presentation will discuss the relevant scholarly literature on if, how, and when use of methamphetamine is related to the question of criminal responsibility.

## *You've Been Found Insane. Now What?: Differences in the Treatment of the Criminally Insane*

Carla Galusha, *Central State Hospital, Petersburg, USA* (carla.galusha@dbhds.virginia.gov)

In the United States, when a defendant is acquitted as insane most jurisdictions outline processes by which the acquittee is treated and supervised within the public psychiatric system. While the process is loosely defined by applicable case law, the treatment of NGRI acquittees greatly vary from state to state. This presentation will review national requirements and provisions for those acquitted. It will further discuss and identify the relevant differences in application. For example, in Virginia all NGRI defendants are committed to the state psychiatric hospital system for a period of 45 days, during which a comprehensive risk review is completed before the board determines where the individual can spend their time. Virginia does not place limits on how long a person may be supervised, but other states, like Oregon, place limits regardless of the individual's psychiatric condition or level of dangerousness. Implications about these differences will be discussed. Case examples will be used.

## *Admissibility of Expert Witness Testimony in the United States and NGRI Jury Instructions: A Brief Review*

Elizabeth Wheeler, *Central State Hospital, Petersburg, USA*  
(ewheeler@bayforensicpsychology.com)

This presentation will explore the use of expert witness testimony, i.e., the testimony of psychologists and psychiatrists, in sanity cases in Virginia and other states within the United States of America. Specific areas of interest for this presentation include that Virginia often excludes expert witness testimony with regard to statements made by the defendant in cases in which the defendant plans to use the insanity defense (i.e., the evaluator cannot testify to the statements that the defendant made which caused the evaluator to determine that the defendant was, in their opinion, insane at the time of the offense). The presentation will explore the limitation that this places on expert witnesses in testimony in cases where the insanity defense is used. Further, the presentation will discuss the implications that jury instructions may have on expert witness testimony in insanity cases. For example, in Virginia, jury members are not allowed to know the potential outcomes of an insanity verdict (i.e., the temporary custody process). This rule further places limitations on what an

expert can and cannot say on the stand. Implications and differences by state will be explored. Case examples will be used.

## **179. The Immigrant Experience: Legal and Psychological Aspects**

### *Bare Life: The Potential Psychological Impacts of the State of Exception on the Children of Illegal Immigrants*

Lize-Mari Mitchell, *University of Limpopo, South Africa* (lizemari.mitchell@ul.ac.za)

Georgio Agamben used the Ancient Roman image of the homo sacer to describe a person or group of people who are excluded from political life by a state created state of exception. Agamben further described these people as living bare life - a form of life that is deprived of political significance; a life lived just beyond the parameters of mere physiological existence. This presentation will argue that the legislative treatment of illegal immigrants and specifically the children of illegal immigrants have placed them in such a state of exception. Due to their lack of effective nationality and exclusionary social policies a disjunction now exists between the rights every child should have and the actual access to these rights. This disjunction has contributed to making undocumented children in South Africa not only rightless, but furthermore a modern example of homo sacer. Working with Agamben's concepts, an exploration will be done of the close relationship between the psychological development of these undocumented children and their limited access to, what should be, unalienable rights.

### *The Legal Context for “The Welcoming Immigrant Rights Peace Sculpture” on the U.S. Border with Mexico: A Historic Opportunity to Advance Rights through Public Education*

Matt Adams, *Northwest Immigrant Rights Project, Seattle, USA* (matt@nwirp.org)

This presentation will examine the legal context for the planned “The Welcoming Immigrant Rights Peace Sculpture.” The presentation will focus on several key legal battles being waged over the rights of immigrants along the U.S.-Mexico border. It will examine, for example, court cases involving the cross-border shooting of Mexican nationals by U.S. border agents; efforts to bar the entry of asylum seekers fleeing persecution; and the separation of migrant families. The presentation will situate the proposed “The Welcoming Immigrant Rights Peace Sculpture” within this broader legal and political debate. It will describe not only the sculpture's potential impact on current attitudes, but also its implications for strengthening alternative historical narratives at a time when the Trump administration has cast aside values of openness, tolerance, and inclusion. The presentation thus hopes to explore how a large public sculpture can both crystalize and amplify battles being waged in the courtroom.

## *Addressing Mental Health as an Act Towards Peace*

Ashley Robinson, *Humanitarian Affairs Peace Ambassador, Sydney, Australia*  
(ashleyhrobinson@icloud.com)

Mental health activism and treatments play vital roles in the movement towards peaceful and inclusive global communities. This presentation will examine mental health activism, policy development, and treatment with respects to the targets of the Sustainable Development Goal 16 of 'Peace, Justice and Strong institutions'. If we do not address the mental health impacts of conflicts we will never be able to bridge the gaps towards peaceful resolutions and transparent institutions. Drawing upon the theories of violent, cultural and systematic conflict and exploring past conflicts and attempts at national rebuilding it will be argued that mental health care and protections are a foundation to just societies. Furthermore, concepts of co-produced policy and access to social institutions will be explored as an avenue to not only address persons in the cycle of conflict but also to address the concerns of trans-generational trauma and inter-generational aggression.

## *Cultural Memory: The Role of Remembering and the Politics of Forgetting*

Isaac D. Romano, *OWHR Institute-Quebec/ Arts Way Home Charitable Fund, Inc, Washington, D.C.* (Romano\_program@uniserve.com)

On July 4, 1881 France gifted the Statue of Liberty to the United States of America. Today, we are preparing a statue of similar monumental meaning for the US\Mexican Border at Laredo, Texas. "The Welcoming Immigrant Rights Peace Sculpture" is a gesture of peace and friendship, acknowledging the contribution of Mexicans, Central American immigrants and newcomers to the USA. Can the symbolic "passing of the torch" of the Statue of Liberty (Hunter, 2018) to this new monumental bronze successfully ameliorate the xenophobic populism influencing policy and attitudes towards migration through Mexico to the U.S. This presentation will explore "impact, and legal ramifications" of, U.S. government policy leading to child detainment, forced familial separation and the ensuing trauma and violation of human rights. Can "The Welcoming" Sculpture lead to a U.S national discussion and open the way to a paradigm shift to, "Policies of Generosity" and play a role in ameliorating the levels of individual anxiety and suffering, common responses to prejudice and discrimination faced by immigrants of colour, promoting a sense of individual and group "dignity".

## *Trauma Inflicting or Trauma Informed? Comparing Current US Policies towards Migrant Children, and towards Children Who Have Experienced Maltreatment*

Susan Schmidt, *Luther College* (susan.schmidt@luther.edu)

The current administration has implemented a continuing series of restrictive policies towards immigrants in, and entering, the United States. One of the most controversial has been the separation of migrant children from their parents. This presentation will review current policy and practice towards asylum seeking migrant children, particularly at the US southern border, and contrast these policies with the US Family First Prevention Services Act (FFPSA), a federal law going into effect in October 2019 and expected to significantly change domestic child welfare services in the United States. On the eve of this major shift in US child welfare policy—including greater emphasis on keeping children in the care of their own families, and minimizing the use of institutional or group home care—how do current US policies towards asylum seeking migrant children and domestic children compare? How are evidence based practices being used in these approaches to caring for children? What can we learn from these policy differences?

## **180. The #MeToo Movement: Its Meaning, Potential, and Perils**

### *Why Did It Take So Long?: The Background to #MeToo*

Cynthia Grant Bowman, *Cornell Law School* (cgb28@cornell.edu)

The #MeToo movement has a history. Neither the problem of sexual harassment nor public attention to it is new. Legal remedies have existed since the 1980s; and the televised Congressional hearings on the nomination of Clarence Thomas to the Supreme Court, at which Anita Hill accused him of sexual harassment, focused intense public attention both on the issue and the law prohibiting such harassment. Yet the revelations coming out in 2017, starting with celebrities accusing Harvey Weinstein and followed in rapid succession by accusations directed at various media personalities, who were promptly fired or resigned, show that sexual harassment of the worst sorts has been going on for decades despite the legal prohibition and the previous attention to it. The #MeToo movement appears to have broken through a collective denial of this widespread problem. Why did it take so long? And why did this breakthrough happen now?

### *The Harms of Unwanted Sex*

Robin L. West, *Georgetown University Law Center* (west@georgetown.edu)

Sexual harassment is unwanted or unwelcome sex that interferes with work or schooling, creating unequal work or educational environments, and causing various sorts of harm. “Unwanted sex,” however, is the gravamen of the complaint. And, it is a largely undertheorized phrase. “Unwanted (or unwelcome) sex” clearly includes nonconsensual sexual assaults and batteries, from unwanted touchings through to rape. These criminal and tortious actions are also civil rights violations, when they occur at work or school. But unwanted sex is

not simply “nonconsensual sex.” Some unwanted sex is consensual, and some is neither clearly consensual nor nonconsensual. We should not conflate unwanted sex that is the target of sexual harassment law with nonconsensual sex that is the target of the criminal law. Unwanted sex carries harms distinct from those of nonconsensual sex, and we should understand what those harms are. When unwanted sexual encounters occur at work or school, they may constitute a civil rights violation. When they occur outside the workplace or school, however, they may be just as harmful. This presentation will attempt to specify what some of those harms might be and how they relate to the more familiar harms attendant to nonconsensual sex.

## *#MeToo as Sex Education?*

Susan Frelich Appleton, *Washington University School of Law* (appleton@wulaw.wustl.edu)

Traditional sex education in the United States, emphasizing “abstinence only,” has proved to be a dismal failure. Yet the Trump administration has prioritized this approach. Accordingly, will the “#MeToo Movement” become one more sex-negative lesson in how to “just say no”? Or might it offer new possibilities for teaching young persons about sexual agency, feelings, and pleasure? This presentation theorizes what the #MeToo Movement can mean for American sex education. The conventional approach, which continues to enjoy official support, should find in the publicity generated by #MeToo—with its cautionary tales of unwelcome conduct by sexual aggressors—a useful basis for teaching resistance, abstinence, and the importance of communicating the absence of consent. Yet, #MeToo could offer transformational opportunities. Against the background of #MeToo, observers are critiquing the focus on consent as inadequate for facilitating pleasurable, mutually satisfying sex. Thus, as #MeToo evolves, it could become a platform for American sex education to follow the World Health Organization and UNESCO (United Nations Educational, Scientific and Cultural Organization) in recognizing sexual rights, including pleasure, as human rights. UNESCO’s 2018 publication, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach* provides helpful guidance for curriculum development for learners ages five through 18+.

## *Epistemic Ignorance and the #Metoo Movement*

Traci A. Owens, *Attorney-at-Law, San Jose, USA* (traciowens2010@live.com)

Epistemology is the theory of knowledge or the science of “what is known”. “Epistemic Ignorance” describes an absence of knowledge, examination, or interest in certain areas that can be studied. This presentation will explore Epistemic Ignorance as it relates to historically marginalized women who faced sexual assault as part of their daily routine. From slavery to modern times, women in marginalized groups were expected to defend themselves against sexual abuse as a fact of daily life. The historical narratives will be compared to the perception of the #metoo movement as “something new” in the zeitgeist. The discussion will explore the idea that the “movement” became noteworthy and even gained popularity when it attached to a segment of the population what is “known”: popular, documented, celebrated, and admired. It appears that mainstream history overlooked the fact that marginalized women

have been making the same complaints for centuries. This presentation will relate this concept to the criminal justice system. In USA, many criminal defendants come from marginalized, “unknown” populations. Traumas and frailties that often lead to mitigation and better treatment often go unstudied, thus “unknown”. The presentation will suggest ways to investigate and develop clients’ narratives even when mainstream history seems to have overlooked them.

## *Doubting Women: Discounting the Credibility of Survivors of Sexual Harassment*

Deborah Epstein, *Georgetown University Law Center* (epstein@law.georgetown.edu)

In recent months, the #MeToo movement has resulted in an unprecedented wave of testimonials about the serious harms women all too frequently endure in the workplace. The movement has raised public awareness not only about sexual harassment itself, but also about how routinely women survivors face a gauntlet of doubt and disbelief. To fully grasp the nature of this new moment in gendered power relations—and to cement the significant gains won through this public campaign—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—managers, union representatives, human resource officers, and judges—mistakenly perceive women’s stories of harassment as implausible, and discount women themselves as personally untrustworthy. Credibility discounting inflicts an acute psychic injury on women survivors of workplace harassment. Concrete, systematic reforms are needed to eradicate these unjust, gender-based credibility discounts, and to enable women subjected to male abuses of power to trust the responsiveness of the systems theoretically designed to protect them.

## **181. The Opioid Epidemic: Causes and Responses**

### *The Overdose Epidemic in Canada: A Root Cause Analysis*

Timothy K.S. Christie, *Horizon Health Network, Saint John, Canada*  
(Timothy.Christie@HorizonNB.ca)

This presentation will cover three topics: 1) The history of opioid prescription in Canada, 2) the shift from prescription to illicit opioids and the introduction of fentanyl, 3) the evidence base for partial solutions, and 4) arguments for legalization. The first section explains the history of opioid prescription in Canada. For 25 years prescribers were told that the effective treatment of pain required the liberal prescribing of analgesics and that pain should be considered the fifth vital sign. The assumption was that if patients were properly treated for pain then they could not become addicted. Second, after the over prescription of opioids was identified as a problem, the “knee jerk” solution was to engage in strategies designed to restrict access to prescription

opioids, e.g., prescription drug monitoring, opioid prescription guidelines, and enhanced law enforcement. The result was a shift from prescription drugs to illicit drugs, which introduced fentanyl. Third there are some evidence-based approaches that could be considered as partial solutions to this epidemic, specifically heroin prescription and dilaudid prescription. Finally, acknowledging these as partial solutions, the presentation will conclude with a provocative proposal that the ‘root cause’ of this epidemic is a poisoned illicit drug supply and legalization is an ethical solution.

## *The Effectiveness of Opioid Maintenance and Heroin Assisted Treatment in the Swiss Criminal Justice Setting*

Michael Liebreuz, *University of Bern* (Michael.Liebreuz@fpd.unibe.ch)

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The 1980s were a period in which the consumption of illegal psychotropic substances, especially heroin, increased massively in Switzerland. The intervention methods, which were considered revolutionary at the time, included a harm reduction approach with the introduction of low threshold opioid maintenance programs (OMT) even in prison settings. In addition to methadone and buprenorphine, heroin assisted treatment (HAT) was introduced for severely addicted patients who continued to use “street heroin”. This study aimed to evaluate the effectiveness of OMT and HAT in a Swiss penitentiary by applying a mixed methods approach, which meant evaluating existing data quantitatively and carrying out qualitative interviews. The data covered the period 2005-2015 and included information on sociodemography, treatment duration, urine samples, and overdoses in two groups (OMT and HAT). Furthermore, 19 employees of the Realta correctional facility were interviewed about their experiences with HAT. Existing variables were evaluated descriptively and aggregated over all stays, qualitative interviews by means of content analysis. During the ten-year observation period, neither group had a lethal overdose or any other deaths associated with substance use. Employment rates were high in both groups. Initial qualitative results showed positive staff attitudes towards HAT, but indicated a stigmatization in the personal environment.

## *Improving Access to Treatment for Opioid Use Disorder for Individuals in the US Criminal Justice System*

Wendy P. Guastafarro, *Florida Atlantic University* (wguastafarro@fau.edu)

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Drug overdoses now kill more people in the United States than gun homicides and car accidents. The government's preliminary estimate found more than 72,000 individuals died from a drug overdose in 2017. The criminal justice system continues to be a significant treatment referral mechanism. We examine the extent of the opioid addiction problem amongst those under remand who were admitted to treatment with particular attention to the characteristics that facilitate or inhibit the likelihood of receiving medication-assisted treatment (MAT) including health insurance, prior treatment, frequency of use, mental health conditions, diagnosis for opioid use disorder, polysubstance use, geographic region, and demographic characteristics. Targeting the demand for opioids must be the focal point of effective policy aimed at decreasing substance misuse and overdoses. We identify gaps in the availability of MAT and examine the fit between need for and receipt of treatment services for individuals with opioid use disorder. Data come from the 2014 Treatment Episode Data Set (TEDS). Suggestions for policy and practice improvements will be discussed.

## *The Power of Babel: The Challenge of Defining Success in the Substance Use Crisis*

Ross D. Silverman, *Indiana University Fairbanks School of Public Health* (rdsilver@iu.edu)

As Susan Sontag once noted, the language and metaphors we use as individuals and communities to describe health concerns significantly affects how we view and engage such issues. Perhaps no current policy issue is more sensitive to such concerns than substance use disorder in the United States. While efforts are underway to build and bolster systems of care to address the rise in rates and deaths associated with opioid- and other illicit substance use, stigma remains a significant obstacle to evidence-based and evidence-informed responses in many communities. Furthermore, with such a diversity of actors engaged in crisis response, defining both the nature of the problem and successful legal, policy, and health outcome responses will be challenging. This presentation will discuss the role of stigma in U.S. federal, state, and local response to the "opioid crisis," and research conducted in one Midwestern U.S. state analyzing differences in how those directly involved in responding to the "crisis" defined what success might look like.

## *Judicial Management of the U.S. Opioid Crisis*

John Kip Cornwell, *Seton Hall University School of Law* (kip.cornwell@shu.edu)

The United States is in the grips of an opioid crisis. State and federal government officials, as well as local law enforcement and advocacy groups, have been scrambling to address the problem as overdose rates from opioids continue to soar. As part of that effort, the United States has seen the introduction in the past two years of specialized courts that serve only opioid-addicted offenders. Funded by federal grants, opioid courts have been created by an assemblage of drug court judges who believe that this group of offenders needs emergent, long-term care and treatment different from that available to other offenders suffering from drug or alcohol abuse.

As one opioid court judge commented, his primary goal is to allow those who appear before him “to have another sunset, another time with their family, to see another Christmas.” As an increasing number of jurisdictions consider funding these courts, this presentation considers the pros and cons of the opioid court movement. Concerns of cost, racial equity, and access to medication-assisted treatment are among the issues addressed in this context.

## **182. The Phenomenon of Overdiagnosis in Psychiatry and Its Impact on Clinical Practice: Issues of Law, Pharmacology, and Ethics**

### *The Evolution of Classificatory Systems and Diagnostic Approaches Contributing to Overdiagnosis*

Antony Fernandez, *VCU School of Medicine* (drtonyfernandez@hotmail.com)

Although much scientific advancement has been made in Medicine and evidence-based practice, Psychiatry continues to suffer from a dearth of diagnostic objective tests; routine practice has remained rooted in purely clinical assessment and treatment. Classificatory systems in psychiatry have evolved to help identify specific and recognizable clusters of symptoms and signs that tend to occur together as syndromal entities. The DSM system was developed as a manual of mental disorders, purported to be atheoretical, and endeavored to operationalize the diagnostic process by establishing ‘criteria’ that needed to be fulfilled for the diagnostic label to apply. The WHO hastened to follow suit with a similar iteration of the ICD (10th edition). For the majority of conditions listed in the DSM-5, there are no pathognomonic diagnostic tests available. This presentation will outline the traditional approach to psychiatric diagnosis and treatment-planning, and highlight the current emphasis on evidence-based practice.

### *Influences Shaping Prescribing Practices and Its Impact on Overdiagnosis*

Pratap Narayan, *Consulting Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

Over the years, there have been many influences that have served to shape psychiatric practice, notably the pharmaceutical industry, legislation, health insurance companies, and the judiciary. Especially in the USA, these have resulted in various practices not necessarily supported by research findings. For instance, strict adherence to diagnostic criteria frequently led to clinical situations where only some, not all, of the required criteria were met; clever and innovative professionals have managed to get around this impasse with the establishment of the so-called ‘spectrum’ disorders (very evident in the DSM-5, as opposed to previous editions). However, the establishment of these categories, as well as the addition of new diagnostic disorder entities, lacks the empirical support of objective science, relying instead on subjective opinion in large-scale surveys of practicing Mental Health professionals. The presentation will highlight some of

the current concerns re: practice patterns (with particular emphasis on psychotropics), and current movements in this regard – both nationally and internationally.

## *Regulatory and Legal Influences on the Practice of Psychiatry*

Julian Gojer, *Consulting Psychiatrist, Toronto, Canada* (juliangojer@gmail.com)

The principal extraneous influences on the practice of Psychiatry have been legal and economic. Fear of lawsuits has led to defensive practice. Courts have established the concept of ‘standard of care’, embraced by regulatory bodies and industry; however, this is a nebulous and difficult-to-apply standard, and widens the divide between research and practice. PBMs (Pharmacy Benefit Managers) are being put into place in the US to monitor (and restrict) the use of (typically high-cost) medications for specific diagnoses. This places a greater emphasis on more stringent diagnostic practice, as well as the need to meet benefit criteria for insurance companies and third-party payers to cover treatment-costs. Unfortunately, this also has the potential to significantly increase the problem of over-diagnosing and erroneous (or exaggerated) clinical documentation to justify monetary claims.

## *Is the World of Psychiatry Up for the Challenge?*

Pratap Narayan, *Consulting Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

Many professionals are concerned about the direction that Psychiatry has taken. National and international movements have begun to address these issues in various forums, but face widespread resistance from an establishment wanting to maintain the status quo. However, inactivity augurs dire consequences for global mental health, and we must all act now. This presentation will highlight movements such as Choosing Wisely, More Harm Than Good, and Preventing Over-Diagnosis, to name a few. The presentation will discuss how austerity in diagnosis and treatment can improve patient outcomes, decrease clinical worsening and disruption in the lives of patients, and minimize the risk of iatrogenic harm and hopefully impact the future of Psychiatry positively. It is high time that regulatory and accrediting bodies, academic professionals, industry, the legal profession, and governments come together to restore the primacy of clinical diagnosis and treatment.

## **183. The Presumption: Race and Injustice in the United States**

### *The Presumption*

Donald M. Jones, *University of Miami* (djones@law.miami.edu)

In criminal justice context, particularly when the black subject is a black man, the presumption takes the form of a presumption of guilt. When Congress or state legislatures

develop policies to address drug interdiction they make an us v. them distinction between suburban v. urban populations: suburban whites using opioids are like us, blacks using crack cocaine become “them.” Thus, blacks are viewed through the window of a presumption of dangerousness here. Similarly, when Tim Tebow kneels to pray during a football game, this is received by the mainstream media as an expression of widely shared values – not merely Christian values, but American values. Tebow is one of us. But when Colin Kaepernick kneels in protest to racial profiling, this is nonetheless seen through the window of a presumption as well: A presumption of defiance of American values. This presentation will discuss this presumption as a problem in which racial ideology functions as a distorting prism in the courts, in the legislature, on the sports field, and on our screens.

## *Intersectionality and Race*

Barbara Arnwine, *Columbia Law School* ([barnwine@barbaraarnwine.com](mailto:barnwine@barbaraarnwine.com))

The intersectional reality for African American women of being a woman of color in a White Supremacist Patriarchal and Capitalist nation has subjected her to unique vulnerabilities and punishments in the criminal justice system. Black women have been specifically targeted for their reproductive abilities which were the center of the creation of White wealth during Slavery. To justify, not only the forced labor of Black women, this sexual exploitation and forced reproduction required the promulgation of vicious stereotypes, in direct contradiction to those of White women, including ones of hyper-sexuality, promiscuity, immorality, low intelligence, criminality, greediness, dishonesty, ill-temperament, and laziness. Thus, Black women were brutally punished during Slavery and post-Slavery suffered unprecedented rates of incarceration. Also, criminal punishments post-Slavery targeted her now undesired reproductive abilities through sterilization programs. This legacy haunts the African American woman in the 21st Century. These stereotypes are still widely perpetuated in US media and culture, depriving Black women of economic opportunity and subjecting her to higher rates of arrests and harsher punishments in the criminal justice system. She is more vulnerable to Sexual trafficking and sexual assault by law enforcement. We cannot combat The Presumption without addressing its particularized impacts on African American women.

## *Influence of Music on Presumption and Perception*

Donald G Harrell, University of Central Florida and Valencia College ([orisirisil@gmail.com](mailto:orisirisil@gmail.com))

The presumption of guilt has its nexus in the ideology that holds that the color of one’s skin and the color of one’s eyes is determinate of social status. This false but nevertheless institutionalized notion conveniently fueled the transatlantic slave trade, chattel slavery, racial segregation, and the prison industrial complex. Generically termed racism, it bestows wealth, power, and privilege on some while bestowing pain and long suffering on others. This presumption is reflected on our screens and in popular culture as images of blacks, particularly black males are associated with gangbangers, drug dealers, prostitutes and pimps. In portraying blacks as criminals blacks are relegated to a lower caste, the bottom of society. As a Professor who teaches a course on Hip-hop music we study how this musical genre has developed a discourse of resistance against these stigmatizing images. This presentation will focus on the

evolution of hip hop as a means by which in representation space the top and bottom of society are reversed by associating the images of urban blacks with social power and cultural “cool.”

## **184. The Role of Psychological Assessment and Therapy in Singapore's Criminal Justice System**

### *Development of Performance Validity Tests (PVTs) Norms and Clinical Practice Guidelines for Their Use in Singapore's Criminal Justice System*

Kenji Gwee, *Institute of Mental Health, Buangkok, Singapore* (Kenji\_gwee@imh.com.sg)

The dearth of local studies on the Test of Memory Malingering (TOMM) has been a challenge to practitioners using it routinely for forensic assessments Singapore's criminal justice system. Combined with the State psychologists' practice of using the TOMM as the sole performance validity test (PVT) in pre-trial assessments, the need to validate the TOMM and other PVTs for forensic use in Singapore was critical. A series of local empirical validation studies of PVTs was thus conducted. This presentation will present findings and implications of four studies: a simulated malingering study on psychiatric vs community population; a known-groups design with an intellectual disability population; a known-groups design with community geriatric vs dementia populations; and a differential prevalence design with a forensic population. Optimized cut-off scores of various PVTs, such as the Non-Verbal Medical Symptom Validity Test (NV-MSVT), Medical Symptom Validity Test (MSVT), Word Memory Test (WMT), Victoria Symptom Validity Test (VSVT), will be recommended for each of these populations. Clinical practice guidelines, informed by these data and implemented locally, will also be discussed.

### *Please Jail My Daughter: Treatment and Management of Patients with Personality Disorders in Singapore*

Mavis Seow, *Institute of Mental Health, Buangkok, Singapore* (Mavis\_Seow@imh.com.sg)

The challenges of using various therapy modalities in working with personality-disordered patients on their suicidal and challenging behaviours are well known amongst clinicians. This single case study depicts the multiple social and clinical challenges faced when working with a tertiary-level, institutionalized patient with complex personality disorder in Singapore. The use of psychodynamic, metallization based therapy, and dialectical behaviour therapy-informed practices will be showcased, where there will be specific mention on the theoretical frameworks used as well as the interventions implemented. Outcomes of treatment, as well as the risk issues

posed by such patients, are then used to highlight the challenges and limitations of managing patients with personality disorder in Singapore. The need for resources and opportunities to further extend treatment and support for these patients is also discussed, coupled with recent developments on provision of psychological services for patients with personality disorders in Singapore.

## *Adaptive Function in Singapore's Criminal Justice System*

Yun Fern Kok, *Institute of Mental Health, Singapore, Buangkok* (Kok\_yun\_fern@imh.com.sg)

The assessment of adaptive function is a core defining feature in the diagnosis of Intellectual Disability (ID). This is typically conducted alongside culturally-appropriate standardized intelligence-testing and clinical interviews in most mental-health systems in Singapore. The adaptive function profiles of 35 pre-trial remanded individuals in the only forensic psychiatric system in Singapore were examined. For this purpose, the Adaptive Behaviour Assessment System (ABAS-3) composite domains were explored through existing data from 2013 until 2018. The administration of ABAS-3 in our forensic system typically involved interviewing well-informed next-of-kin or the remanded individuals to provide subjective ratings of the individual's adaptive skills across the composite Conceptual, Practical, and Social domains. The existing discrepancies amongst these three aspects are illustrated and provide an interesting discussion and consideration of socio-cultural influences in the differing profiles across these domains. One main challenge to a robust assessment of adaptive functioning of these individuals would include cross-cultural features and differences in social functioning as measured by the ABAS-3.

## *Negotiating Multicultural Challenges in Psychological Assessments Within Singapore's Criminal Justice System: Intellectual Assessment of Sexual Assault Victims*

Hoi Ting Leung, *Institute of Mental Health, Buangkok, Singapore*  
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Being a victim is bad. Seemingly being doubted by authorities when individuals report cases in which they are victims, makes the experience even more unbearable. It is part of Singapore's law enforcement procedures to refer alleged victims of sexual crimes to the Institute of Mental Health of Singapore (IMH) for intellectual assessments. Nevertheless, this part of the process is seldom communicated sensitively to victims, leading to victims' perception of being distrusted and opening up a possibility for secondary victimization and re-traumatization, and making victims feel more helpless and lonely. In addition to supporting victims at risk of secondary victimization, the forensic intellectual assessment is further complicated by challenges including the limited cultural relevance of cognitive assessment tools and assessment of adaptive functioning, as well as information collection from reliable informants. These experiences will

be deliberated with the help of case studies. Preliminary plans to address these issues in the local setting will be discussed.

## **185. The Second-Person Perspective in Medicine and Bioethics**

### *Second-Person Relations and the Scope of the Bioethical Community*

Audra Goodnight, *Villanova University* (audragoodnight@gmail.com)

The principles of autonomy, individuality, and justice are privileged in traditional theories of bioethics. These principles are rooted in either the first- or third-person moral perspective, or a combination of both. However, on first- or third-person accounts of morality, it is difficult to see how persons with cognitive disabilities or memory loss, young children or the elderly – persons on the margins of morality and dignity – might be included in the bioethical community in general and the doctor-patient relationship in particular. They do not yet, or never again will, exercise the requisite capacities like responding to reasons or acting autonomously, which are privileged in first- or third-person bioethical perspectives. This presentation will provide a new account of second-person relations. In this account, persons who would otherwise seem to be on the margins of morality and dignity are able to participate in relations of justice, care, and love because of the communicative and bi-directional nature of second-person relations. The communicative act of relating second-personally with another involves acknowledging the other as a ‘you’ with whom mutual engagement is possible. Moral responses of justice and care come from your second-personal connection with them.

### *The Second-Personal Phenomenology of the Doctor-Patient Relationship*

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

The doctor-patient relationship is the heart of medicine. Various models of the ideal physician-patient relationship have been discussed, but the phenomenological dimension of the interaction between health professionals and patients deserves further examination. One of the key features of this relationship is that it is second-personal in nature: it involves an “I-thou” connection between two individuals in which each person can address the other as a “you.” Because second-person relations are essential to the physician-patient encounter, it is crucial to reflect on their characteristics and the conditions that make them flourish or fail. This presentation will draw upon philosophical analysis and the presenter’s personal experience as a physician to explore the phenomenology of second-person relations in the health care setting. The presentation will also explain how a correct understanding of these relations has important implications for some key issues in bioethics and medical practice, including the

epistemology of medicine, the character of virtuous health professionals, and the goals and goods of medicine.

## *The Metaphysics of the I-You Doctor-Patient Relation*

James Kintz, *Saint Joseph's College* (jskintz@gmail.com)

A recurring topic in medical ethics has been the doctor-patient relationship. While there are numerous important components of the doctor-patient interaction, one unique feature of this relationship is that it is second-personal in character – that is, both the doctor and the patient can refer to the other as “You” when they stand in this interpersonal relation. Yet while there has been much promising work on these second-person relations, very little has been said concerning what makes these relations ontologically distinct. By focusing on unique aspects of the doctor-patient interaction, however, it is possible to uncover important phenomenological and ontological characteristics of this relation. This presentation will offer an account of the second-personal relationship by employing an Aristotelian powers ontology. It will be argued that an I-You relation forms as a result of the activation of ontologically interdependent social powers that can only be actualized in these interpersonal relations. This method reveals that the I-You relation is bidirectional and dynamic. By focusing on the doctor-patient relationship through the lens of an Aristotelian powers ontology, the presentation will not only discover unique features of the second-person relation, but uncover important ethical implications for doctor-patient interactions.

## **186. The True Story of Amanda Knox: An Innocent Abroad**

### *The True Story of Amanda Knox: An Innocent Abroad*

Anne Bremner, *Attorney-at-Law, Seattle, USA* (abremner@freybuck.com)

One year after the murder of Meredith Kercher, Rudy Guede had been convicted for the crime. Amanda Knox and Raffaele Sollecito, however, were awaiting trial. International public interest remained strong, and the real truth about what had happened was emerging gradually but inexorably. Because the murder occurred in 2007, a tipping point in the adoption of social and digital media, the stage was set for a firestorm that escalated Knox’s story quickly, broadly, incorrectly, and ultimately, viciously. The story became ubiquitous within news outlets in Perugia, England, Seattle, and elsewhere, and as the public developed an absolute intoxication for it, the foundation for chaos was set. “My truth and my challenge” started as a small group in Knox’s hometown to combat the mayhem by gathering evidence and systematically releasing it to the press. Ultimately, through the work of “My truth and my challenge” as well as many others, the “She-Devil” – “Foxy Knoxy” – became understood as “An Innocent Abroad.” This presentation will cover the influence of media on the case and a successful campaign conducted in an internationally high-profile trial in the “Age of the Internet.”

## *"First Do No Harm": What Forensic Professionals Can Learn from This Case*

Richard Adler, *University of Washington School of Medicine* (richadler@fcpsych.com)

Media flashbulbs produce more heat than illumination. Topics relevant to forensic professionals: (1) Interrogative Suggestibility, (2) False Confessions, (3) Cultural Competence/Language Barriers, and (4) Forensic Criminal Typologies will be explored and applied to the facts of this case. The presenter will speak to the effect of misconceptions, gender bias, and anti-American bias in the media on the trials, and explain how he frequently makes use of the children's story "The Emperor's New Clothes" as the theme (or organizing narrative) for expert testimony. This is especially poignant since prosecutors start with "Probable Cause." Probable cause, essentially a matter of first impression, typically is maintained as the prosecution's theory of the case. The State as a general rule does not revise its approach in the context of newly discovered facts or opinions. As it relates to the subject case, the combination of its important facts and general scientific principles will hopefully bring the murky into sharper contrast. Finally, comments about the successful integration of Forensic Psychiatry and Criminology will provide a helpful transition to the presentation that follows.

## *What a Detailed and Competent Crime Scene Analysis Can Tell Us About the Murder of Meredith Kercher*

Loren T. Atherley, *Seattle Police Department, Seattle, USA* (lorentatherley@gmail.com)

One cannot prove a crime without evidence, and our understanding of a crime, once detected, is conjecture without a competent assessment of the scene and how it was processed. Nowhere is this more important than in a high-profile case of murder. The murder of Meredith Kercher provides a rich case study of the importance of good crime scene investigation and analysis. In this case, the integrity of the scene, handling of evidence, and interpretation of offence behaviour became a matter of central focus, ultimately resulting in the exoneration of Amanda Knox. This presentation will examine evidence of the crime and the investigative procedures used to process the scene. The presentation will speak to the forensic failures that led to the acquittals in the case based on firsthand accounts of the crime scene collections and analysis.

## *The Role of Medical Science: Physiology and False Memories*

J. Douglas Bremner, *Emory University School of Medicine* (doug.bremner@emory.edu)

Medical sciences played an important role in the exoneration of Amanda Knox in the murder of Meredith Kercher. One area was the physiology of digestion, specifically related to the time it takes for food to move through the stomach to the intestines. Testimony clearly fixed the time of the murder victim's last meal, and given the known time range during which food passes through the stomach and completely exits into the intestine, a narrow range of times for the murder could

be established. Testimony and opinions were given that erroneously asserted a wide range of transit times, which on review of medical evidence was proven to be false. Another area is that of the effects of stress on memory, and the area of psychological science on the effects of interrogation, stress, and coercion on the statements of suspects of crime. This presentation will discuss false confessions and lessons to be learned from the “Making of a Murderer” phenomenon.

## **187. The United Nation’s Convention on the Rights of Persons with Disabilities: Why Canada Should Retain Its Reservation and Other Clinical Impacts**

*The United Nation's Convention on the Rights of Persons with Disabilities: Why Canada Should Retain its Reservation*

John Ellery Gray, *Western University* (jgray@shaw.ca)

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Honourable Justice Michelle O'Bonsawin, *Justice, Ontario, Canada* (Marc.Labelle@ontario.ca (Justice O'Bonsawin's assistant))

Canada ratified the CRPD with this Reservation: “...Canada reserves the right to continue their use [substitute decision-making] in appropriate circumstances and subject to appropriate and effective safeguards”. The UN CRPD Committee calls for the abolition of the Reservation and the abolition of involuntary admission, community treatment orders, involuntary treatment, substitute decisions, best interests and the defence of not criminally responsible on account of mental disorder. This in effect also means involuntary treatment for persons found unfit to stand trial. This presentation will question the validity of supported decision making and examines the likelihood for serious adversity for people with mental illness and other problems of diminished capacity. It will show how Ontario is already using supported decision making. Canadian examples of the effects of following the CRPD Committee's interpretations for people who are involuntarily admitted and the abolition of the unfit to stand trial and not criminally responsible on account of mental disorder provisions in the Criminal Code, will be provided. In conclusion it will be argued Canada should retain its reservation until evidence that CRPD Committee interpretations will not harm people now helped by involuntary admission and treatment.

*Ontario's Legislation is Compliant with the UNCRPD*

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Ontario is the largest of Canada's 10 provinces. The laws governing the rules for assessing capacity and making health care decisions, which apply to both voluntary and involuntary patients, are contained in the province's Health Care Consent Act and Substitute Decisions Act. These acts have been in use for more than 20 years, during which time a significant body of jurisprudence has developed. The acts provide robust rights protections to individuals with impaired capacity to make decisions about medical treatment. Except in two uncommonly encountered situations, they provide a reasonable framework in which appropriate treatment can be provided when necessary. Ontario's scheme includes many of the elements that advocates for vulnerable individuals had hoped would result from the UNCRPD. However, Ontario and all other Canadian jurisdictions, reject the ideologically driven demands of the committee charged with overseeing the implementation of the UNCRPD to end all substitute decision making, involuntary hospitalization and involuntary treatment. Jurisdictions wishing to comply with the recommendations of the UNCRPD without embracing the unrealistic demands of the implementation committee may consider adopting elements of the Ontario scheme.

### *CRPD and Civil Commitment: The CRPD Committee's Interpretation and its Clinical Impacts*

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In 2006, the United Nations General Assembly formally adopted the Convention on the Rights of Persons with Disabilities (CRPD). 175 countries ratified the Convention including Canada. Like many other countries, Canada signed the Convention with a reservation. Article 14 of the CRPD requires that persons with disabilities are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty. We support this statement. However, the CRPD Committee interpreted that "Committal of individuals to detention in mental health facilities, or imposition of compulsory treatment, either in institutions or in the community, by means of Community Treatment Orders contravene the convention and must be eliminated". We will review the clinical impacts of such extreme interpretation. We will show that the elimination of involuntary commitment would likely produce unintended consequences and therefore infringe the rights and health of the individuals with disabilities, which would be contrary of the CRPD principles of non-discrimination and equal rights.

## *No Knee Jerk Reaction Required: The Need for Canada to Maintain its Forensic Mental Health Legal System*

Michelle O' Bonsawin, *Justice, Ontario, Canada* (Marc.Labelle@ontario.ca (Justice O'Bonsawin's assistant))

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The forensic mental health legal system in Canada has a significant history and been affected by changes. The mandate of this system is to treat and rehabilitate mentally disordered accused and reintegrate them into the community. It has two points of focus: the identification and diversion of persons found unfit to stand trial, with intervention to restore their competency to stand trial, and the finding of Not Criminally Responsible on the Grounds of Mental Disorder. In so doing, this system seeks to strike a balance between the rights and needs of an accused with those of the public. The aim of this presentation is to demonstrate that the Canadian forensic mental health legal system meets article 14 of the CRPD Convention. This system is not arbitrary, does not deprive the accused of his/her right to due process and safeguards that are applicable to every accused. The potential impacts of the elimination of such a system on the rights of persons with disabilities charged with a criminal offence, public safety and the wider interested of justice will also be reviewed. It will be demonstrated that the current forensic framework protects individuals with mental disorders and to remove such protections would have the opposite effect intended by the CRPD.

## **188. Top Secrets, Lies, and Conspiracy Theories: Navigating a Sea of Uncertainty in a Delusional World**

*Conspiracies, Fringe Beliefs, and Delusions: When Does Odd Become Ill?*

George David Annas, *SUNY Upstate Medical University* (AnnasG@upstate.edu)

Many well-educated people believe in a reptilian blood-sucking race, assuming the identities of the global elite. Many others await the inevitable descent of black helicopters carrying troops to enslave us all into a single world government. Today, it is normal to walk down the street empty handed, while actively talking with someone who is not present. Today it is a fact that our televisions are actually eavesdropping on us. Taking all of this into account, how can we determine when someone has lost touch with reality, when reality itself has

become this absurd? In an attempt to address this question, this presentation will explore popular “conspiracy theories” and “fringe” beliefs, and what may motivate some of us to believe in them. When do such beliefs cross the line from simply being “odd” to the realm of insanity? Is there even a line to be crossed, or is something else at play? Finally, are “they” so different from “us?” Truth, itself, is becoming ever more elusive, limiting our ability to judge one’s sanity, but perhaps a study of “Banksters,” “Birthers,” and “Truthers,” can teach us a few things about fact, reality, and mental illness.

## *Lies, Denial, and Fantasy in Guantanamo Bay*

Sondra Crosby, *Boston University Medical Center* (SCrosby@bu.edu)

The U.S. Detention Camp at Guantanamo Bay, Cuba (GTMO) is shrouded in secrecy. Being present there in any capacity envelops you in a world of “classification,” hidden identities, ever-changing rules, and such endless surveillance that even the smoke detectors are hiding cameras, recording everything. The environment is tainted by the horrors of the CIA torture program, creating the miasma aptly referred to as the “GTMO-goo” which envelops you the minute you step off the plane. Working in this environment takes its toll - not only causing deleterious effects on the minds and health of the detainees themselves, but also their lawyers, the service members on duty, the magistrates, consultants, not to mention the clinicians attempting to provide adequate care. Nearly 17 years after GTMO first received prisoners, no trial dates for the accused have been set. There still remains no light at the end of this long, dark, and twisted tunnel. The risk of psychological distress is intensified in this surreal, indefinite environment, where the rule of law does not exist, mental health and torture are the elephants in the room that none dare acknowledge, and our normal views of and expectations of the world have been turned upside down.

## *Embracing Uncertainty: John Keats and the Enigma of Ambiguity*

Mary F. Annas, *Northeastern University* (NativeMF@gmail.com)

In December 1817, John Keats wrote a letter home to his brothers. In it he described a laudatory behavior he called “Negative Capability.” A person exhibiting this, according to Keats, is “capable of being in uncertainties, mysteries, doubts, without any irritable searching after fact and reason.” At this point in his life, Keats was still struggling with the decision he had made a year earlier to leave his planned career in medicine and devote his life to writing poetry. He was also becoming aware that his brother Thomas was ill with the “family curse” (tuberculosis) to which his mother had succumbed seven years previously. It is difficult to discern the influences that went into Keats constructing this oxymoron, but his exploration of these ideas has influenced disciplines as broadly as literature, philosophy, and psychoanalysis. This presentation will argue that Negative Capability is an intersection of Keats’ skill in clinical medicine and his talent for encapsulating beauty and truth in his poetry. In a contemporary world where intellectuals are often desperately searching for meaning, it becomes all the more important and valuable to consider Keats’ thoughtful and hopeful concept.

## *The Dangers of Conflating Fact and Fiction in the National Security Sphere: From James Bond and Jack Bauer to David Petraeus and Donald Trump*

George J. Annas, *Boston University* (AnnasGJ@bu.edu)

Fiction is the stock in trade of our national security agents and agencies. They routinely develop a series of fictional cover stories to disguise the true intent of their clandestine operations and provide at least plausible deniability if they are “caught.” With the election of Donald Trump, and his reaction to the public disclosure of the “Steele Dossier,” we have been hurled into a new frontier of cover stories and “fake news” in which fiction is treated as fact. In this Alice in Wonderland, agents pattern their behavior on fictional characters like James Bond and Jack Bauer, counterinsurgency generals require their troops to read fictional descriptions of locals, and our commander-in-chief presumes that virtually all intelligence information is “fake” or the product of the “deep state.” The “facts” our secret agents and military leaders share with themselves and model their behavior on, can reasonably be examined by positing a new and dangerous category of mental illness, “secret agent syndrome.”

## *Delusions or Cultural Beliefs?*

Corina Freitas, *SUNY Upstate Medical University/CNYPC* (corina.freitas09@gmail.com)

Historical and contemporary migration has led to a blending of cultures and in some instances culture shock. The boundary where one’s cultural acceptance lies depends heavily on one’s own cultural upbringing; such boundaries inherently extend to mental health professionals. This can result in serious limitations of freedom and subsequent infliction of trauma on patients misdiagnosed as ill or delusional. Where do we draw the line between our own values and human cultural rights and liberties? How do we as professionals, overcome our personal barriers to expand our cultural competency such that patients are evaluated in a culturally appropriate scope? In an effort to inspire intellectual debate, as it pertains to the above questions, this presentation will discuss several cultural beliefs from across the globe. The presentation will also compare how they are viewed across western cultures; as well as how some variations have been more accepted than others. As migration continues to cross new cultural boundaries, our understanding of mental health and illness should evolve in concert.

## **189. Transgender Health and Wellbeing**

*“I don’t Think They Thought I was Ready”*: How Transition Readiness Assessments Create Barriers for Trans People with Complex Mental Health Issues

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Transgender (trans) people experience high rates of mental health issues including depression and suicidality. Improving access to hormones and surgeries has been suggested as an important mechanism to address these issues. Standardized clinical protocols direct clinicians to conduct psychosocial transition readiness assessments prior to approving trans people for hormones and surgeries. In the context of determining transition readiness, clinicians must explore alternative diagnoses and assess the degree to which any complex mental health condition is “managed”. Using institutional ethnography, 22 key informants were interviewed to identify how these protocols constrained clinicians’ work of assessing transition readiness, particularly for trans people who experienced mental health challenges. Informants included trans people, clinicians, clinician-educators, and hospital administrators. The study found that trans people downplay or withhold mental health issues from clinicians, or otherwise do additional work (e.g., take up unwanted psychiatric interventions) to convince clinicians they are “mentally ready” to transition. This phenomenon is paradoxical in that hormones and surgeries are recommended to treat trans people’s psychosocial distress, but when patients reveal symptoms of distress, they encounter significant barriers to transition.

## *What Transgender and Gender Diverse Patients Say Doctors Should Know and Do*

Alison Blythe Alpert, *Wilmot Cancer Institute* (alison\_alpert@urmc.rochester.edu)  
Eileen Cichoski-Kelly  
Aaron Fox  
Vikas Gampa  
Charles Kamen

Medical institutions are attempting to shift practices to better support transgender and gender diverse people receiving care. Transgender and gender diverse people have particular expertise regarding potential changes that could make health care more accessible and effective for them. Given this, a series of qualitative studies were conducted regarding the experiences and recommendations of transgender and gender diverse patients, along with cisgender lesbian, gay, bisexual, queer, and intersex (LGBTQI) patients, with and without cancer. In the study, researchers conducted: 1) six focus groups with 48 sexual and gender minority people in four U.S. cities; and 2) two focus groups with 7 transgender and gender diverse people with a history of cancer. In each instance, the data was analyzed using a thematic analysis by multiple researchers who coded independently and then came together to cluster and refine themes. Patients suggested that providers: be comfortable with patients; share medical decision-making and support patient autonomy; avoid assumptions; apply relevant knowledge and use critical thinking; create trans-inclusive policies; intervene in transphobia; and address the social context of health disparities. Patient-derived guidelines for physicians generally and oncologists specifically could add considerably to our understanding of potential legal, ethical, and

procedural changes to provider and institutional practices which may improve experiences for transgender and gender diverse people.

## *Mental Health Inequities Among Transgender College and University Students in the US*

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This presentation will report on a study which evaluated mental health among transgender and cisgender undergraduate and graduate students. The study used data from the 2015-2017 Healthy Minds Study, an electronic survey of more than 65,000 randomly selected students from 71 U.S. college and university campuses. The mental health outcomes evaluated included depression, anxiety, eating disorders, self-injury, and suicidality. In multivariable regression analyses, these mental health outcomes were compared among transgender and cisgender students as well as by sex assigned at birth. While 78% of transgender students reported one or more poor mental health outcomes, 45% of cisgender students reported one or more poor mental health outcomes (odds ratio [OR]: 4.3, 95% CI=3.6 to 5.1). Among transgender students, 3.1% reported a suicide attempt in the past year, relative to 0.8% of cisgender students (OR: 3.74, 95% CI: 2.46 to 5.69). Overall, greater mental health needs were found among transgender relative to cisgender students. The findings underscore the importance of identifying and addressing broader drivers of transgender mental health inequities and of ensuring transgender student access to gender-affirming mental health care.

## *Transgender Youth in the US Juvenile Justice System*

Christopher Randall Thomas, *University of Texas* (crthomas@utmb.edu)

Transgender youth are over-represented in the US Juvenile Justice System. They are entitled to certain legal rights and protections while in state custody as are all youth in the juvenile justice system. Unfortunately, they are at greater risk for physical, sexual, and emotional abuse than other youth. In addition, they have special needs regarding their gender identity. A number of legal cases have established some standards for their care and protection. It is important for those working with transgender youth in the juvenile justice system to be aware of these issues, along with recommended guidelines and case law. This presentation will provide an overview of transgender youth in the juvenile justice system, the relevant legal issues and court decisions, institutional concerns and policies, and recommended guidelines.

## **190. Trauma and Incarceration**

## *Treating Trauma Among Incarcerated People: Supply Does Not Create Its Own Demand*

Nancy Wolff, *Rutgers University* (nwolff@ejb.rutgers.edu)

Rates of childhood and adult trauma among incarcerated people surpass any other single stressful life event, with only one notable exception: The miasma of crime. Over the past decade, researchers have surveyed correctional populations for trauma, including emotional, physical, and sexual, as well as some of its lingering consequences, including substance abuse and post-traumatic stress disorder. In response, efforts are advancing to treat trauma and its consequences, using programs like Seeking Safety, in prisons. This presentation will argue that supplying trauma treatment is not likely to be effective, even when offered free, because of the residual impacts of trauma on cognitive narratives about the world, self, and the future. This will draw on the literatures of help seeking behaviour, demand for health care, and traumatic stress to develop a new treatment-engagement approach that is informed by the impact of trauma on brain development and focuses on creating an environment that motivates those limited by traumatic stress to willingly and eagerly accept (“demand”) help for the effects of trauma on their self-identity, behaviour, and future prospects.

## *Cognitive Appraisal of Child Abuse Among Israeli Inmates: Does Sex Make a Difference?*

Gila Chen, *Ashkelon Academic College* (chengila6@gmail.com)  
Keren Gueta, *Bar-Ilan University* (keren@gueta.com)

Sex differences in child abuse and neglect (CAN) have long been of interest to researchers and practitioners due to their adverse impact. In addition, the cognitive appraisal of events as abusive or not may also affect the negative consequences of CAN. The purpose of this study was threefold: (a) To assess sex differences in the various forms of CAN; (b) to examine sex differences in the cognitive appraisal of CAN; and (c) to examine sex as a moderator of the relationships between family background, CAN, and cognitive appraisal of CAN. The sample was comprised of 247 inmates. The findings indicated that female inmates reported higher rates of total CAN than male inmates. No significant sex differences were found in physical abuse, emotional neglect, or the cognitive appraisal of CAN. However, there were significant sex differences in ranking of the dimensions of cognitive appraisal of CAN. Paternal partner violence was a predictor of CAN and of cognitive appraisal of CAN for both sexes. Our findings showed that although male and female inmates shared similar family risk factors related to crime and substance abuse, their effect may differ by sex, and this may have clinical implications for the development of sex-sensitive programming.

## *Women’s Prison Diversion Program: Mental Health Effectiveness and Criminal Justice Outcomes*

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The United States has the highest rate of female incarceration in the world; incarcerating 64 per 100,000 female US residents. Further, the state of Oklahoma has the largest imprisonment rate for women; double the national rate, incarcerating 149 per 100,000 female state residents. Incarcerated women in Oklahoma are largely imprisoned due to drug-related offences, and many of these substance-abusing women have additional trauma-related mental health difficulties. In an effort to combat high rates of incarceration and provide female offenders with treatment rather than punishment, prison diversion programs have been established throughout the country. However, the effectiveness of these programs has largely been unexamined. This presentation will examine the effectiveness of one women's prison diversion program operating in Oklahoma on mental health and criminal justice outcomes. In this study, program participants completed demographic and mental health measures at ten time points, spanning from initial program entry to three years after program graduation. Repeated measures multilevel linear modelling will be used to examine changes in trauma-related symptomatology and overall psychological distress. Further, post-graduation substance use, criminal behaviour, and recidivism will be examined. Implications regarding the effectiveness of this prison diversion program will be discussed.

### *The Impact of Trauma Exposure for Pathways to Incarceration in a Sample of Military Veterans*

Philip Mulvey, *Illinois State University* ([pwmulve@ilstu.edu](mailto:pwmulve@ilstu.edu))

The relationship between trauma and incarceration is well documented in the literature, as is that of military service and exposure to trauma that may lead to maladaptive life-course outcomes. Researchers, for example, have considered how violence, substance abuse, and mental illness may each influence the life-course of veterans due to trauma exposure during military service. This presentation seeks to expand on earlier work to consider how trauma and other risk factors specifically influence incarceration for military veterans, as well as if trauma exposure in the military is more often linked to initial criminal justice involvement, or exposure at other points prior to military service. As part of a larger National Institute of Justice grant, qualitative life-course interviews were completed with a sample of 80 military veterans living in Illinois who had all been involved with the criminal justice system. The narrative accounts of the veterans in the study reveal the impact that trauma and PTSD had on their initial entry into the criminal justice system, and how often that was a result of military specific trauma versus life-course experiences that occurred before ever entering the military.

## **191. Trauma, Inequality, and Growth**

### *Patterns and Trends of Filicide-Suicide in South Korea*

Myeong-Sook Yoon, *Chonbuk National University* (yoon64@jbnu.ac.kr)

Filicide is ubiquitous throughout history and across cultures. Due to increasing numbers of filicide-suicide cases every year in South Korea, the study reported in this presentation aimed to identify patterns and trends of filicide-suicide cases by analyzing newspaper articles. News articles on filicide published between January 1st of 2010 and December 31st of 2016 were analyzed. First, it was found that based on seasonality, winter has the highest occurrence of filicide-suicide, followed by fall, spring, and then summer. Second, 60.6% of cases occurred at home and the most common method of filicide-suicide was carbon monoxide poisoning, which was especially high among parents in their 50s. Third, in regards to characteristics of perpetrators and victims, 58.2% were maternal filicide, followed by 26.1% involving the whole family. Looking at children's age, 75.1% were minors. In other words, these cases should be considered homicide of minors by parents rather than consensual suicide. Fourth, among maternal filicide cases, most mothers were in their 30s. Fifth, the most common motive was financial difficulties, followed by difficulties in child rearing, and hardships due to parents' physical and/or mental illnesses. Implications to prevent and intervene filicide-suicide cases will be suggested.

### *A Study on the Core Competencies of Mental Health Social Workers in South Korea*

Ja-Young Kwon, *Semyung University* (Jykwon66@semyung.ac.kr)

With the recent revision of the Mental Health and Welfare Act in May of 2017, the target population of mental health social welfare and the role of mental health professionals have been expanded. This study explores the changes in the perception of core competencies of mental health social workers since the revision. A survey was conducted with 580 mental health social workers in total, consisting of 144 certified mental health social workers of Rank 1, 106 certified workers of Rank 2, and 280 trainees working towards the Rank 2 certification. Analysis showed that 'understanding suicide and its intervention strategies', 'crisis intervention', 'understanding family intervention and case management', 'human rights and advocacy', 'understanding mental health law and policy', 'mental health throughout life cycle', 'understanding addiction and its intervention strategies', 'interviewing skills according to diagnosis', 'identifying community resources and client mobilization', and 'developing and evaluating mental health services/programs' were found to be the core competencies for mental health social workers. In addition, common core competencies across all mental health professionals (including social workers, psychologists, and nurses) were found to be 'open communication across disciplines' and 'managing role conflict'. Implications for improvements in professional trainings will be suggested.

### *Influence of Deprivation in Early Stage of Lifetime on Urban Poor Suicides*

Myung-Min Choi, *Baekseok University* (mmchoi@bu.ac.kr)

The purpose of this study is to investigate the relationship between the experience of deprivation in the early stage of life and suicide among the urban poor. For this study, in-depth interviews were conducted with the family members and acquaintances of the ten urban poor suicide cases. For the analysis, the grounded theory data analysis was applied and psycho-social autopsy was carried out. Findings indicate that all the subjects of this study were exposed to inadequate care and social protection in their early life stage. Such deprivation was mainly due to poverty and lack of human and physical resource of their parents, which continued to badger them through their lives despite their efforts to overcome it. This vicious cycle of deprivation led to subsequent isolation and disconnection from the community, and at the end they felt like they had become ‘socially useless garbage.’ Although existing suicide prevention policy includes treating depression and urgent financial support, current findings suggest that more long-term and comprehensive interventions restructuring social stratification and inequality are in dire need. This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF-2018S1A3A2074955).

### *Socioeconomic Deprivation a Daily Life Trauma: The Reciprocal Effects of Socioeconomic Deprivation and Alcohol Problems*

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Minook Lee, *Chung-Ang University*

Korea is known for high alcohol consumption and alcohol related problems. Studies on alcohol have focused mostly on biological or psychological factors emphasizing individual responsibility. However, health equity perspective called attention to social determinants of health. This study aimed to examine the relationship between socioeconomic deprivation and alcohol problems. The study utilized data from three waves (year 2012, 2014, 2016) of Korea Welfare Panel Survey. The sample included 3,386 adults 20 years and older. Using ARCL modelling, the study analyzed the longitudinal reciprocal effects between socioeconomic deprivation and alcohol problems. Results indicated that 1) the level of both socioeconomic deprivation and alcohol problems at T1 were positively associated with the level of deprivation and alcohol problems at T2 and T3; 2) socioeconomic deprivation at T1 was associated with alcohol problems at T2 and deprivation at T2 predicted higher level of alcohol problems at T3; 3) alcohol problems at any time was not associated with socioeconomic deprivation later in time. Findings suggest that socioeconomic deprivation as an everyday stressor is a significant factor leading to drinking problems. Although most interventions focus on changing individual behaviours, the study speaks to the need for discussing social responsibility in prevention and treatment efforts.

### *A Multicultural Application of Moral Injury: Understanding North Korean Defectors in South Korea*

Woochan Shim, *Daejeon University* (shimw@dju.kr)

At the recent summit between President Moon Jae-in of South Korea and North Korea's leader

Kim Jong-un on April 27th of 2018, they both mentioned their hopes for peace. This event may have an impact on North Korean refugees' perceptions, such as how to interpret their struggles and trauma related to their defection process, as well as how they adjust to their everyday lives in South Korea. This study explores moral injury experienced by female North Korean refugees now living in South Korea. Female North Korean refugees are found to have experienced far more human rights violation before, during, and after their defection compared to male refugees. Findings from in-depth interviews show that trauma from human rights violation was not the main source of their moral injury but the source of their growth and self-worth. Moral injury was connected to the theme of 'identity denial and discrimination by their neighbors in South Korea.' Practice implications for community integration will be suggested, which may prevent moral injury among both North Korean refugees as well as South Koreans as Korea is faced with the possibility of reunification.

## **192. Understanding Female Extremist Violence**

### *The Moral-Situational Action (MSA) Model for Female Extremist Violence*

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In the years following September 11<sup>th</sup>, 2001, extremist violence has demanded that law enforcement and intelligence agencies identify, prevent, and respond to potential attacks perpetrated by radicalized civilians. This challenge has highlighted the gaps in the current risk and threat assessment methodologies. We seek to inform and improve these two processes by integrating theory into these processes of assessment, while focusing specifically on the radicalization of women to extremist violence. To this end, we have formulated a theoretical model that integrates the processes of risk and threat assessment with Wikström's (2004) Situational Action Theory (SAT) of crime. The model posits that extremist violence emerges through a causal interplay between the propensity of the individual, their mobilization through exposure to social and cyber interactions, and the development of an action plan through the development of capacity according to different roles. The model further integrates the quantitative coding of risk factors with a formulation-based outcome that includes behavior, motivation, and vulnerabilities, to assess fluctuating levels of risk, and individual-specific risk and threat management strategies. We describe the coding protocol that is being used to quantitatively examine this theory and posit that with modest revision it will be applicable to men.

## *The Moral-Situational Action Model in the Context of Forensic Psychiatry*

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Following the events of 9-11, existing models of risk and threat assessment methodologies were not sufficient to address the realities of the new terrorism and its global implications. Alternative models required analysis and consideration. Because of its relevance, the Moral-Situational Action Model and its relation to forensic psychiatry deserves special attention. This presentation will first focus upon the existing non-law enforcement related literature relating to the Moral-Situational Action Model. Comparison and contrast to other paradigms will be offered, in addition to a summary of the unique features of the Moral-Situational Action Model that deserve greater discussion. In order to demonstrate the need for a new forensic psychiatry paradigm afforded by the model, current risk and threat assessment methodologies will be discussed. From the vantage point of forensic psychiatry, an integration of theoretical tenets of Situational Action Theory will be presented. More specifically, risk and threat assessment will be addressed. Case examples will be used to illustrate the applicability to forensic psychiatry. Motivation and vulnerabilities will be described in assessing fluctuating levels of risk. In addition, individual-specific risk and threat management strategies will be examined in the context of case examples.

## *Using the Moral-Situational Action Model for Risk Assessments of Female Terrorists*

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This presentation will discuss the use of the Moral-Situational Action (MSA) model to conduct risk assessments on 300 women involved in violent extremism primarily in Western countries from 1970 to present. The MSA model was developed to better understand women who engage in extremist violence using Per Olaf Wickström's (2004) Situational Action Theory. The four-part model consists of a demographic section, risk and protective coding, a violence risk formulation, and a conceptual checklist, all of which will be elaborated upon. Open-source information such as court documents, media coverage, self-published videos, and social media postings have been compiled into case files which are used to complete the MSA coding modules. The subjects of these risk assessments are a diverse sample with various ideological persuasions, political affiliations, socio-economic statuses, et cetera. Further, these subjects underscore the plethora of roles that women hold in perpetuating extremist violence, from supporting violent extremism through procreation to planning and carrying out suicide attacks.

We believe that the MSA risk assessments will help inform law enforcement's efforts in identifying and intervening terroristic threats as well as guide the development of counter-narratives to prevent online radicalization and/or prompt desistance from women in violent extremist groups.

## *Women's Online Searching for Radicalizing Materials*

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Women Searching Online-90 (WSO-90) was a two-phase study examining how women search for and respond to radicalizing material online. The first phase comprised of 45 women who were recruited according to three categories: (1) self-identifying as Muslim; (2) self-identifying as non-Muslim conservative; or (3) self-identifying as non-Muslim and non-conservative. This first set of participants was tasked with searching online as if they were interested in a radical organization, and their search sessions were recorded. Upon completion of three searching sessions, the participants were debriefed in focus groups. The second phase followed up with another set of 45 participants recruited based upon the same categories as in phase one. This second group of participants was presented with materials similar to what the participants encountered in phase one, and viewed these materials on a computer which monitored their eye gaze/pupillary dilation, galvanic skin response, heart rate, and indices of possible emotion based upon facial expressions. All participants were surveyed about their beliefs using widely-used instruments assessing religiosity and opinions towards violence, and these metrics allowed for analyses beyond the self-identified categories used in recruiting to identify possible types of women with respect to how they view or respond to extremist material.

## **193. Updates in Managing Patients with Psychosis, Incorporating Pathways and Legal Frameworks in the Community**

### *How to Treat Compulsive Sexual Behaviour: A Systematic Review*

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A systematic review was conducted to: 1. Assess the various pharmacological treatments for sexual addictive behaviour and to see if one is favourable over others in terms of efficacy; 2. find out which medication is best to reduce the intensity of symptoms of sexual addiction or to treat

them; and 3. assess which medication is most useful for reducing the risk of sexual offending in the future. Out of 11 relevant studies, all noted improvement in sexual addictive behavioural symptoms. The results showed that there was no agreed single medication which can be said to be the best medical treatment for sexual addiction disorder, the lack of good quality randomized placebo-controlled trials makes it unlikely to recommend a particular psychotropic medication over another with much confidence. The most studied group of medication was SSRI, namely Fluoxetine. All the medications used in different trials were mostly effective, but again, there were no control groups to compare with. In conclusion, the clinician should consider choosing the right medication after taking into account each individual on case to case basis, for example patient factors including cost, weight gain, and risk of side effects.

## *Role of Epigenesis in Criminology*

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Waddington in 1942 coined the term 'epigenesis' to describe the interaction of genetics and environmental factors. The underlying mechanism of epigenesis thus involves noninterpreted genes induced by environmentally modified gene expression without altering the DNA sequences. These changes may remain through cell divisions for the remainder of the cell's life or may last for multiple generations. In criminology, the influence of outside factors on genetic material from the beginning of life throughout the lifespan are observed, thus showing the involvement of ongoing epigenetic processes. The molecular basis of epigenesis is complex and multiple inherited systems may play a role in forming cell memory. In most criminal behaviour, the etiological window can be revealed by epigenetic research activities. The bio-psycho-social processes of epigenesis throws light on the mechanism of putative causes of criminal behaviour. The majority of chronic criminals have been raised in poverty and in an abused and neglected environment, with low central and peripheral nervous system arousal. Thus, epigenetic change makes them prone to commit crime due to behaviour variables. The presentation reviews these issues and concludes that epigenetic changes are becoming more important for understanding criminal behaviour and crime. It argues more research is needed for producing clear and evidence-based answers about the role of epigenesis in criminology.

## *Accuracy and Completeness of Mental Health Act Forms Applied to Involuntary Patients Admitted to an Inpatient Psychiatric Ward*

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The accuracy and completeness of Mental Health Act forms applied to involuntary patients in an inpatient unit is of paramount importance not only for legal but also for patient safety reasons

within a hospital. This was a retrospective study of 250 patient charts from January 1, 2014 – March 31, 2014. Chart review provided 224 total Form 3, 4, 30, and 33 certificates with an overall error rate of 13.19% completion. Of those physicians who completed these certificates, the error rate was 11.63% if a resident physician were to complete and 19.23% if a staff physician were to apply the form. As physicians, there is a legal and moral responsibility to ensure the accuracy of such documentation both ethically and practically as well as a responsibility to the patient and their rights under the Mental Health Act. This presentation reviews the findings and draws out implications for the ways in which this objective might better be attained.

## *Management of Risk in the Community*

Tariq Munshi, *Queen's University* (dtariq2000@yahoo.com)

Traditionally it was deemed that patients with a severe mental illness were required to live their entire lives in an institution. There has been evidence that these individuals can be managed in the community by Assertive Community Teams and similar community mental health teams across the board, especially in developed countries. The process of deinstitutionalizing long-term service users has been ongoing since the last few decades and seems to have almost completed. However, managing these high-risk individuals in the community has been a real challenge at the best of times. The aim and political drive has been to use the least restrictive means to deliver the care to such population. Recovery-oriented programs such as Assertive Community Treatment ('ACT') achieve improvement in many areas; however, impaired functioning is often unchanged and results in unmet needs, obstacles to patients' goal of recovery. This presentation will explore the historical background of the community mental health services, provide an understanding of interventions to minimize risk by community mental health teams in these settings, and bring awareness to the principles of a legal framework in management of risk in the community.

## **194. Vicarious Trauma**

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### *Vicarious Trauma in Judges*

Kenneth Dennis Skilnick, *Judge, Abbotsford, Canada* (kskilnick@provinciacourt.bc.ca)

Vicarious Trauma is also referred to as Compassion Fatigue. It is a condition in which those who work with victims of trauma develop their own symptoms. The effect is a disruption of the psychological and emotional functioning of the helping professional. Though the helping professional has not experienced the traumatic incident directly, repeated exposure to the pain and suffering of others leads to the transference of the symptoms of trauma. This disruption seems to be caused by a professionally obligated involvement with traumatic events, or

professionally obligated close contact with persons who have been involved with traumatic events. It is most commonly associated to first responders such as police officers, firefighters, ambulance attendants and paramedics, and emergency room physicians and nurses. Judges in criminal and family courts operating under the adversarial system are exposed to a daily diet of cases of violent physical and sexual assaults, weapons offences, offences involving the abuse and exploitation of children, family court cases involving dysfunction and children in need of protection. This presentation examines the manifestations of vicarious trauma among judges who hear these cases, along with coping strategies designed to address the problem, and the resources available to judges affected by this phenomenon.

## *Towards Trauma-Informed Legal Education and Practice*

Colin James, *Australian National University* (colin.james@newcastle.edu.au)

Trauma and vicarious trauma have always been part of legal practice, but only recently have they been acknowledged. We now understand more about how traumatic events and their detailed portrayal for the purposes of legal process can have harmful consequences not only for victims and witnesses but also for professionals who work with them. We know now that old presumptions about lawyers needing to have a ‘thick skin’ and to ‘suck it up’ when exposed to trauma are faulty and damaging for some individuals, leading to unnecessary suffering, risks of psychological injury, and loss of excellent lawyers from the profession. Current research suggests safer ways of working with traumatic exposure, with possibilities for a deeper understanding of oneself, of one’s professional identity, and better ways to work with victims and perpetrators. This presentation outlines a toolkit for legal educators, practice managers, and supervisors seeking to help lawyers prepare for and to manage the effects of exposure to violence. Vicarious resilience and post-traumatic growth are two constructs among several that will be discussed.

## *The Outcry of Pain: The Ikerd Response*

Olivette R. Burton, *University of Pennsylvania* (burtoethics@yahoo.com)

Who can hear the outcry of pain? There is a Biblical statement that says in part that “all creation keeps on groaning together and being in pain together until now.” The saying captures the truth about the very condition of man, especially in light of recent events, and re-introduces all to the spectre of human suffering and its concomitant partner... pain. Since that is the case, the sound pain produces, be it sourced by physical injury, emotional or mental distress, or psychic stimuli, cannot merely be audible noise heard by just anyone; nor can or will just anyone respond. Who does the arduous work between sickness and healing or sickness and death? And at what cost to themselves? Enter the healer. Through cases and stories this presentation is focused on the transforming power and value of persons who are able to hear and respond to the outcry of pain, the effect such response has had on them, and their ability to cope with their own personal situations so as to find peace and fulfillment in the chaos around them.

## 195. Victims of Violence

### *Preventing Sexual Assault in Natural Disasters*

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Women experience extremely high risk of mental health issues after sexual assault. Sexual assault incidents increase significantly during natural disasters and natural disasters are occurring more frequently. Although international guidelines for prevention and intervention exist, protocols were not evident in the authors' experiences working in disaster relief and risks were identified. An environmental scan of disaster agencies in Canada identified a lack of protocols to address sexual assault. Qualitative interviews were then conducted with disaster agencies and sexual assault centres in eight North American communities who had experienced natural disasters. They were asked to identify what they viewed as risks for assault, and how they prevented them and seek recommendations. Thematic analysis revealed a general surprise that sexual assaults would occur during a disaster or that guidelines existed, concerns for general safety vs. specific sexual assault or gender-based safety, and a keen interest to learn more and incorporate guidelines into their protocols. A key recommendation was to promote collaboration between sexual assault centres and emergency management services before, during, and after a disaster. This would help ensure sexual assault health care services and counselling were available, enable strategies for public awareness of these services, and enhance sexual assault prevention.

### *Findings from a Pilot of a Specialized Forensic Nursing Curriculum Focused on the Care of Sexually Assaulted Transgender Persons*

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Numerous studies and reviews have found that transgender (trans) persons are at an overall increased risk of sexual assault and other forms of violence and may have unique and diverse needs post-victimization. We have identified a pressing need for (further) training of specialized forensic nurses at Ontario's Sexual Assault/Domestic Violence Centres (SA/DVTCs) on trans-sensitive and informed care of sexual assault survivors. These centres, which collaborate with legal and community services, are working with an advisory group comprised of experts

from trans communities and their allies to develop and evaluate a training focused on the comprehensive care of trans survivors of sexual assault. Changes in perceived competence in caring appropriately for trans survivors will be evaluated using a pre-post-training survey design. Fine tuning of the curriculum also will be made based on data collected through direct observation of the training, as well as feedback from training participants. The resulting final curriculum will become a permanent component of SA/DVTCs' training programs, and may have relevance to the more than 950 forensic nursing programs worldwide.

## *Is this the Behaviour of a "Real" Sexual Assault Victim?*

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Prosecutors of sexual assault cases, as well as the public at large, have often found it challenging to understand a victim's reactions post-sexual assault. General understandings suggest that a 'real' victim should, for example, be visibly distressed, shun the perpetrator, withdraw from further sexual activities, and avoid or minimize future risk-taking behaviour. Instead, some victims counter-intuitively seek out the perpetrator, wish to maintain a relationship, make excuses for his behaviour, minimize the assault, or actively work to not acknowledge the assault has occurred, and engage in increased sexual activity. In this presentation, we will review commonly misunderstood reactions to sexual assault including normalization, explanation, minimization, dramatization, suppression, and changes in sexual activity; behaviours that can challenge both survivors and those they may encounter in their efforts to heal and seek redress. In doing so, we will draw upon innovative, creative elements developed to support an online curriculum on this topic.

## *The Impact of Adverse Childhood Experiences and Forgiveness on Nurses' Capacity for Compassion Satisfaction*

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Little is known about the impact of personal trauma on care providers, particularly as it relates to forgiveness and compassion satisfaction. The rates of adverse childhood experiences (ACEs) and abuse were studied among nurses along with factors that related to the concept of

forgiveness. Surveys of 255 nurses revealed that half of them had experienced at least two or more ACEs before age 18, including sexual abuse for at least 1/4 females and 1/6 males. Early exposure to ACEs was linked to self-forgiveness. The number of ACEs correlated with forgiveness of self, situation, and total forgiveness, but not forgiveness of others. African-American ethnicity explained 11.5% of variance in self-forgiveness. The high level of academic achievement among the nurse sample, despite the moderate to high levels of ACEs, indicates a role for resilience. A greater understanding is needed of the role of forgiveness in resilience, and on the role of forgiveness on health outcomes and communities including mental health. There are also implications for trauma-informed practice in understanding the role of ACEs and forgiveness in clients, but also among those providing care. There may be implications for screening staff for ACEs without fear of repercussions to understand and potentially support resilience.

### *Interpersonal Violence and HIV: The Importance of Trauma-Informed, Universal Responses*

Patricia Michelle Miller, *Mount Royal University* ([pmiller@mtroyal.ca](mailto:pmiller@mtroyal.ca))

The significance of interpersonal violence (IPV) among those living with HIV has been well established. There has been ongoing attention given to the interplay between IPV and HIV, which has led to improved medical care pathways specific to screening and response. Data reveals the potential risks, specifically physical and sexual harm, and emotional suffering. Social workers, nurses, doctors, and psychologists are key clinical team members in service delivery around prevention, intervention, and education in relation to IPV and its impact on HIV patients. As professional service providers begin to appreciate the current trauma-informed knowledge and contemporary understanding of the impacts of IPV in the lives of persons living with HIV, they will be better equipped to reduce the impact of IPV and to promote healing. This will increase the quality of life for those living with HIV. A trauma-informed lens invites the development of universal best practice, consisting of protocols and strategies that ask specific questions regarding what types of abuse or neglect people have experienced, and when. Universal protocols are key to building new health prevention strategies that will reduce risk factors and increase protective factors when addressing this social epidemic and its impact.

## **196. Violence and Crime: Biological Roots and Social Factors**

### *The Killer Inside Me: The Anthropological and Genetic Origins of Aggression and Violent Behaviour*

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Annarita Franza, *University of Florence*

The ambition to explain criminal behaviour scientifically has defined the field of criminology and inspired a vast number of studies in biology and psychology. The success of genetics in understanding human disease suggests that it could be a powerful tool in the scientific investigation of human behaviour, including criminal behaviour. At the same time, genetics can easily be misunderstood, regardless of the validity of the studies or the motivation of the researchers. The goal of this presentation is to report on new tools to investigate the origins of aggressive behaviour, by linking evolutionary anthropology to genetics, criminology, and criminal law. This study will present a non-traditional approach to aggressive behaviour that will demonstrate how violence can be interpreted as not only an abnormal manifestation of individual pathology, but also as an adaptive trait of human nature. The evolutionary logic underlying the aggressive behaviour in humans will be presented. The results will be discussed in the light of case reports that, from unpublished cold cases to contemporary trials, will demonstrate what evolutionary criminogenesis can offer in terms of understanding antisocial behaviour. Finally, this presentation will discuss directions for future research.

### *Crime Causation: A Review*

Kavita Khajuria, *Twin Towers Correctional Facility, Los Angeles, USA* (KKhajur@lasd.org)

Crime is a baffling phenomenon. Given similar circumstances, why do some commit crime, while others do not? Are criminals rational decision makers with carefully selected targets? Italian social thinker Cesare Beccaria was one of the first scholars to develop a systematic understanding of why people commit crime. Countless scholars have since followed suit. Some suggest biological and psychological factors to play a role. Others believe socialization, social disintegration, and economic or political conflicts to influence criminality. More recently, research has influenced a new generation of theorists who focus on identification of personal traits and social conditions, and consider the propensity to commit crime to be a dynamic, evolving process. Crime is a multifactorial phenomenon that may be difficult to comprehend and may require multiple levels of analysis. This presentation reviews prominent theories of crime causation, critical influences and prevention efforts. The complexity of criminal behavior invites consideration on treatment and criminal responsibility.

### *The Influence of Serotonin Pathway Gene Variants on Criminal Behavior*

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In recent years, behavioral genetics has entered several criminal proceedings both in EU and US, because some variants of serotonin and dopamine pathways have been described as risk factors for aggressive behavior. The study reported in this presentation investigated HTR1B-rs13212041, HTR2A-rs6314, and TPH2-rs4570625, which had never been studied before in association with psychopathic traits. PCL-R psychometric data and DNAs from saliva were collected from 1,075 White male inmates. Structural T1-weighted brain images were also acquired in a subsample of 501 inmates. The volume of cortical and subcortical brain regions was extracted using the Meshnet algorithm. General linear model was used to estimate the relationship between polymorphisms, brain morphology and psychopathic traits, adding age, IQ, handedness and overall brain volume as covariates. Carriers of rs13212041-T/T genotype, compared to C-allele carriers, scored significantly higher at PCL-R Factor1 and Factor2. Furthermore, T/T carriers were more likely to score  $\geq 23$  at PCL-R total score than C-allele carriers. Rs4570625-G/G carriers showed smaller left nucleus accumbens than T-allele carriers and the reduction of left nucleus accumbens was associated to higher PCL-R Facet2 scores. Thus, both rs13212041-T/T and rs4570625-G/G genotypes contribute to the development of psychopathic traits, supporting the value of behavioral genetics in criminal trials.

## *Exploring the Mental Health Consequences of Romantic Relationship Breakup Among Serious Adolescent Offenders*

Matthew Joseph Larson, *Wayne State University* (mattjlarson@wayne.edu)

Philip Mulvey, *Illinois State University* (pwmulve@ilstu.edu)

An established body of criminological literature has focused attention to the intersection of mental health issues and crime across the life course. While much of this research has focused on adults specifically, another set of empirical work has centered on this relationship among juveniles. This research, in short, suggests that mental health issues are central to offending among male and female youth. What is less understood, however, are the factors or experiences that contribute to mental health issues among this population. Using the Pathways to Desistance

Study, the current study explores how romantic relationship breakups contribute to mental health issues among a racially diverse group of adjudicated youth from Phoenix and Philadelphia. The presenters will discuss the research findings and their intervention implications.

## **197. Vulnerabilities of Systems and Stakeholders**

### *Teaching Ethical Sensitivity to Nurses: A Requirement for Professional Sustainability*

Kathryn Dawn Weaver, *University of New Brunswick* ([kweaver@unb.ca](mailto:kweaver@unb.ca))

Nursing has a social mandate to alleviate suffering and improve the health and welfare of vulnerable individuals, families, communities, and societies. Nurses' duty to those in their care is based on caring relationships that foster human flourishing; thus, nurses experience ethical distress when unable to carry out their professional caring roles due to workforce shortages, extensive workloads, an emphasis on technology and bureaucracy, and limited professional autonomy. Nurses feel a sense of divided loyalties in balancing patient needs against overriding decisions by other healthcare professionals and organizational constraints. Together, these barriers may influence nurses to consider leaving nursing or to change their occupational positions. How nurses develop their capacity for ethically sensitive practice within challenging workplace environments was explored through critical appraisal of the literature and qualitative interviews with nurse educational leaders (n = 22) from an Atlantic Canadian province. The participating nurses were found to successfully negotiate ethical dilemmas in their workplaces through a process of interpreting vulnerability cues, justifying the most appropriate action to enhance patient/student well-being, and intense reflexivity. The resulting clinical wisdom and strengthened resilience from navigating the dilemmas enabled nurses to transcend situational uncertainty and positively influence workplace ethics.

### *A Model of Presence: Cultivating the Soul to Become a Channel of God*

Denise LeBlanc-Kwaw, *University of New Brunswick* ([deniselkwaw@gmail.com](mailto:deniselkwaw@gmail.com))

This Glasarian grounded theory study answers the question, "How do parish nurses (PNs) develop their spiritual nursing practice over time?" After receiving research ethics board approval, six Canadian PNs with three to ten years of experience providing spiritual nursing care were interviewed using guiding and probing questions. Data were analyzed using coding, sorting, and categorizing until all data comprised an emerging model that explained parish nurses' perceptions of administering spiritual care. Memoing as well as rigor criteria of fit, grab, work, and modifiability were applied throughout the study. The basic social psychological

process called “Cultivating the soul to become a channel of God” explains how PNs use a four-step iterative process to achieve six stages of presence. The four steps involve finding favourable environments, trusting in God, deciding to act, and taking a leap of faith. The six stages of presence include foundation of God-related beliefs and values, presence with self, presence with God, presence with others, presence with God and others, and channel of God. Implications include developing spiritual care competencies that can be used in education curriculum, patient-centred care, and regulation of nurses.

## *Seeing Beyond the Eating Disorder*

Tanya Wilson, *University of New Brunswick* (tanya.wilson@gnb.ca)

Health professionals struggle when caring for individuals affected by eating disorders, especially in New Brunswick, Canada where there is no recognized eating disorder treatment center. Using narrative methodology, this study explored the perceptions, experiences, and training of professionals from seven regulated health disciplines that are most commonly involved in eating disorder care: Medicine, dentistry, nursing, social work, occupational therapy, dietetics, and psychology. From the data two distinct themes emerged: 1) The many faces of eating disorders and 2) the valuing of health priorities. Inviting health professionals to share their experiences in eating disorder care revealed challenges related to the enigmatic nature of eating disorders and to the shortcomings of the health system itself. This study brings to light the process that professionals go through from seeing beyond the eating disorder to understanding the often subtle subtexts that impede eating disorder identification and treatment. Looking at eating disorder care from an interdisciplinary perspective provides unique insight into common needs and challenges of practitioners and may ultimately inform existing and developing treatment and prevention initiatives.

## *The Stepping-In and Stepping-Back Process: Using the Theory of Protective Empowering to Facilitate Student Learning in Mental Health Act Assessments*

Rosalina F. Chiovitti, *Humber Institute of Technology & Advanced Learning, Toronto, ON, Canada* (rosalina.chiovitti@sympatico.ca)

Mental health act assessments involve legal and ethical tensions between how much to step-in (for patient safety and protection) and step-back (for patient autonomy and empowerment) in patient care. This presentation will aim to discuss the implementation of a teaching and learning activity for baccalaureate nursing students entering clinical placements in acute mental health settings. The presenter’s research-based theory of protective empowering developed in three acute care mental health settings is used as a conceptual framework for organizing a teaching and learning activity, in which patient autonomy and patient protection co-exist harmoniously within mental health act assessments. Protective empowering is offered as an interpersonal process for balancing legal-ethical tensions through an interplay between protective and empowering actions of: 1. Not taking the patient’s behaviour personally; 2. Respecting the patient; 3. Keeping the

patient safe; 4. Encouraging the patient's health/strengths; 5. Interactive teaching; and 6. Authentic relating. These actions combine in different ways for the purpose of empowerment, inviting the patient's participation and choice at every opportunity. How educators can facilitate student learning about their simultaneous responsibility for balancing professional, institutional, legal, ethical, and autonomy requirements will be discussed in context of the mental health act assessment learning activity.

## **198. Vulnerable Housing: Self-Neglect, Squalor, and Hoarding**

### *Morality and Hoarding: The Failure of Equality Law*

Leigh Estell Roberts, *Liverpool John Moores University* (l.e.roberts@ljmu.ac.uk)

This presentation will consider social landlords' management of cases of hoarding and squalor. Based on the findings from a small-scale qualitative study of social landlords, it will argue that their case management depends on how housing officers socially construct these occupants. This construction of individuals is via a medical lens and moral filter, yet it shapes officers' understanding of risks these cases present and therefore how they are managed at all stages including resort to litigation. Thus, while the behaviour itself presents great risks to others, especially fire risks to neighbours, many of the hoarders were pitied or at least treated sympathetically by officers. The presentation will examine the consequences of this decision-making and the impact of the law. It will conclude by considering the failing of UK legislation in this respect arguing that the strength of the medical lens and particularly the moral filter means that the UNCRPD offers little prospect of changing responses.

### *Housing Law, Hoarding, and Homelessness: Does Law Protect Vulnerable People Against Eviction?*

Michel Vols, *University of Groningen* (m.vols@rug.nl)

In recent years, there has been an increasing interest in the use of eviction to tackle problems caused by people who suffer from mental health disorders such as hoarding. Research shows that landlords and local authorities rely more and more on the instrument of eviction to address these problems. However, hoarding is an internationally recognized disability and those who suffer from hoarding behaviour can be brought within the definition of disability found in the Convention on the Rights of Persons with Disabilities. As a result, the law requires that people suffering from hoarding behaviour should be provided with "reasonable accommodation" where doing so does not place an unjustified burden on others. The main aim of this presentation is to analyze the law in action. It analyzes to what extent eviction is used to address problem caused by hoarding behaviour in the Netherlands. A dataset of hundreds of eviction cases will be analyzed to see whether (international) law such as the Convention on the Rights of Persons with Disabilities is really successful in keep vulnerable people in their home.

## *Self-Neglect: No Longer a Lifestyle Choice but a Lifestyle by Default*

Emma Leggott, *Chartered Institute of Housing, Newcastle-upon-Tyne, England* (Emmaleggott@hotmail.com)

Following the 2014 Care Act and the ‘duty to co-operate’, it is no longer acceptable to dismiss self-neglect as a lifestyle choice. However, the presenter’s research on attitudes towards self-neglect in housing practice diverges from this and puts forward the argument that for many on the lowest incomes, self-neglect is not perhaps a lifestyle choice but a lifestyle by default as they are forced to decide which necessities of modern life they must neglect. The research considers the ‘physical challenges’ of poverty, social isolation, loneliness, and lack of resilience to manage a tenancy as valid contributing factors to a type of ‘low-level’ self-neglect problem that exists but is largely ignored by the high-level academic and practitioner narratives on self-neglect. The research explores the impact, limitations, and unintended consequences of particularly front-line housing officers when they intervene in tackling self-neglect. It highlights a lack of shared understanding of the often competing legislative and operating frameworks of the different sectors and the frustrations this brings. It calls amongst other things for local, place-based, collaboratively agreed organizational arrangements to support successful service involvement in self-neglect practice.

## *Hoarding, Habitation, and the Law*

Kenneth J. Weiss, *University of Pennsylvania* (kenweiss@penncmedicine.upenn.edu)

This presentation examines the clinical aspects of hoarding. Hoarding Disorder, recognized as a subtype of Obsessive-Compulsive Spectrum, notoriously affects one’s habitat. Individuals with Hoarding Disorder create unlivable situations for themselves, which may spill over into unsafe or unsanitary conditions for others in nearby dwellings. There are two major types of hoarding: excessive accumulation and inability to dispose of what would consensually be considered trash. In addition, there are object and animal hoarders. Thus, the accumulation of materials that may be flammable, or of food or excrement that could produce problems from foul odors to vermin and disease, are legitimate community issues. Since Hoarding Disorder is an official DSM-5 diagnosis, it may also qualify as a disability. As such, affected persons may accrue legal benefits shielding them, in landlord-tenant disputes, for example. Hoarding behavior may also be a product of mobility issues, psychosis, and neurocognitive decline. The ways in which the clinical presentation, public health concerns, and legal protections interact will be discussed. Remedies such as court-ordered decluttering, prosecution, eviction, civil commitment, and guardianship are possible pathways.

## **199. Vulnerable Populations I: Assessment for Intervention: Taking a Balanced Approach to**

# Supporting Healthy Outcomes in Complex Populations

## *Considering Mindset Theory in Risk Assessments with Vulnerable Populations*

Aamena Kapasi, *University of Alberta* (kapasi@ualberta.ca)

Mindsets describe core assumptions about the malleability of personal qualities. A person is said to have a fixed mindset if they believe that their abilities are unchangeable, whereas a person is said to have a growth mindset if they believe that their abilities are able to change. A person's mindset creates a world view for self-interpretation and evaluation, which impacts beliefs about oneself, others, and influences levels of effort. Researchers have demonstrated that having a growth mindset leads to positive outcomes including improved academic performance, resilience, and employing constructive strategies. Environmental structures and feedback from others influence the development of mindset. When risk assessments are focused on history of criminality, assessments are likely to foster a fixed mindset, leading to an expectancy of failure and decreased motivation. Alternatively, when assessments are focused on change and development, a growth mindset can be nurtured, which can lead to increased levels of effort and engagement. Data on mindsets in an identified vulnerable population, adolescents with Fetal Alcohol Spectrum Disorder, and their caregivers will be presented, and the relationship between mindsets and criminal involvement will be discussed. Changes in assessment practices to encourage a growth mindset will be discussed.

## *The Role of Protective Factors in Predicting Nonrecidivism for Youth Found Not Criminally Responsible by Reason of Mental Disorder*

Nicol Patricny, *University of Alberta* (patricny@ualberta.ca)

Protective factors are internal or external variables that mitigate one's risk of engaging in harmful behaviours like violence or recidivism. They have the potential to inform clinical and legal decision-making around community reintegration of forensic patients by helping to accurately predict nonrecidivism. For youth who are found Not Criminally Responsible by Reason of Mental Disorder (NCRMD), the identification of meaningful protective factors has the utility to encourage timely community reintegration of youth who pose little risk to public safety. To date, few researchers have taken a strength-based approach by attempting to identify protective factors that predict nonrecidivism in youth who have offended. Moreover, the generalizability of the protective factors that researchers have identified is unknown for youth found NCRMD. Based on an extensive review of the literature, this presentation will discuss which protective factors may predict nonrecidivism for youth found NCRMD. It will also outline which protective factors are most meaningful for these youth, based upon an exploratory

analysis of 25-year longitudinal data of recidivism outcomes for youth found NCRMD in a Canadian province.

## *Psychological Assessment and Cultural Safety: Advancing Towards a More Holistic Practice*

Elizabeth Carlson, *University of Alberta* (emcarlso@ualberta.ca)

The need for a more holistic approach to psychological assessment is clear. Landmark court cases such as *R. v. Gladue* call attention to the need to address the large disproportionality of incarcerated Indigenous peoples in Canada. Criminal code 718.2 states that the courts must take into consideration any relevant aggravating or mitigating circumstances relating to the offence or the offender during sentencing, and that all available sanctions, other than imprisonment, that are reasonable in the circumstances and consistent with the harm done to victims or to the community should be considered for all offenders, with particular attention to the circumstances of Aboriginal offenders. There is ongoing and widespread criticism of the criminal justice system's response to this historic ruling, as many Indigenous offenders are denied the opportunity to complete a Gladue report. This presentation will discuss how psychologists can exercise due diligence to provide comprehensive assessment from a place of cultural safety in a way that responds to the needs of Indigenous and other vulnerable populations within the criminal justice system.

## *From Deficit-Based to Strengths-Based Assessment: A Case Study Exploring the Role of Protective Factors*

Allison McNeil, *University of Alberta* (almcneil@ualberta.ca)

Historically, risk assessment in clinical and forensic psychology focused on identifying and evaluating static risk factors such as gender, race, and criminal background, in an attempt to predict future risk. This is problematic because intervention targets cannot be identified and little room for positive growth after intervention is included. To address this shortcoming, more current risk assessments include the identification of dynamic risk factors such as adherence to treatment, emotional state, and substance abuse. Although considering dynamic risks is important, this deficit-based assessment process inadvertently views the absence of such dynamic risks as strengths. More modern strengths-based approaches to risk assessment intentionally include the independent identification of protective factors such as social support, positive attitude toward authority, and life goals, as part of the assessment process as these have been found to buffer the effects of risk factors. Combining assessment of both dynamic risk and protective factors is important because this better predicts distance from future violence than identifying risk factors alone. During this presentation, a deficit-based case study will be presented. Ways of incorporating a strengths-based approach into assessments through identifying protective factors will be explored.

## *Clinical Observations Regarding the Complex Barriers Faced by Adults with Fetal Alcohol Spectrum Disorder*

Paige Irwin, *University of Alberta* (pairwin@ualberta.ca)

Fetal Alcohol Spectrum Disorder (FASD) is a spectrum of effects that can happen when an individual is prenatally exposed to alcohol. In a clinical setting, the following barriers to accessing care were observed to impact adults with FASD: Housing instability, risk of exploitation, domestic violence, difficulties accessing relevant services. Barriers interacted in complex ways (i.e., abusive partners may increase housing instability which in turn exacerbated the impact of other barriers). Clients in this setting who reported struggles with activities of daily living were observed to be at an increased risk of exploitation; they were often dependent on the perpetrators of the abuse for help in these areas. Challenges with the police and judicial systems (sometimes ill equipped to take into account the barriers faced by this population) were also reported as common. Matters are further complicated when barriers (i.e., abusive partner/peers) were also supportive, suggesting that simply eradicating the barriers perceived by professionals working with this population will not be sufficient or necessarily helpful. This presentation will provide a discussion on the complex interrelationships observed to occur between barriers, the observed impact barrier dynamics had on adults with FASD, and reflections on potential approaches to future interventions.

## **200. Vulnerable Populations II: Considerations When Working with Complex and Vulnerable Populations in High Stakes Forums**

### *Assessment of Parents with Complex Needs in Child Protection Cases that Respects the Human Dignity of the Parent*

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)  
Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada*  
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There are many reasons that child protection services become involved with families. When parents experience multiple and complex barriers to safe and effective parenting, assessment can be helpful to clarify a parents' strengths, illuminate the areas where skills, knowledge, or support are needed, and clarify the types of support services needed. Assessment processes must identify both protective and risk factors associated with parenting and focus beyond past behaviour. This requires a separation of the assessment of parents into two phases: 1) Assessment for intervention and, if necessary, 2) a parenting assessment after the parent has been given the opportunity to use the insights and strategies arising from the initial assessment. The assessment

for intervention focuses on exploration of the bio-psycho-social functioning of the individual and generates recommendations regarding specific goals and processes to achieve those goals in support of the parent's development. The parenting assessment examines the parent's ability and capacity to meet a "good enough" standard after having the opportunity to work on their specific goals. It is important to ensure that parents and child protection decision makers understand the difference between and the value of these two phases and the power of each part of the process.

## *Comprehensive and Responsive Engagement-Oriented Psychological Assessment with Vulnerable Youth*

Elizabeth Carlson, *University of Alberta* (emcarlso@ualberta.ca)

The appropriateness of the traditional model of assessment services has been questioned for use with vulnerable populations. Vulnerable youth such as those who have experienced multiple adverse early childhood experiences and who experience absolute homelessness often seek psychological assessment services. Lawyers frequently advise youth clients to seek psychological assessment so that the results may be considered in important decision-making processes such as sentencing. Through their reports, psychologists provide detailed information regarding individuals' levels of functioning. A comprehensive understanding of individual functioning is based upon considerations of impactful developmental, historical, environmental, and systems level influences alongside the youths' current behavioural presentations. In Canada, sociopolitical and legal developments such as the Truth and Reconciliation Commission's Calls to Action and the Gladue Report have led to the understanding that a more comprehensive approach to assessment is required. By understanding the complex facets that underlie individual development and behaviour, psychologists are in the unique position to recommend strategies and interventions that will assist decision makers to understand youths' realities and capacities. This presentation will speak about the need for comprehensive and responsive engagement-oriented assessment for vulnerable youth from both a professional and a youth-in-system perspective.

## *The Therapist's Role in Family Court Proceedings with Young Children*

Karen Nielsen, *Athabasca University* (karen.valerian@shaw.ca)

Children whose families are involved in family legal systems have unique needs. Effective counselling support for these children requires that the therapist have a solid understanding of child development, appropriate intervention methods, and sound knowledge of the role of the therapist in psycho-legal processes. Clinical work with children requires the inclusion of others, such as parents, child protection agents, and lawyers, all of whom may have unique needs that may or may not be in keeping with the developmental needs of the child. Supporting children in preparing for Court involvement and helping them prepare for the life changes that will follow court requires that the therapist have strong ethical boundaries. One of the most important aspects of this work is being able to balance the therapeutic role with being an advocate for the

child's needs in the legal proceedings. This presentation will describe effective practice approaches to psycho-legal work with young children involved in family court situations.

## *Considering Responses to Siblings in Care*

Brendon Pratt, *University of Alberta* (bjpratt@ualberta.ca)

Children who are removed from their parents' care often experience multiple traumas: The abuse or neglect experienced in the home, the act of being removed from the home, and often separation from siblings. Over the past two decades, policy makers, researchers, and caseworkers have acknowledged the importance of keeping siblings together when they are removed from their parents' home, and many jurisdictions have introduced legislation or implemented policies intended to promote this goal as often as reasonably possible. Although researchers have shown that under most circumstances siblings in care do better when placed together, they have also identified situations when placing siblings together may not be in the best interests of one, some, or all the children in care. This presentation will explore two such situations: Siblings who were initially placed separately, and siblings who never lived together. Keeping in mind that each situation is unique, this presentation will discuss principles to consider, and present a framework that can guide decision-making.

## *Therapist as Ethical Attachment Figure*

Roger Ogden, *iHuman Youth Society* (ropsychsp@gmail.com)

The Relational Approach to Trauma Treatment describes the therapeutic relationship as “grist for the mill” of therapy. The Relational Approach challenges medicalized approaches to trauma therapy that emphasize method and caution against personal involvement with the client. Research has demonstrated the importance of the therapeutic alliance. It is difficult to imagine a strong therapeutic alliance absent personal involvement. The relational approach focuses on significant aspects implicit in the interpersonal therapeutic relationship (e.g., boundaries, risk assessment, trust, communication) and builds the therapeutic plan upon mindful work with these dynamics. One therapeutic intent of this relational work is to transform survival strategies, acquired in traumatic developmental circumstances, into here-and-now, adaptive strategies that are facilitative of healthy relationships. This approach demands personal engagement with all its attendant risks, especially that of triggering abreactive responses in both the client and the therapist. Abreaction provides additional opportunity for therapeutic work and presents positive transformational opportunities for both the client and the therapist. The image of “Ethical Attachment Figure” as a guiding concept for the role of the relational therapist has been developed at iHuman Youth Society. Through case examples, this presentation will demonstrate how this image guides and enables essential therapeutic work while concurrently serving to protect the well-being of the therapist.

## **201. Vulnerable Populations III: Vulnerabilities of Those We Serve**

## *Skinny Blues: Women's Relationships with Their Bodies that Inspire Eating Disorder Development*

Kathryn Dawn Weaver, *University of New Brunswick* (kweaver@unb.ca)

Despite potentially serious health consequences that may result from disordered eating, there remains a long-standing belief that issues with eating are due to personal shortcomings. This perspective creates a layer of stigma as people could assume eating disorders are self-inflicted (e.g., just to be “skinny”) and the purpose the disorder serves (e.g., to control appearance). Such stigma dishonours the actual experiences of those living with an eating disorder, who, in turn, may be reluctant to disclose their experiences and seek help. This presentation reviews the theoretical connection between food and emotional regulation, and introduces a video-recorded conversation between five women about how their eating behaviours go beyond nutrients, vitamins, and minerals. The women's narratives of disordered eating are profound, diverse, and even confusing as they simultaneously share their experiences privately with each other and publicly with others through the production of the video. Obtaining this first-hand knowledge facilitates a greater understanding of how psychological, social, and relational factors influence eating disorder development. It may further help inform educational programs that encourage individuals who are developing disordered eating patterns to speak up, as well as encourage friends and families to begin a non-judgmental, supportive dialogue with individuals about their eating.

## *Experiences of Inpatient Palliative Patients with Equine Therapy*

Krisandra Jean Cairns, *University of New Brunswick* (krisandra.cairns@unb.ca)

With advances in modern medicine, Canadians are living longer with chronic illness. While many live at home as long as possible, those in inpatient units require comfort measures to complement treatment programs. Activities such as cooking projects, music, and small animal visits are often provided to lessen distress and enhance quality of life. Anecdotal evidence established that equine (horse) therapy is beneficial to humans, but there was limited academic research about utilizing equine therapy within the palliative population in Canada. Using a qualitatively driven mixed-method design, the aim of this study was to understand the experience of the inpatient palliative patient with equine therapy. An initial quantitative component provided descriptive statistics and helped flesh out and prompt questions directing the qualitative interviews. The sequential narrative component provided the bulk of the data, eliciting the stories of inpatients of a palliative unit who voluntarily participated in an equine therapy activity. These stories were analyzed for individual and collective themes. An overriding theme of seeing beyond the limitations of chronic illness captured experiences of feeling trapped amid symptom control and burden. This project begins to address a gap in knowledge of the meaning of equine therapy to the adult palliative inpatient population.

## *Balancing Patient Rights with Safety Obligations: A Protective Empowering Approach in Three Acute Mental Health Hospital Settings*

Rosalina Fiorino Chiovitti, *Humber Institute of Technology & Advanced Learning*  
(rosalina.chiovitti@sympatico.ca)

In acute mental health settings, patients are either a harm to self, others, or are too ill to complete their daily activities for sustaining life. In these vulnerable situations, patients' capabilities for making choices and participating in their own care can vary depending upon their most immediate health needs. For the multidisciplinary team, this results in a tension between providing the patient with freedom in self-care and their simultaneous responsibility for ensuring patient safety. Balancing patient rights with patient safety remains a challenge. The aim of this presentation will be to outline the therapeutic approach of 'protective empowering' that was developed in a grounded theory study based on interviews with Psychiatric Mental Health Registered Nurses (n=17) about actual care situations with patients in three acute mental health hospital settings. Within the protective empowering lens and its corresponding self-reflective questions, the therapeutic relationship is guided by six main actions and 27 subactions. Each action is encompassed by a consistent pattern of protective and empowering, where a discussion of one (protecting or empowering) incorporates the other to 1. address patient safety and choices simultaneously; 2. seek health within illness; and, 3. invite the patients' views, choices, and participation at every opportunity.

## *When Vulnerabilities Collide: Reaching Out to Diabetic Soles*

Tracey Rickards, *University of New Brunswick* (srickar1@unb.ca)

Rising numbers of people over age 65 years and the high frequency and serious complications of diabetes are contributing to mounting rates of disability, morbidity, and mortality. Diabetes as a global epidemic affecting millions of people is one of the most commonly cared for chronic conditions in healthcare. Consequently, diabetes is becoming a major challenge for health systems, health professionals, and persons living with the chronic disease. Low-income seniors who live alone with multiple health related issues, including diabetes, are possibly the most vulnerable people. The importance of regular foot care as a key element of independence cannot be understated. Providing outreach foot care helped to encourage the development of self-management skills and uncovered issues yet to be addressed. After five monthly visits, diabetic feet were in better shape and understanding of diabetes improved. Throughout the visits, additional vulnerabilities revealed themselves: Mental health issues, co-morbidities, and food insecurity. Addressing these issues through therapeutic interactions by the nurse resulted in 45% of participants venturing out to receive foot care at a healthcare centre. Using foot care as a tool for engagement provided the nurse with access to vulnerable seniors who ultimately benefited from the healthcare and interactions with a provider.

## *Experiences of Vulnerability Among HIV-Positive Women Who Enter Canada as Asylum Seekers or Refugees*

Donna Bulman, *University of New Brunswick* (dbulman@unb.ca)

This presentation will focus on experiences of vulnerability among HIV-positive women who enter Canada as refugees or asylum seekers. “Refugee” is defined as including both conventional refugees and persons in need of protection as outlined in s. 96 and 97 of the Immigration and Refugee Protection Act. The primary research objective was to describe and explore the meaning and lived experience of seeking and receiving care for HIV/AIDS during the resettlement process. The participants were English speaking women 18 years of age or older. Participants included HIV-positive women who resettled in the greater Toronto and Hamilton area of Canada within the last ten years. They included women who knew they were HIV positive when they entered Canada and those who received a diagnosis after arriving. A semi-structured interview guide was used for data collection. An interpretative phenomenological approach was used to analyze data. Findings are presented from the standpoint of participants and focus on core themes of vulnerability and emotional well-being.

## **202. Vulnerable Populations in the Criminal Justice System I: Criminalization and Marginalization**

### *Intersecting Criminalization and Racialization*

Chris Cunneen, *University of Technology Sydney* (christopher.cunneen@uts.edu.au)

The criminal justice system and criminalization are key processes through which we understand ‘race’. These processes can be understood as racialization. This presentation will discuss how the processes of criminalization and penalty constitute significant racializing practices: We understand ‘race’ through criminological discourse, policy, and practices (e.g., criminogenic individual and familial pathologies, cultural deficits, etc.); and we understand crime and punishment through ‘knowledge’ of race (e.g., the constant repetition of data on racial or ethnic crime). Racialization through criminalization and punishment has both material and symbolic consequences: Constituting social groups as threats to social order, and further entrenching socio-economic marginalization through criminal justice intervention and imprisonment. The presentation will consider some of the complex ways in which racialization works. For example, various racial administrative classifications solidify what are clearly fluid categories that elide fixed determinants, except to the extent that they attribute unarticulated social meanings connected to criminality. In contrast, technologies of risk do not generally refer to ‘race’ at all, yet risk operates as a proxy for ‘race’ and has clear racialized outcomes. A third level of complexity is where ‘race’ intersects with criminalizing responses to various socially constructed ‘marginalities’ including mental illness and cognitive impairment.

## *Disabling Criminalization*

Simone Rowe, *University of New South Wales* (s.rowe@unsw.edu.au)

Leanne Dowse, *University of New South Wales* (l.dowse@unsw.edu.au)

The impact of the sustained expansion of the penal estate and the attendant proliferation of criminal laws and processes of criminalization in most western societies from the mid-1980s onwards on marginalized and vulnerable groups has been well examined and theorized by critical criminologists. This work has revealed, for example, the disproportionate and discriminatory effects of processes of criminalization on racialized groups, women, and those using drugs. What has not been well explored, or even recognized until recently, is the effects of processes of criminalization on a group of people who are significantly overrepresented in all criminal justice systems across western jurisdictions: People with cognitive disability, the vast majority of whom have co-occurring mental illness. This presentation discusses some of the key factors that need to be considered in a critical criminological examination of this concern, including the effects of deinstitutionalization of persons with mental health disorders and cognitive disability, the ‘war on drugs’, the punitive and risk averse turn in criminal justice, racism, and the influence of neo-liberalism.

## *Transgressive Disability: Disadvantage, Criminalization, and Justice*

Leanne Dowse, *University of New South Wales* (l.dowse@unsw.edu.au)

People with cognitive disability whose social context sets them amongst multiple forms of disadvantage are largely understood to fall outside neo-liberal normative expectations of self-management and self-reliance. This perceived failure lays the foundations for the well-trodden path to the liminal spaces of social marginalization, material impoverishment, serial incarceration, and systemic violence. Legal and justice responses to this group invoke impairment as a fixed characteristic which rests on unquestioned assumptions about binarized disabled versus nondisabled bodies. However, corrosive disadvantage may intersect with individual traits deemed transgressive to accepted forms of disability in ways that cannot be reconciled with contemporary claims that disability is an oppressed – yet normal and desirable – identity. Drawing on case studies of transgressive criminalized people with cognitive disability and utilizing emerging concepts in biopolitics, this presentation will show how non-normative ways of ‘being disabled’ become both materially criminalized and conceptually marginalized from a disability justice agenda which valorizes particular forms of disability for recognition and rights. The presentation makes an argument for understanding the ways that these two simultaneous processes lead us to question the differential inclusions and exclusions of diverse embodiments of disability in the spaces of criminal, substantive, and social justice.

## *Towards Transformative Intervention for People with Disabilities and Criminal Justice Experiences*

Benjamin Antoine Garcia-Lee, *University of New South Wales* (ben.antoine.garcia@gmail.com)  
Simone Rowe, *University of New South Wales, Australia* (s.rowe@unsw.edu.au)

There is substantive evidence that increasing numbers of highly disadvantaged people with cognitive disability and mental health concerns are becoming enmeshed in the criminal justice system. Research has established that this population are also frequently excluded from mainstream services as a consequence of both their disabilities and their offending behaviour. When they are able to access services, what is touted as therapeutic intervention and treatment is often coercive, pathologizing and stigmatizing. By drawing upon and extending the emergent theoretical framework of critical disability criminology (an amalgamation of key insights from critical criminology and critical disability studies), we delineate central themes and key practice principles foundational to what we call transformative intervention. This theoretical and practice framework, we argue, not only provides a much-needed counter to the hegemony of the individualisation of social issues in the era of expanding neo-liberalism, but also offers an opportunity to address the extreme injustice caused by the criminalisation of one of the most marginalised and vulnerable groups in the community: disadvantaged people with cognitive disability. Drawing on the authors combined practice and research experience with criminalised people with disabilities, this presentation will demonstrate how transformative praxis places structural disadvantage over individual problems, and re-centres socio-structural injustice over pathology. This is primarily achieved by advancing an interpersonal practice based on collaboratively building critical consciousness and practicing solidarity and hope.

### **203. Vulnerable Populations in the Criminal Justice System II: The Impacts of Criminal Justice Laws and Processes on Indigenous Peoples, Their Families, and Communities**

*Intersecting Injustices: Altering the Matriculation Pathway to Prison for Australia's Indigenous People with Disability*

Scott Avery, *First Peoples Disability Network, Sydney, Australia* (scotta@fpdn.org.au)

Research and data on Australia's justice system shows that there is an excessively high prevalence of co-occurring disability and disadvantage amongst young Indigenous people in detention, which includes high rates of cognitive disability, hearing loss, exposure to violence, experiences of homelessness, and other traumatic exposures. Despite the prevalence of disability

and related traumas within criminal justice systems, the impact of disability as a determinant of justice outcomes, particularly in relation to the over-incarceration of Indigenous people in Australia, is largely unexplored and neglected in justice policy and legal frameworks. This presentation will address the poly-victimization that occurs through the intersection of factors which relate to a person's Indigenous identity and disability that accumulates over the course of their life, and effectively places them on a matriculation pathway to imprisonment. 'Intersectionality' is used as a frame to understand how the systemic barriers that people who are both Indigenous and have disability interact, then to illustrate how pivot points in a person's life can be identified which alter their life trajectory away from imprisonment and to one in which their opportunities for their social contribution can be fulfilled.

### *Community "Buy In" to Address Chronic Recidivism Experienced by Remote Indigenous Australians*

Glenn Dawes, *James Cook University* (glenn.dawes@jcu.edu.au)

It is well documented that current initiatives have been largely ineffectual in reducing the over-representation of Australian Indigenous people in the criminal justice system. This presentation will report on the outcomes of a two-year research project in two remote Aboriginal communities which utilized an ecologically informed Indigenous research paradigm to gain the narratives of recidivist offenders and community members about the social economic and psychological impacts on individuals who attempt to reintegrate back to their communities after their release from prison. The research argues that prison does little to assist in the rehabilitation of prisoners and that there is a lack of a culturally supportive reintegration framework to assist former prisoners to regain their previous status within their communities when they return home. The lack of support produces a sense of alienation among former prisoners as well as their families due to a lack of opportunity with regards to employment opportunities and access to mental health and drug and alcohol services which contributes to their persistence with crime. The presentation provides a way forward to addressing the problem of chronic recidivism by providing a framework for developing and implementing a justice reinvestment "grassroots" approach where communities "buy in" to community-based crime reduction strategies.

### *Voices from the Inside: What Prison Does to an Indigenous Male Inmate*

Elena Marchetti, *Griffith University* (e.marchetti@griffith.edu.au)

The harm caused to Indigenous Australians by their continual and increasing incarceration has been well documented, with a former Attorney-General calling it a 'national tragedy'. This presentation will explore the ways Indigenous male inmates in a correctional facility located in southern New South Wales, Australia, describe the harms caused by life in prison. Five volumes of poetry and stories produced by male Indigenous inmates who attended a creative writing program, called 'Dreaming Inside: Voices from the Junee Correctional Centre' led by Indigenous Elders over six years and interviews with some of the contributors, will be used to explore what

it means to be an Indigenous person in prison and what it means to have the opportunity to voice their feelings and thoughts through poetry. In particular, their writings and interviews will be used to help us understand the mental health harms caused by the criminal justice system for people who are (and have been) surrounded by hardships, discrimination, racism, and grief over the loss of their culture, families, and freedom.

## *An Indigenous Youth Court for New Zealand: Initial Signs of Success*

Valmaine Toki, University of Waikato (valmaine@waikato.ac.nz)

Indigenous peoples, including Māori, continue to figure disproportionately across all social statistics including health, education, poverty and criminal justice. For example, in New Zealand, approximately 50% of the prison population identify as Māori, yet Māori comprise only 15% of the general population. For Māori women the rate is close to 60%. These unacceptable rates have remained unchanged for at least the past 40 years. Behaviour driven by poverty or as a result of mental illness is often criminalized subsequently, compounding such statistics. Indigenous courts – a novel, innovative and elegant attempt to address the gross overrepresentation of indigenous peoples in the criminal justice system – have emerged in New Zealand, Canada, and Australia. In New Zealand, Te Kooti Rangatahi, a marae-based youth court that integrates indigenous customary norms into their judicial processes, has shown anecdotal signs of success. Focusing on Te Kooti Rangatahi, this presentation reviews this ‘indigenous’ court to identify the critical points of difference.

## **204. Wartime Internment of ‘Enemy Aliens’ in North America: Are Muslims Next?**

### *Internment of Japanese Americans and Jewish Refugees: Are Muslims Next?*

Isaac David Romano, *OWHR Institute-Quebec* (romano.program@gmail.com)

This presentation will provide a historical perspective on internment measures, deemed "national security required," as an over-arching concern, leading to President Franklin Delano Roosevelt to issue Executive Order 9066 on February 19, 1942, suspending habeas corpus Fifth Amendment rights and authorizing the internment of 110,000 Japanese Americans for the duration of Second World War. Most, though not all, of the 110,000 Japanese Americans who were removed under EO 9066 remained in the camps for the duration of the war. This presentation will also shed light on the little-known story of the internment of Jewish refugees in Canada during the period of 1940-1943. This presentation will establish strong arguments for why similar measures are likely to be put in place in the US and Canada, but this time, toward the Muslim population in both countries and how the policies of President Donald Trump could reduce the Muslim population in the US and this in turn could coincide with "contingency plans" by the Pentagon

and other US Security Sections of the US Government. Should the US Government be forming such contingency plans, should Global War preparedness be secretly underway, will Canada again follow in near lock-step with US war measures, as was the case with Japanese internment during the Second World War?

## *Wartime Japanese Incarceration: Historical Reflections and Current Dangers*

Greg Robinson, *Université du Québec à Montréal* (robinson.greg@uqam.ca)

If we wish to understand the potential threats facing Muslims in America, we must make sense of the wartime Japanese confinement experience. This means we must look at these events, not as past history, but as something we still live with, and which grants us special insight when we approach questions of civil liberties today. By the same token, the wartime Japanese experience best helps us to understand and respond to government-sponsored action against individuals based on their membership in a group. Such official discrimination represents a special kind of injustice, one that strikes at the bonds that connect people in a society. It is not difficult to connect these events to the current-day situation by recalling that there were once, and not so long ago, differences drawn between permanent residents in the US based on their national origin. Japanese aliens who were ineligible to citizenship despite their long residence in the country were victimized by other forms of discrimination as a result, and had no recourse after Pearl Harbor, when they automatically became enemy aliens. In sum, the wartime Japanese confinement experience reminds us of the insidious dangers of racial profiling.

## *Complicity Among Nations: Detention of Peruvians and Other Latin Americans of Japanese Background by the United States in World War II Internment Camps*

Matt Adams, *Northwest Immigrant Rights Project, Seattle, USA* (matt@nwirp.org)

The United States' employment of internment camps to arbitrarily separate and detain a racially targeted group during World War II provides many important lessons on how critical it is to safeguard civil and human rights of minority groups, especially in times of war or threats to national security. Yet one of these important lessons is that countries often conspire together to target disfavoured groups in order to advance political agendas quite apart from any perceived security threat. During World War II, the United States not only targeted Japanese Americans and Japanese residents living in the United States, but also ultimately conspired with Peru and other Latin American countries to kidnap over two thousand persons of Japanese descent and transport them to internment camps in the United States. Over 800 were later sent to Japan as part of a deal to exchange prisoners. Another thousand were subsequently deported to Japan after the war, when their Latin American countries refused to take them back. The historical lessons from the World War II internment camps must now be emphasized to avoid similar violations as countries collude against Muslims and other targeted groups in the name of national security.

## *Predictive Policing in Times of Crisis: Observations from Japanese Internment to Black Lives Matter*

Omar Ahmed Farah, *Center for Constitutional Rights* ([ofarah@ccrjustice.org](mailto:ofarah@ccrjustice.org))

The incarceration of Japanese Americans during World War II is among the more explicit attempts by the United States to respond to a national crisis by embracing a law enforcement paradigm that attempts to predict unlawfulness from one that punishes illegal conduct after the fact. Though now there is broad condemnation of Japanese incarceration, this is mostly because mass preventative detention is perceived as too blunt an approach; predictive policing, however, remains very much in favour. New crises – real or imagined – lend support to the notion that predictive policing is preferable, even essential to the health of the state. That perceived security imperative renders the costs to targeted communities either negotiable or altogether invisible. This presentation will explore current models of predictive policing from “stop-and-frisk” practices common in major US cities, to the criminalization of Black-led political speech against police violence, to Guantánamo, and other post-9/11 surveillance and counterterrorism policies. In weighing the supposed security benefits against the privacy, liberty, and dignitary costs of predicative policing – invariably borne by communities of colour – this presentation will consider whether the underlying purpose is in fact security or whether the purpose is repression.

## **205. Wellness and Law I: Well-Being in Legal Education and Practice: International Perspectives**

### *Educating for Well-Being: Interdisciplinary Approaches to Curriculum Design*

Caroline Strevens, *University of Portsmouth* ([caroline.strevens@port.ac.uk](mailto:caroline.strevens@port.ac.uk))

Public health aims to tackle the causes of poor health rather than just the symptoms. “Healthcare needs to be changed from an illness-based, provider-led system towards a future vision of one that is patient-led, preventative in focus and offers care based closer to home”. This presentation will explore the use of self-determination theory in the University of Portsmouth’s Health Justice Student clinic and evaluate its impression upon motivation of students and the community. Changing our behaviour to improve health, such as taking more exercise or eating a varied diet, is difficult to sustain. This clinic seeks to provide health and legal public education to the local community and aims to build sustainability into the process such that the clinic clients are motivated to help themselves in the future. Students will be given knowledge and skills relating to motivational theory based upon the work of Deci and Ryan (2000) with the aim of the education having a more lasting impact upon the participants. We also intend to measure

the well-being to students involved in this project to seek to understand if they apply the motivational theory to themselves and their study.

## *Incorporating Meditation into Legal Education: Evidencing the Value Added to the Study of Law*

Lughaidh Kerrin, *Middlesex University* (L.Kerin@mdx.ac.uk)

This presentation examines how meditation can potentially be utilized to cultivate the qualities required for self-evaluation and reflective practice in the legal profession, as stipulated by American Bar Association and UK Bar Standards Board. As noted by Tamara Kuennen, ‘Though teaching self-reflection is a hallmark of clinical legal education, it is not a skill that is explicitly taught in the general curriculum.’ After surveying the growth of meditation as a contemplative practice in US law schools, the presentation examines the current state of research on meditation and the evidence to suggest that it may be utilized for the cultivation of reflective professional practice. Overall, the intention is to explore how the incorporation of meditation may be evidenced as adding value to study of law and to programs of continuing professional development, in particular though the development of reflective legal practice.

## *Tactics and Tools: Transitioning from Law Student to Lawyer in Experiential Courses*

Keri Gould, *Washington and Lee School of Law* (gouldk@wlu.edu)

Lawyers start out as law students. As a clinical teacher responsible for externship programs, the presenter is particularly interested in the mental wellbeing of students entering the profession by way of their externship and clinical experiences. For many students, these courses may be the first time they encounter the systemic stresses of the legal profession – whether it is facing the emotionality of working with clients, the need for time management skills to balance school, “real world” work, and personal time, or learning to set an ethical compass as the core to their professional development. The presenter’s classes use self-reflection in a combination of readings, exercises, discussion, and short written assignments on topics including stress, office culture, collaboration, time management, and vicarious trauma. To support and preserve the wellbeing of practicing lawyers, it is important to give law students the tactics and tools to value and encourage their own wellbeing as they transition into members of our profession.

## *Judicial Stress and Wellbeing: Latest Empirical Research*

Carly Schrever, *University of Melbourne* (carly.schrever@gmail.com)

Judicial officers are senior members of a stress prone profession. The past decade has seen an emergence of quality research into the prevalence and causes of stress among lawyers and law students, revealing alarmingly high rates of anxiety and depression within the profession globally. However, the enquiry has rarely extended to judicial officers. With

workloads bordering on the oppressive, in the context of professional isolation, intense scrutiny and often highly traumatic material, there is good reason to expect that judicial officers are at particular risk of occupational stress. Given the impact of judicial decisions on people's lives, and the pivotal role they play in a democratic system, courts arguably have a duty, not only to the individual judges but to the community more generally, to investigate and promote judicial wellbeing. Nonetheless, until now, very little has been known about the psychological impact of judicial work. For the first time, a large scale empirical study of judicial occupational stress has been undertaken in Australia. This presentation will present the findings of this research and discuss implications for judicial officers and courts.

## **206. Wellness and Law II: Wellness in the Legal Profession and at Law School**

### *Anxiety: The New Norm in Law?*

Florence Thum, *College of Law* (fthum@collaw.edu.au)

We live in an age of acceleration where change is rapid, propelled by technological innovations. And the practice of law is not immune to this phenomenon. Recent studies in the US and Australia suggest lawyers experience symptoms of depression, anxiety and stress or psychological distress at a greater rate than the general adult population; and among lawyers, those in private firms have higher levels of the symptoms of depression, anxiety and stress, and lower levels of psychological wellbeing than other lawyers. Is legal practice therefore becoming more demanding and stressful? Is the legal profession oppressive in its expectations? Are lawyers becoming more anxious? What is anxiety anyway? Is this state an inevitable consequence of progress and achievement? Are we having effective conversations about anxiety? This presentation will seek to explore these questions, and to provide a definition of anxiety beyond the common narrative and a perspective integrating law and psychology. It will propose how we navigate and, as lawyers, respond functionally in this age of uncertainty.

### *Accessing Deeply-Held Wisdom Using the Creative Arts Therapies: A Model to Build Self-Reflexivity in Lawyers and Repair Rupture in the Relational Domain*

Bernadette Healy, *The Re-Vision Group, Melbourne, Australia* (bhealy@revisiongroup.com.au)

Therapeutic work with high-functioning members of the legal profession has led to an interest in the relational patterns of individual lawyers during times of psychological distress and decreased wellbeing. The disruption in the relational domain observed at these times is characterized by an impoverished quality of connection with both the self and others. The use of legal analysis type thinking outside prescribed work domains contributes to this disruption. The ability to be self-reflexive – and the allowing of connection with emotion that this skill fosters – is critical in addressing relational disruption. Self-reflexivity has also been identified as promoting the

satisfaction of the psychological needs for autonomy, relatedness, and competence as described in Self-Determination Theory. It has been observed that the dominance of legal analysis type thinking and its articulation impede the development of self-reflexivity in lawyers. Standard psychological interventions such as cognitive-behaviour therapy (CBT) and even interpersonal therapy have been found to be insufficient or inefficient for building self-reflexivity with this client group. An approach has therefore been developed which incorporates creative arts therapies, including movement and its representation, plus relaxation and mindfulness. This presentation will discuss the issues informing the development of this approach and explain the approach itself.

### *Looking Beyond the Mirror: Psychological Distress; Disordered Eating, Weight, and Shape Concerns; And Maladaptive Eating Habits in Lawyers and Law Students*

Natalie Skead, *University of Western Australia* (natalie.skead@uwa.edu.au)

Shane Rogers, *Edith Cowan University* (shane.rogers@ecu.edu.au)

Jerome Doraisamy, *The University of Western Australia* (jerome.doraisamy@uwa.edu.au)

Research indicates that, in comparison to professionals and University students in other disciplines, lawyers and law students are at greater risk of experiencing high levels of psychological distress. There is also a large body of literature supporting an association between stress, anxiety and depression, and unhealthy eating. This presentation reports on the results of a study of Australian legal professionals and law students that evidence a positive association between psychological distress; disordered eating, weight, and shape concerns; and maladaptive eating habits in lawyers and law students. Additionally, the results of the study confirm a positive link between frequency of exercise and subjective physical wellbeing that in turn is associated with enhanced emotional wellbeing. Given these associations, implementing interventions to facilitate healthy lifestyle choices, including attitudes to eating, weight and shape, eating habits conducive to maintaining good physical and mental health, and exercise, is an important component in law firms and law school programs for supporting the wellbeing of lawyers and law students alike. Based on the results of this study, this presentation will suggest simple yet effective strategies law firms and law schools might adopt to support the mental health of their staff and students.

### *The Formation and Influence of Ethical Climate: Therapeutic Ethical Possibilities for the Practice and Study of Law*

Stephen Tang, *Australian National University* (stephen.tang@anu.edu.au)

Our previous empirical research (with Tony Foley, Vivien Holmes, and Margie Rowe) has shown that the ethical climate of a legal workplace has a strong influence on lawyers' mental health and psychological wellbeing. In particular, we identified two common but contrasting ethical climates (a culture of 'ethical apathy' or 'getting ahead') which were adverse to wellbeing, learning, and the formation of ethical professional identity. Lawyers in these two

climates were at least twice as likely as having a level of psychological distress which indicated potential concern for functional impairment. This presentation will re-examine these key findings and discusses two opportunities which arise. First is the opportunity to address the development of ethical climate, particularly how psychological and interpersonal representations of ethics, interpersonal behaviour, and professionalism are formed during legal education. The second opportunity is to apply a Therapeutic Jurisprudence (TJ) approach to the shaping and regulation of ethical climate within the profession. As a complement to traditional ways of regulating legal practice, TJ provides an appropriately fine-grained and humanistic method to examine and reform ethical climate to help prevent ethical misconduct, distress, and impairment, and to promote an ethic of care, individual wellbeing, and a healthy profession.

## **207. Women Around the World**

### *Russian Politics of Masculinity and the Decay of Feminism: The Role of Dissent in Creating New “Local Norms”*

Alexandra Orlova, *Ryerson University* (aorlova@ryerson.ca)

Over the past decade the Russian state has been pursuing the politics of masculinity by actively undermining feminist dissenting voices and presenting feminism as something that is foreign and inappropriate for the Russian context. While the #MeToo movement is gaining momentum in the West and results in the re-examination of entrenched gender stereotypes and barriers, this presentation aims to examine why Russian domestic feminism is not able to generate similar re-examination of values within Russia. The presentation argues that in order to effectively combat gender stereotyping and reduce structural barriers that continuously relegate women into the private sphere, new “local norms” based on gender equality have to develop. In order for these new local norms to gain public acceptance, the role of “translators,” such as civil society and domestic activists cannot be underestimated. Unfortunately, in today’s Russia such “translation” work is highly discouraged by the state. Moreover, feminist dissenters are presented as “mentally unstable” and lacking in good judgment, as was evident in the Pussy Riot trial. The Russian state is unwilling to cede some of its power and account for dissent in order to advance gender equality, thus perpetuating both physical and mental harm to women in the process.

### *Arab Women’s Changing Attitudes About Marriage and Divorce*

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Recent evidence from some Middle East and North Africa (MENA) countries suggests that the introduction of Kuhl -Islamic unilateral divorce rights for women has had a positive impact on the labor participation and empowerment of MENA women relative to men for the last 30 years. Prior to the Kuhl reform, traditional inheritance laws had supported gender inequalities with most of the household power belonging to men. The Kuhl effect has produced tangible results in

labor force participation especially for younger women. The current study reviews potential changes in the attitudes of the Arab women about the marital relationship as expressed in social network online conversations. We surveyed marriage and divorce questions asked spontaneously by members of a social network site based in Amman, Jordan. The site is a women-only site and has over 50,000 active members between 18 and 72 years old living predominantly in the Middle East. This presentation will report on data collected in the last year to suggest that Arab women are increasingly more aware of the power imbalances in their marriages. Similarly, their current views on what constitutes cause for divorce also suggest a departure from the traditional view.

### *The Stage of Mobile Game Addiction Among Married Immigrant Women in South Korea*

Sanghee Kim, *Keimyung University* (shkim07@gw.kmu.ac.kr)

The number of men with international marriages in rural areas has steadily increased since the 2000s because Korean women are increasingly choosing urban life over rural life. However, most married immigrant women do not have proper knowledge or understanding of the Korean language and culture. Therefore, these women often experience maladjustment to their family and so they easily fall into mobile game addiction, while trying to cope with their stress and isolation. In this study, in-depth-interviews were conducted with 15 married immigrant women who had mobile game addiction to investigate the stage of their addiction. Findings show that anger, resulting from an unsatisfactory married life was the first stage of their addiction. The second stage involved an expectation to avoid realistic conflicts with their family and the Korean culture. The last stage was depression, resulting from the realization that they have become addicted to mobile games. A wider and more detailed study will be needed to understand possible early intervention methods to prevent mobile game addiction among married immigrant women.

### *Cultural And Educational Adjustments Of Syrian Children Refugees In Jordan*

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Oraib Toukhly, *Nova Southeastern University*

Alex Cuc, *Nova Southeastern University*

As of 2018, there were over half a million Syrian refugees living in Jordan. The current study investigates some of the adjustment challenges encountered by Syrian refugee children living and attending a mixed Jordanian-Syrian elementary school near Aqaba, in Jordan. We transcribed and analyzed two interviews with a school principal over two consecutive years. Some of the topics we covered focused on the cultural and educational differences between the two countries and how they have impacted the psychological adjustment of the Syrian children attending the school. Specifically, we looked at whether child-marriage practices allowing Syrian girls to be married from the age of thirteen were likely to continue in Jordan where marriage at

that age is not legal. We also investigated whether the Jordanian educational practice of mixed boy-girl classes up to the age of ten was likely to be accepted by Syrian parents who, based on religious grounds, do not permit it for children older than seven. Additional observations on the difficulties and successes of the Syrian refugee children in Aqaba will be presented.

## **208. Young Violent Offenders in a Life-Course Perspective: Results from the DAABS study**

### *Young Violent Offenders with Autism: Life Course Patterns and Predictors of Criminal Persistence*

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Research on autism and criminality has a short history. For many years autism was seen as a protective factor, but a growing literature has described various problematic behaviors, including criminality, among persons with autism. There are still very few studies of autism in prison settings and we clearly need more knowledge in this area. This study aims to (a) examine patterns of early maladaptation, mental health problems and criminal behaviour; (b) compare these patterns to a matched group of violent offenders without autism and (c) investigate predictors of life course criminal convictions. In a nationally representative cohort of young violent offenders (n=270, aged 18-25 yrs), participants with autism (n=26) are compared to those without autism (n=244) regarding: a) family background, including adverse childhood circumstances and institutional experiences, and schooling; b) life-time mental health problems; c) previous criminal behaviour. In addition we will investigate predictors of criminal conviction from age 15 to age 33. Preliminary results will be discussed from a preventive perspective, i.e., how we can identify and intervene in families where a child with autism is at risk for an antisocial development, as well as how we can ameliorate the treatment and of these offenders to avoid reconvictions.

### *Life-Course Morbidity, Use of Specialised Healthcare and Prescription Drugs Among Young Violent Offenders: A Swedish Register-Based Follow-Up Study*

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Previous studies present high prevalence-rates of morbidities in populations of both incarcerated and aggressive antisocial individuals. However, studies describing use of specialised healthcare and prescribed drugs in such high-risk groups are scarce and existing studies present an unclear picture of healthcare utilisation. This study aims to describe morbidity, use of specialised healthcare and prescribed drug over the life-course in a cohort of young violent offenders compared to the normal population. A nationally representative group of young men (n=270, aged 18-25 yrs at inclusion between 2010-2012) convicted of violent offences, was extensively assessed with self-rating questionnaires, semi-structured diagnostic interviews and neuropsychological assessments while incarcerated. Life-course register-based follow-up data 1984-2017 are collected from Swedish national registers and will be analysed in relation to baselinedata as well as a nationally representative matched control group (n=10.000). Descriptive data will be presented, correlation analyses are performed and subgroups are identified through cluster analytic methods. Rates of morbidity, psychiatric comorbidity, use of specialised healthcare and prescribed drug use in the prison cohort will be discussed in relation to the normal population. Divergence between subgroups of persistent violent offenders will indicate a need for further understanding of patient-matched treatment requirements.

## *Personality and Cognitive Functions in Violent Offenders: The Importance of Character Maturity*

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Previous research has suggested that personality and cognitive functions are essential in the emergence of persistent aggressive antisocial behavior (AAB), while character maturity could be an important protective factor. A deepened understanding of the contribution of personality and cognitive functioning to AAB may prove to have influential implications for treatment and rehabilitation interventions. This study aims describe the correlation between personality traits, intellectual ability, and executive functions in young male violent offenders, and to investigate differences in intellectual ability and executive functions between offenders with low, medium, and high levels of character maturity. A representative cohort of 148 male prisoners (18-25 years of age) convicted for violent criminality participated in this study. Data on personality dimensions and character maturity were obtained from self-report using the TCI; data on cognitive functions were obtained using the WAIS for measures of intellectual ability, and the CANTAB for measures of executive functions. Preliminary results on the associations between temperament and character traits, general intellectual ability, perceptual and verbal ability, and executive functions such as cognitive flexibility, planning and problem-solving, working memory, response inhibition and attention will be presented, also including focus on differentiation between individuals with low, medium, and high character maturity.

## *A Bad Start: The Combined Effects of Early Substance Abuse and Childhood ADHD or CD on Different Patterns of Criminality Among Young Violent Offenders*

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Early age at onset of substance abuse is more strongly correlated with aggressive behavior, psychopathic traits and violent recidivism than duration of substance abuse. In this ongoing study, this relationship was further investigated, focusing on the moderating role of different early onset behavioral disorders. This study aims describe patterns of development towards different kinds of criminal behaviour in a group of young violent offenders based on diagnosis of ADHD or conduct disorder (CD). Young violent offenders (age: 18-25) with an early onset substance abuse that fulfilled criteria for ADHD or CD were compared on the following variables: a) history of violent, singular, impulse-related crimes; b) whether the index crime was of an impulsive character; c) age at the time of their first sentence; d) variability in drug history. Results will be discussed in light of the possible interactions between different kinds of early onset behavioural disorders and early onset substance abuse, regarding subsequently manifested criminal behaviour. Such interactions have important implications for whether societal crime prevention and substance abuse prevention strategies that targets youth needs be to adapted to these factors to generate more impact on different kinds of behavioural- and personality patterns.

## *Identifying Associations Between TCI Personality Dimensions and PCL-R Psychopathy Facets in Young Male Offenders*

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Psychopathy, commonly assessed by the Psychopathy Checklist-Revised (PCL-R), comprises of maladaptive traits and behaviors. However, little empirical evidence exists regarding how this construct can be understood in relation to theories of personality. To examine the relationships between components of psychopathy, and personality dimensions as defined by Cloninger's Temperament and Character Inventory (TCI), young violent incarcerated offenders (n = 148) were assessed with both PCL-R and TCI. A canonical correlation analysis (CCA) was used to obtain latent covariation between the four PCL-R facets and the seven personality dimensions of TCI, identifying the variables that most strongly contributed to an association between these constructs. Overall, the latent shared construct between TCI and PCL-R was construed of the

temperament dimension Novelty seeking, and the character dimensions Self-directedness and Cooperativeness, and by the psychopathy facets Interpersonal, Lifestyle, and Antisocial. Results suggest strong associations between TCI personality dimensions and psychopathy. Moreover, the PCL-R psychopathy concept seemed to be more influenced by character than temperament dimensions, a finding important to investigate in future research since character have emerged as susceptible to influence by psychological interventions.

## **Therapeutic Jurisprudence Sessions**

## **209. Bullying, Mobbing, and Harassment: Psychological Trauma and Civil Litigation**

### *The Relevance of Bullying/Mobbing/Abuse Behaviors in Litigation*

Carol Castleberry, *St. Thomas University School of Law* (ccastleberry@stu.edu)

This presentation will explore ways in which bullying/mobbing/abuse behaviors can show up in litigation, how evidence of psychological trauma can be relevant, and legal standards (e.g., Daubert) for expert testimony of trauma experts. Examples are evidence of typical abuse behavior of perpetrators and victims, development of learned helplessness, evaluation of levels of risk, how abuse can result in victims assaulting or killing perpetrators, why victims feel powerless to stop perpetrators from harming others, and symptoms and effects of PTSD. Litigation areas include, but are not limited to, school bullying cases; mobbing in employment litigation; evidence of psychological injuries for tort litigation; criminal trial evidence in child/intimate partner/elder abuse cases, self-defense and duress claims, and sentencing mitigation; immigration cases where political asylum applicants must prove traumatic impact of conditions in their states of origin; and appeals of denials of benefits for disability, unemployment, and social security. Also discussed will be the challenges of presenting and countering expert psychological testimony allowed only where issues are beyond the common knowledge of the jury and the expert's qualifications, theories and underlying scientific methods are reliable and will assist the fact finder.

### *When the Search for Justice Backfires for Traumatized Targets of Workplace Bullying and Mobbing*

Maureen Duffy, *Workplace Consultant, Miami, USA* (mwhelehan@gmail.com)

When individuals have been bullied or mobbed in their workplaces they almost universally experience themselves as having been unfairly targeted and mistreated by people whom they trusted and to whom they were committed in accomplishing the shared missions of their organizations. Targets of workplace bullying and mobbing suffer losses to careers, personal and professional identities, reputations, physical and psychological health, finances, and more. These losses extend beyond the period of mistreatment and can be irreversible. Mild to very severe psychological trauma is a common consequence. Targets' search for justice is usually two-pronged, consisting of a pursuit of healing and insight through mental health treatment and a search for wholeness through litigation or formal grievances. Targets risk aggravating pre-existing trauma when they pursue litigation, due to their unfamiliarity with, and lack of preparation for, the intensely adversarial nature of litigation. Moreover, their legal and mental health advocates may lack critical knowledge of the traumatic psychological effects of bullying and mobbing, or of the litigation context, or of both. For many targets, this search for justice and

wholeness backfires, causing further injury and increased trauma. This presentation will examine these issues and encourage a conversation about addressing and mitigating these risks.

## *Workplace Bullying and Dispute Resolution: Case Examples in Public Agencies*

Gregory Sorozan, *National Association of Government Employees* (gsorozan@nage.org)

Workplace bullying may profoundly affect the physical and mental health of targeted individuals and create harmful impacts upon the organizations in which it occurs. This presentation will address some of the organizational consequences of bullying, from the perspective of a former union president trained in social work and experienced in dispute resolution. Five case examples will examine how bullying behaviors affected public agencies: (1) Negative behaviors directed at more than 60 information technology professionals, which risked the loss of over \$11 million in state bond funds allocated for upgrading the IT infrastructure; (2) Bullying of seven members of a successful Human Resources Department, putting at risk the administration of benefits and rights to over 600 state employees; (3) Six members of an effective Data Matching Unit were undermined in their duties to provide public benefits to citizens; (4) Twelve members of a Central Eligibility Unit were distracted from their work determining eligibility for public assistance; and (5) Thirty Information Technology professionals were undermined in their interactions with counterparts in other agencies during a time of major consolidation of IT services.

## *Trauma Points in Civil Litigation*

David C. Yamada, *Suffolk University Law School* (dyamada@suffolk.edu)

Civil litigation is often initiated to seek compensation for personal injury, economic loss, and other harms. However, when legal claims involve, or seek damages covering, psychological trauma and emotional distress, the parties to that litigation – especially plaintiffs – may experience traumatization and re-traumatization during the litigation process. This presentation uses the term “trauma points” to examine where and how traumatization/re-traumatization may occur in the processes of civil dispute resolution. These trauma points may occur at multiple stages, including preparing to meet with lawyers, initial client interviews, pre-litigation attempts to resolve disputes, administrative processes (if required or available), and civil litigation itself. The latter includes discovery (especially depositions), pre-trial court appearances, pre-trial court appearances, and trial, not to mention the possibility of appeals. As an illustrative example, this presentation will use a prototypical workplace racial harassment claim that includes bullying and mobbing behaviors. The objective of this presentation is to encourage further discussion about how our legal systems treat psychological trauma and how trauma-informed insights can help to shape and reform dispute resolution processes. Specialized courts and tribunals, ADR, and training for legal stakeholders (especially judges and lawyers) will be among the responses considered.

## *Influence of Therapeutic Jurisprudence on Communication in the Workplace: Analysis of Mobbing and Burnout*

Karolina Czapska, *University of Warsaw*, (k.czapska@wpia.uw.edu.pl)

Labor law is a branch of law, where building a relationship between the employee and the employer is the foundation. The basis of labor law institutions is communication, so they can be properly used. Both, in individual and collective labor law, this communication depends on legal regulations and psychological factors, so the existence of an employment relationship and relations in the work environment are closely related to emotional and psychological life. This presentation will discuss two phenomena prevented communication - mobbing and burnout. Researches show that the scale of mobbing and burnout is growing, and the forms of preventing their development do not bring the expected results. It will present both phenomena on the example of legal regulations in force in Poland, in comparison with solutions adopted in other countries. This analysis will be carried out from the perspective of Therapeutic Jurisprudence. This presentation will show that assumptions of Therapeutic Jurisprudence have a positive effect on limiting the occurrence of these phenomena and above all, on existing legal provisions and future legislation.

## **210. Capacity to Participate in Criminal Proceedings**

### *Making the Incompetent Accused Fit for Trial: The US Approach to Competency to Stand Trial*

Peter Joy, *Washington University School of Law* (joy@wustl.edu)

In the United States, the standard of competency to proceed to trial requires the trial judge to find that the accused is oriented to time and place, has some recollection of the events underlying the charge or charges, and has sufficient ability to consult with and assist his or her lawyer in the defence. When the accused is found not competent to proceed to trial, the accused may be held for a reasonable period of time necessary to determine that the accused will attain competency in the foreseeable future. In an effort to make the accused competent to stand trial, courts have permitted the government to go to extraordinary lengths to make the accused who has been determined incompetent (unfit) to stand trial fit for trial. Approved measures range from confinement in prison-like setting where the accused attends classes and is coached to understand the nature and purpose of legal proceedings, to the forcible administration of potentially harmful psychotropic medication to address underlying mental conditions. The accused has limited rights to refuse such treatment, and at present there is no definition of how long the accused may be confined. This presentation will discuss and evaluate these measures in light of the underlying rights of the accused, and propose reforms.

## *The Interpretation and Application of the Right to Effective Participation*

Abenaa Owusu-Bempah, *London School of Economics* (A.Owusu-Bempah@lse.ac.uk)

Defendants have long held rights to participate in their criminal trials, including the right to effective participation. However, the precise meaning and scope of this right is unclear and, in practice, the extent to which defendants can be said to participate effectively in criminal proceedings is often limited. This presentation will examine the definition and uncertain scope of the right to effective participation. It will also examine the narrow way in which the right has been applied by the courts in England and Wales, including a judicial willingness to reject medical opinion and an optimistic approach towards the effectiveness of special measures and trial adjustments intended to facilitate effective participation. It argues that there is a need for a clearer and more comprehensive definition of ‘effective participation’, and a more rigorous and medicalized approach to determining whether defendants can participate effectively, to ensure compliance with Article 6 of the European Convention on Human Rights and create legal certainty.

## *Effective Participation in the Summary Courts*

Natalie Wortley, *Northumbria University* (n.wortley@northumbria.ac.uk)

James Stoddart, *Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK* (james.stoddart@nhs.net)

In England and Wales, an adult charged with a criminal offence will always appear before a magistrates’ court in the first instance. Where a person has participation difficulties, the legal framework that applies lacks clarity and coherence and, in 2016, the Law Commission asserted that there was “urgent need [for] reform”. This presentation will discuss – from both a medical and a legal perspective – the difficulties that may arise in identifying and dealing with alleged offenders who lack the capacity to participate effectively at their first appearance after being charged with an offence. It will explore the evidential requirements for establishing lack of capacity in the summary courts, including the role of forensic experts, and the conflict that may arise between the rights of alleged offenders and the need to promote “speedy summary justice”. The Law Commission’s proposals for statutory participation procedures will be discussed and, in the absence of any sign that new legislation will be introduced, the presentation will recommend practical changes that could be implemented.

## *Prison, Hospital, or Both? Revisiting Disposal Options to Protect the Public from Offenders with Mental Health Problems*

Kevin Kerrigan, *Sheffield Hallam University* (kevin.kerrigan@shu.ac.uk)

The vexed question of how to deal with an offender whose behaviour was substantially affected by their mental health has troubled courts and legislators for many years. In the United Kingdom the question of whether to impose a penal disposal or a therapeutic disposal has been subject to a wide range of interpretations that has led to uncertainty for offenders and clinicians despite the relevant Mental Health Act 1983 being in operation for 35 years. Recent judicial interventions in relation to serious offending with mental health elements have provided some contradictory messages about which regime is most suitable for protection of the public based on differences in relation to management while detained and in particular post-release arrangements. The latest case-law (*R v Edwards et al*, [2018] EWCA Crim 595; [2018] 4 W.L.R. 64) emphasizes that penal elements are at the "heart" of the purposes of sentencing in section 142(1) of the Criminal Justice Act 2003, requiring the court to consider prison disposal first and to give reasons if an alternative approach is adopted. This presentation will assess whether we are seeing the emergence of a more "prison first" approach in the UK and, if so, the potential consequences for defendants, clinicians, and the public.

## **211. Communication and Public Health Issues in TJ**

### *Is Legal Regulation the Most Efficient Means to Achieve National Healthcare Policy?*

Miriam Weismann, *Florida International University* (mweisman@fiu.edu)

Healthcare policy is principally formulated by congressional mandate in the United States. This is not surprising given that healthcare expenditures currently account for at least 17% of the US gross domestic product. The legislative focus for government should be to ensure that the regulations achieve the public's objectives of quality and access to healthcare and are both effective and efficient: Effective in the sense that they resolve the problem they were designed to address; and efficient in the sense that they minimize both the direct and indirect compliance costs. However, recent experience suggests that the process has become mired in political disagreement. While there has been some consideration of alternative methods of "command and control" of policy including market-based or incentive-based options, there has been little traction for these non-traditional alternatives in political circles. This presentation proposes a transparent single payer system supporting a core of universal healthcare services available to all citizens to achieve the policy goals of efficiency, fairness, and cost control. This proposed plan is designed to minimize legislative participation and increase the participation of healthcare professionals in designing healthcare policy and achieving real healthcare reform.

### *A Review of Policies Guiding the Care of Incarcerated Pregnant Women in the United States*

Sigita Cahoon, *University of Southern California* (Sigita.Cahoon@med.usc.edu)

Disagreement exists as to whether the goal of incarceration should be punitive or rehabilitative. These discrepancies extend to the provision of medical services during incarceration, and whether the goal of care is restoration to a general state of health or limited to the treatment of acute ailments. These discussions become more complex when addressing the healthcare needs of pregnant women, given the potential detrimental effects of inadequate care during incarceration. Additionally, negative emotional and psychological consequences resulting from family separation during incarceration have been documented, with potential lifelong sequelae. Programs supporting maternal and infant bonding provide alternatives to separation of women and children during incarceration. Given increasing rates of incarceration among women, racial disparities in incarceration rates, and potential long-lasting effects for disrupted families, these alternate options merit further investigation into effectiveness, costs, benefits, and limitations, as well as long term outcomes. This presentation will assert that a basic standard of safe housing, adequate nutrition, and appropriate prenatal care can result in improved health outcomes for both mothers and infants. Combining public health knowledge, existing legal precedents, and relevant human rights principles can provide an aspirational framework to guide the provision of care to incarcerated pregnant women in the United States.

### *The Neuroscience of Listening and the Reason it Matters*

Monica Broome, *University of Miami School of Medicine* (mbroome@med.miami.edu)

Communication is an essential component of human interaction. Advancements in neuroscience including the functional MRI have shown how we communicate directly effects the brain. We now have validated scientific data to assist us that we can easily learn, use, and that will benefit others and ourselves. Medicine, law, and business each have specific issues related to communication as well as universal communication principals and best practice techniques to facilitate a positive experience. Listening is one of the universal principals of effective communication and may influence the trajectory and outcome of a conversation or a relationship. Is there evidence that effective listening has an effect on others and us? If so, how do we best implement this, and which techniques are most effective? This presentation will include a brief overview of the research supporting listening as an essential core skill, the communication techniques to enhance this skill, and the benefits and barriers of doing so.

### *The Medical Interview Still Remains as the Physician's Most Valuable, Reliable Tool*

Meiyappan Karthik Udayappan, *University of Miami* (m.udayappan@umiami.edu)  
Evita Joseph, *Massachusetts General, Boston, USA* (Ejoseph14@mgh.harvard.edu)

The medical interview is often undervalued or usurped by laboratory or radiologic data in medical decision making due to its perceived lack of objectivity. Increasingly, the medical interview is dominated by close ended questions, as in legal proceedings, with little room for patient input, usually in an effort to increase objectivity. In contradistinction, research shows that medical interviews that incorporate emotion seeking and other patient centered techniques

are associated with increased patient satisfaction among others. How can we reconcile the medical interview's seemingly paradoxical objectives of accurate data collection and satisfying the patient's humanistic needs? This presentation will follow the presenter's journey in arriving at the conclusion that these two facets are inextricably linked, from anecdotal and historical reference, and that an interview that invites emotions and subjectivity leads to more accurate data. An integrated approach to interviewing ultimately favors the building of a comprehensive biopsychosocial understanding of patients over the outdated biomedical model and restores the medical interview as an irreplaceable, reliable tool. Lastly, the presentation examines the parallels between the biopsychosocial understanding of patients to that of criminals, which is the machinery Therapeutic Jurisprudence utilizes to positively alter the trajectory of individuals involved in the legal process

## **212. Compassion, Mercy, and Emotions**

### *Open-Hearted Justice: The Role of Compassion in Reforming Crime Policy*

Lorana Bartels, *Australian National University* (lorana.bartels@anu.edu.au)

Anthony Hopkins, *Australian National University* (anthony.hopkins@anu.edu.au)

Many criminal justice systems are struggling under the weight of punitive criminal justice policies and prison overcrowding. This approach is unsustainable morally, socially, and economically. However, efforts to engage with policymakers about the impact of rising imprisonment rates often yield little support. Simply put, rational arguments for taking a different course have not proved sufficiently persuasive. Some commentators have suggested that justice is not merely about effectiveness and efficiency, but also an emotional, symbolic process. Accepting this, this presentation argues that narratives of fear are primary drivers of punitive law reform, where fear operates as lever for people to turn away from those we imprison. This is contrasted with narratives of compassion in criminal justice, which have the potential to 'open the heart' and facilitate a turning towards those subject to punishment, as fellow human beings. This presentation argues that therapeutic jurisprudence is replete with these narratives, because therapeutic initiatives are founded upon the psychology of compassion, understood as a sensitivity to, and concern for, the suffering of others and a commitment to alleviating and preventing it. It concludes by considering the role of compassion as an emotion-based ally to complement 'rational' arguments for reducing incarceration.

### *Compassion and Mercy in Sentencing*

Jamie Walvisch, *Monash University* (jamie.walvisch@monash.edu)

While we often use the words 'compassion' and 'mercy' synonymously, they clearly differ in scope and emphasis. The concept of compassion is attitudinal, grounded in the feelings of the actor: A person acts compassionately when they act due to a concern for the wellbeing of others

who are suffering. By contrast, the concept of mercy is grounded in power: A person acts mercifully when they act more leniently than expected towards a person over whom they have power. This presentation explores the difference between compassion and mercy, and the roles they should play when sentencing offenders with mental health problems. It argues that while sentencing judges should approach their role with compassion, the role of mercy should be carefully circumscribed. Drawing on the works of RA Duff, it outlines the circumstances in which it is appropriate for a sentencing judge to act mercifully towards an offender with mental health problems.

## *Lessening the Punishment for Reasons not Related to the Commission of the Offense: Justice or Mercy?*

Rinat Kitai-Sangero, *College of Law & Business* (rinat@clb.ac.il)

A show of mercy in the imposition of sentence, mercy being defined as a lessening of the proper punishment, is an ambivalent gesture. On the one hand, mercy is related to generosity and to empathy for people. On the other hand, mercy is conceived as a compromise with justice and as equivalent to arbitrariness. Little wonder, then, that some philosophers opine that there is no place for mercy in the court's considerations. However, a distinction must be drawn between mercy and considerations for determining the due punishment. In contrast with Martha Nussbaum's position, that a merciful judge is obliged to carry out an empathetic investigation of people's internal nature, and with Dan Markel's position, that any consideration that acts to lessen punishment for reasons not related to the ability of the individual to choose to perform the offence is based on mercy, scholars maintain that a sensitive examination of the nuances of the specific case is not equivalent to exercising mercy. This presentation examines whether determining the proper punishment while taking into account varied mitigating circumstances, that are not related to the initial choice to commit the offence, and especially whether taking into account repentance, is a matter of justice or mercy.

## *Dolce Vita Corte (Sweet Court Life): Emotion, Courts, and Therapeutic Potential*

Richard Cornes, *Essex Law School* (rmcornes@essex.ac.uk)

Tania Sourdin, *Newcastle University Law School* (tania.sourdin@newcastle.edu.au)

Emotion is governed, contained, maintained, and in many circumstances, generated within courts throughout modern societies. The complex interactions and dynamics of the modern court room require modern judges to recognize, respond, and consider how emotion can impact on all within a court. Explicit judicial recognition is required not only of legal rationality, but also the unruly emotions in play in all incidences of litigation, whether between litigious neighbours appearing as litigants in person, or the mightiest of corporations or states represented by the highest paid of the legal profession. This presentation draws on three areas of insight from psychoanalytical thought to consider the psychodynamics of the courtroom and its surroundings. First, Freud and

later Bion's thinking about group dynamics. Second, courts, both their physical environs, and intellectual operations operate as "holding" or "containing" spaces within which litigants are provided with the security to work through conflict. Finally, that vigilance is required in the design of litigation processes lest facets which are intended to defend against the anxieties which it inevitably provokes, paradoxically produce other anxieties.

### *The Healing Power of the Courts: Transforming Behavior, Dynamics, and Outcomes through Compassion*

Jamey H. Hueston, *District Court of Maryland (Retired)* (Jamey.hueston@mdcourts.gov)  
Miriam Hutchins

Every day judges and their staff are called upon to effectively manage busy courthouses, dockets and court users, who present with a panoply of challenging personal issues and a variety of underlying attendant behaviors. The cases and matters before the court are often symptomatic of more serious or fundamental dysfunction. There is an incremental tide in justice systems that consider neutral umpiring, just calling balls and strikes, as no longer effective as long-term solutions for problems that require more thoughtful consideration and proactive approaches to prevent recurrent litigation. Compassion techniques, therapeutic engagement and related practices can positively change the court room. These methods not only help the judicial officer hear and understand issues, trauma or pain of those appearing before them but also aid them in taking affirmative steps to alleviate suffering. As a result, public and litigant satisfaction with the court and the legal system increases, as well as adherence to judicial decisions. Compassion and healing approaches importantly raise the therapeutic consciousness of judges and advance smart and caring approaches. Significantly, they can transform the vulnerable as well as have a positive effect on judicial culture and decision makers.

## **213. Contemporary Drug Policies in Japan**

### *From Japan, Support for Recovery of Addicts in East Asia*

Takeshi Kato, *Kizugawa Drug Addiction Recovery Center, Kizugawa, Japan*  
([kizugawa.darc@gmail.com](mailto:kizugawa.darc@gmail.com))

DARC (Drug Addiction Rehabilitation Center) is an addiction rehabilitation facility that is run by addicts, for addicts, and has more than 30 years of history in Japan. We, the people of DARC, now send recovery meeting facilitators to all the prisons throughout Japan. Our service is diverse. Now we work in the field of welfare support for people with disabilities, providing group home services and rehabilitation and self-support services pursuant to the Comprehensive Services and Support for Persons with Disabilities Act, with governmental recognition and pay. We also provide opportunities and support for employment for addicts. All these activities are

unique as they are provided by peer addicts for addicts. We are now trying to spread our fellowship and support to addicts in East Asian countries. This presentation will detail the activities and the problems of our advocacy.

## *Partial Suspension of Imprisonment for Drug Abusers: A Practicing Lawyer's View*

Yohei Takahashi, *Attorney-at-Law, Tokyo, Japan* (yohei\_takahashi.b@nifty.com)

Japanese drug policy can be described as 'punishment oriented'. First time offenders of meta-amphetamine use will be sentenced to one and a half years in prison with suspension without probation for three years. But later arrests will result in, almost without exception, imprisonment without suspension. However, recently, we can spot some signs of change in Japanese drug policy. Because of high recidivism rates of drug offenders, a new law named Partial Suspension of Imprisonment was enforced in 2016. As partial suspension judgements have been made very frequently in practice, we can assume there has been big expectation toward the new law. But, after all, the law presupposes long term imprisonment and sometimes hinders drug offenders from receiving early time rehabilitation treatment. And there seems to be some confusion among rehabilitation and probation personnel. With the introduction of new law, it becomes even more important to share an understanding among criminal justice personnel that imprisonment doesn't work for drug users and doesn't solve overall drug problems and that connecting drug users to rehabilitation facilities like DARC as early as possible is vital for their recovery. This presentation will share the experience of a practicing lawyer on new law cases with the latest examples.

## *Who Will Take the Initiative in Recovery from Drug Addiction in Japan: The Government and Specialists or Addicts Themselves?*

Takehito Ichikawa, *Mie Drug Addiction Recovery Center, Mie, Japan* (miedarc@zc.ztv.ne.jp)

In Japan, DARC (Drug Addiction Rehabilitation Center) has played the most important role in supporting the rehabilitation of drug addicts. We can call it a movement of addicts by themselves. They were incarcerated in prisons and psychiatric hospitals, and hopelessly went in and out through a revolving door. In a last half of 1980's, they found the motivation for their own life and their sustainable recovery in DARC. The DARC influenced on the reform of prison law in 2005, which accepted for the first time for staff to support the treatment of inmates by their participation in the meeting for programs. The hope that drug addicts could be recovered in their community led to a new law to introduce a system of partial suspended sentence of imprisonment in 2016. DARCs have contributed not only to protecting drug offenders from a criminal justice system under diversion policies, but also to supporting officials in welfare systems. Recently the relation has, however, been unfortunately changed, as the Government and so-called "drug specialists" have begun to occupy the field of rehabilitation. This

presentation follows the 30-year history of DARC and considers the future of survived independent addicts.

## *Mandatory Treatment for Habitual Offender*

*Makoto Oda, Asia Pacific Addiction Research Institute, Tokyo, Japan (oda@apari.jp)*

Theoretical base of TJ should be sought in human behavior mechanisms. Historically, criminal Justice system is based on false hypothesis that human behavior is based solely on reason and will. And Japanese criminal law does not have treatment or training regulations to those who are known to be addicted to criminals but are in an unstoppable state. Reforming recidivist offenders has been considered impossible and the problem of recidivism has been an everlasting theme for criminal policy. However according to Pavlov's conditioned reflex theory, on 2006 Conditioned Reflex Control Technique (CRCT) was invented by Japanese psychiatrists Dr. Shinji Hirai. And the evaluation study of CRCT for substance use disorder was published in 2017. CRCT decreases the risk of repeat use of illicit or controlled substances through reduction of a series of reflex movement related to the triggers for stimulating use of psychoactive substances and making up an artificial circuit for prevention of the stimulation regarding substance repeat usage by the participants. That is because legislative process for mandatory treatment is necessary.

## *Theory and Practices of CRCT (Conditional Reflex Control Technique) for Substance Use Disorders, Sexual Deviance*

*Nahomi Hasegawa, Hotto-station Odori-Koen Mental Clinic, Hokkaido, Japan  
(n9728@gray.plala.or.jp)*

CRCT (Conditional Reflex Control Technique) has been developed by Shinji Hirai □ It is based on the classical theory of Ivan Pavlov's Conditioned Reflex Theory. At the beginning, though CRCT was invented as the specific therapeutic technique of drug addicts, it has become widely applied to many other problems such as sexually deviated behavior, compulsive act, pathological gambling, and so on. The basic method of CRCT has four stages. In the first stage clients repeat inhibitive stimuli. In the 2nd stage we prepare stimulations of undesirable behaviors. The 3rd stage is the recollection stage. Stressful situations or flash backs of traumatic episodes may induce addictive behaviors. So in the 2nd stage, clients describe 100 stories about their own painful memories. But before that, clients describe 100 stories about good memories to balance it out. In our clinic, we have been practicing CRCT for various problems other than psychoactive substance use. If CRCT diminishes patients' impulses and cravings, it can significantly contribute to other therapies and methods. This presentation will report about the treatment with CRCT for outpatients in Hotto Station.

## **214. Focusing on TJ Research and Empirical Approaches**

## *Benefits and Risks of Data Analytics in Judicial Supervision: A Therapeutic Jurisprudence Analysis*

Nigel St. John Stobbs, *Queensland University of Technology* (n2.stobbs@qut.edu.au)

The ubiquity of data analytics in virtually every institution brings with it benefits and detriments. The magnitude of those benefits and detriments are illustrated more clearly in the courtrooms than perhaps anywhere else. Therapeutic jurisprudence provides an ideal lens through which to assess both the therapeutic and antitherapeutic effects, of how the availability and use of descriptive and predictive data tools is impacting on offenders, judicial officers, and others within the criminal justice system. This presentation considers the potential benefits and risks of adopting a range of data analysis tools (in a dashboard configuration) in the context of judicial supervision of offenders. Based on research and interviews with judges in Australia and the US, and work on some relevant data tools, it discusses the likely impact on work habits, decision making architecture, stress levels, and communication styles. It argues that the judicial supervision role is one which naturally lends itself to the value add of data analytics, but that the design of the relevant tools must be transparent, accessible, and intrinsically complementary to judicial experience and discretion.

## *Voice, Validation, and Voluntary Participation for Juveniles: Putting the Three Vs to the Test*

Bernard P. Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

Therapeutic Jurisprudence has generated a robust literature dealing with many areas of juvenile law such as a child's right to counsel in civil commitment hearings and the hearings themselves, privacy rights of foster children in juvenile and family court proceedings, whether juveniles can be direct filed to adult criminal court, different punishment schemes for juveniles, and the implications of TJ for juvenile cases involving Miranda issues. What we have not seen in this literature is a corresponding body of empirical study that tests the hypotheses of the "three Vs" (voice, validation, and voluntary participation) as laid out in law review commentary. Although TJ scholarship recognizes the crucial importance of empirical inquiry to test the accuracy of its speculations, the literature is largely devoid of that type of study. This has led some proponents to question whether TJ's reticence to identify what is therapeutic or antitherapeutic about a legal rule or practice undermines its core message. We are beginning to see some evidence of TJ-oriented empirical study. This presentation surveys efforts to measure and test how TJ's assumptions can be applied to its goals of reforming law, and when consistent with other important normative values, to make it less antitherapeutic and more therapeutic for juveniles.

## *Therapeutic Outcomes for Domestic Violence Tort Plaintiffs*

Camille Carey, *University of New Mexico School of Law* (carey@law.unm.edu)

Tort claims can offer domestic violence victims therapeutic outcomes. We conducted a nationwide qualitative and quantitative study of the experiences of domestic violence tort plaintiffs who sued an intimate partner for assault, battery, intentional infliction of emotional distress, and other tort claims. The study offers insight into potential outcomes for these civil litigants beyond financial compensation. This presentation will discuss some of the most important qualitative findings from the study. Domestic violence tort claims can offer plaintiffs emotional benefits, deter defendants from engaging in abusive conduct, and affect plaintiffs' levels of fear of the defendants. While many of the study participants were successful in their tort claims, the therapeutic benefits experienced by the participants did not necessarily correlate with whether the participants prevailed on their claims. Participants overwhelmingly reported that the benefits of pursuing a tort claim outweighed the drawbacks. Participants also experienced emotional drawbacks from litigation, and these too will be discussed.

## **215. Intersectional Health Disparities: A Therapeutic Approach**

### *The Role of Law and Policy in Improving the Health of People with Disabilities*

Elizabeth Pendo, *St. Louis University School of Law* (elizabeth.pendo@slu.edu)

People with disabilities continue to experience social disadvantages such as poverty, underemployment and unemployment, isolation, and discrimination at a higher rate than the general population. They have also experienced a history of unequal and unjust treatment in the context of medicine and health care, including denial of care, forced sterilization, institutionalization, exploitation, abuse, and neglect. Despite this history, legal recognition of people with disabilities as a health disparity population is relatively recent. This presentation will bring attention to the strong and growing evidence linking disability with different and poorer patterns of health status, health access, and treatment, and the impact of intersections with race, ethnicity, gender, and other identities. It will outline the US legal framework for addressing disability health disparities, drawing primarily on the Americans with Disabilities Act and the Affordable Care Act, and include brief case studies describing innovative initiatives or policies that are successfully addressing disparities at federal, state, and local levels.

### *Therapeutic Intervention or Widening the Net of Social Control?*

Brietta Clark, *Loyola Law School Los Angeles* (brietta.clark@lls.edu)

The US healthcare system is broadening its reach beyond the medical centre to tackle social determinants of health, such as poverty, food and housing insecurity, environmental hazards, trauma, and criminal justice involvement. Healthcare actors are forming partnerships across private and public sectors to help patients access needed social services, such as nutrition

assistance, parental skills training, and behavioural supports. These interventions are laudable, but such partnerships should be undertaken carefully. Patients considered high-need, and thus desirable targets for health-promoting interventions, have also been targeted for harmful interventions by the very systems of care and control upon which these new partnerships depend. State population control efforts targeted the poor, people with disabilities, and racial minorities for forced sterilization. Child welfare agencies targeted poor families, taking children away to “protect” them from neglect, instead of connecting families with social supports. Surveillance and intrusive questioning by welfare agencies has discouraged people from seeking benefits. Doctors and social workers have worked with police to force pregnant women to undergo medical treatment. Legal reforms encouraging cross-sector collaboration in the targeting of poor communities for intervention must contain guardrails to ensure such interventions are truly therapeutic and will not widen the net of social control.

## *Using Law to Minimize Risk Factors for Depression in African American Women*

Ruqaijah Yearby, *Saint Louis University* (ruqaijah.yearby@slu.edu)

Financial, racial, and gendered stress are significant risk factors for depression among African American women, which they continue to experience because of the government’s failure to use the civil rights laws to address institutional bias in hiring and pay. Research shows that more than one-third of all jobs are filled through referrals and minority women applicants are 35% less likely to receive a referral than Caucasian males. If African American women are hired for the job, they make on average 64¢ for every \$1 paid to Caucasian men and married African American women work 200 more hours per year, two more weeks per year, three more hours per week, and make \$3.00 less per hour than married Caucasian women. Fifty-three percent of African American women reported experiencing discrimination at work that affected their pay, promotion, and satisfaction at work. As a result of these practices, African American continue to experience financial, racial, and gendered stress, which leads to depression. This presentation will suggest ways to put an end to institutional bias, such as adopting laws that require employers to pay for any wage disparities and provide additional health care resources to African Americans women to cope with experiencing institutional bias.

## *Defining Health Approaches to Problem Drug Use*

Taleed El-Sabawi, *Elon University School of Law*, (taleedsabawi@gmail.com)

Historically, United States’ legislatures have preferred criminal justice-oriented responses to problem drug use. Despite this preference, the United States Congress’ response to the opioid crisis has been decidedly more health-oriented than the criminal justice approaches adopted to address past spikes in illicit drug use. While the dominance of a more health-oriented approach is noteworthy, the degree to which this health-oriented approach will result in more therapeutic jurisprudence is unclear. This presentation sets out to define the health approach adopted by legislators in addressing the opioid crisis and compares it to health approaches adopted by the European Union and other developed nations. To accomplish this, the presenter has reviewed the

types of narratives used to describe the causes of the opioid crisis and the types of enacted federal legislation to purportedly combat the crisis. It finds that unlike its European counterparts, the health approach that dominates the U.S. legislative discourse is focused more-so on supply control and a medical approach to addressing problem drug use and less-so on a public health approach that emphasizes the social and structural determinants of drug use.

## *Legal Approach to Neuroscience, Neuroethics, and Society*

Juhee Eom, *Yonsei University* (juheelight@gmail.com)

Nowadays Brain Science, neuroscience and Artificial intelligence are rapidly evolving day by day. Brain imaging techniques, invasive and non-invasive brain stimulation are used extensively not only in the diagnosis, treatment and care of disease such as Parkinson's disease, depression, dementia, but also in the enhancement of human brain cognition, as well as in legal regime such as criminal liability. The purpose of this presentation is to assess the possibility of ethical, legal and social acceptance in line with the developmental aspects of neuroscience and to investigate the legal implications of neuroscientific development in Korea. By examining the framework of fundamental rights and right to freedom within Korean legal system, it was determined about the normative basis of neuroscientific research that can be not as a risk to society but as a legal safeguard. As specific legal review, this paper includes the protection of human research subject and the legal issue of brain death and transplant, therefore some points to consider in discussing future legislation or amendment were also presented.

## **216. Japanese Way of Therapeutic Jurisprudence: Evolving of TJ-Based Reforms and Criticism**

### *The Current Movement of Rehabilitation Oriented Policy and Criticism in Japan*

Makoto Ibusuki, *Seijo University* (ibusuki@seijo.ac.jp)

In 2016, the Japanese parliament passed a comprehensive legislation for enhancement of rehabilitation. One year later, in October 2017, the special committee for planning of the concrete idea proposed 130 policies. It covers a variety of sections of the public sector from the police bureau to the correction office. In 2018, a legislation committee proposed an idea for establishing a special division in the prosecutor's office for arrangement of the suspect who needs social welfare support and for making budget in order to employ social worker(s) inside the office. On this idea, there are strong criticisms from the bar association and academics which focus on the expanding the power of the prosecutor in pre-trial process because the suspect would accept the offer by the prosecutor instead of going to the trial, and which also doubts on

the lawfulness because the suspect could be forced by the prosecutor to consent with the social welfare program. This presentation will introduce the debate in Japan and analyze the discussion in Japan from the view of therapeutic jurisprudence.

## *On the Necessity for Combining Therapeutic Justice with Clinical Family Work Regarding of Child Abuse and Domestic Violence*

Tadashi Nakamura, *Ritsumeikan University* (tnt01882@hs.ritsumeai.ac.jp)

This presentation will examine the clinical practice for offenders in domestic violence and child abuse. Japan is a society where the family as a unit plays a key role. The arguments made in this presentation are based on our team's experience of practices concerning therapeutic justice and developing clinical techniques in the context of family-centred society. Going a step further through initial stage for therapeutic justice, the presentation will discuss how to create the new offender therapy. It is compatible with narrative therapy on family conflict through a group approach and family system therapy that aims at re-organization of subjective reality by a language emphasizing the making of one's life story. Clinical family work is an attempt to re-construct issues concerning one's suffering through "clinical dialogue as an interactive cooperation." After some considerations on domestic violence and child abuse in Japan, this presentation will examine the potential to create a new direction on the study of interpersonal violence of family, combining therapeutic justice with the restorative justice and clinical family work in the context of re-construction of family.

## *Therapeutic Jurisprudence and Gendered Justice*

Hiroko Goto, *Chiba University Law School* (hirog@faculty.chiba-u.jp)

This presentation will analyze the relationship between therapeutic jurisprudence (TJ) and feminist jurisprudence (FJ) in Japanese criminal justice system. FJ is the study of the reconstruction of law and practice for women and women's lives. FJ has started from the critics of current modern legal system and practice just like TJ. FJ emphasizes the irrationality, feelings, sensitivity, contextualization, and personalization of law and practice just like TJ. In Japan there is no special court for illicit drug users, and illicit female drug users get involved in criminal justice system even if the system has massive gender biases. Female drug users have to face the problem of discrimination against women in the criminal justice system. The criminal justice system in Japan is gendered and male-centred. The reality of female criminals may be ignored by legal agents and the system. They are forced to follow the male-centred values and norms. Female voices are never heard by criminal justice agents. This discrimination may lead to false recovery from drug addiction. This presentation will address the Japanese situation relating to female criminals and show the possibility of gender-centred and therapeutic criminal justice in Japan.

## *What is the ATA-net and Why Do We Need it in Japan? The Implementation of a Recovery Circle in Japanese Society for a Variety of Addiction Behaviours*

Shinichi Ishizuka, *Ryukoku University* (ishizuka@law.ryukoku.ac.jp)

The Japan Science and Technology Agency (JST)/Research Institute of Science and Technology for Society (RISTEX) has accepted our project on the development of a support-system for a variety of addiction behaviours. We call it the ATA-net, which means an addiction trans-advocacy network. In September 2017, we invited Prof. David Wexler to Tokyo to hold the symposium on Therapeutic Jurisprudence, in which more than 400 scholars, practitioners, and students took part. This presentation will aim to foresee the future of our drug policies, which should be based on self-determination and -government by addicts themselves and support their desistance of anti-social activities under the slogan of “From Punishment to Harm-Reduction”. The presentation will explain the necessity and efficiency of the network for recovery of a variety of addicts in the “Addiction Era”. Japan’s contemporary drug policies and a proposed civic-initiative scheme are outlined in two other Japanese TJ presentations.

## *Legal Advocates for Therapeutic Justice*

Naomi Sugawara, *Attorney-at-Law, Tokyo, Japan* (sugawara@tamanomori.com)

In Japan, in recent years, some defence attorneys have conducted their defensive activities focusing the rehabilitation of the defendant based on the philosophy of therapeutic jurisprudence. Unfortunately, not so many attorneys work on such defences. However, motivated attorneys from the young generation are so eager to try the rehabilitation-oriented defensive work. The presenter has developed therapeutic ways such as knowledge and solution of medicine, psychology and social welfare functioning, and also tried to find ingenious advocate activities based on the TJ approach. This presentation will share examples of creative advocacy as a defender concerning with the cases of drug addiction, based on the assistance of other professions and facilities such as medical doctors, psychological experts, and the therapeutic community. The presentation will also introduce the activities of the TJ Committee, which was first established in Japan this year in the Tokyo Bar Association, Tama Branch. The purpose of this committee is to enhance the advocacy practice of defenders based on the TJ idea and to produce various training courses for the members.

## **217. Judging in a Therapeutic Key**

### *A Practice Framework for Judicial Supervision of Offenders in a Mainstream Criminal Court*

Pauline Spencer, *Magistrate, Melbourne, Australia* (mainstreamtj@gmail.com)

Benjamin Spivak, *Swinburne University of Technology* (bspivak@swin.edu.au)

In Victoria, Australia the legal framework exists in the mainstream criminal court to support the involvement of a judicial officer in the ongoing rehabilitation and monitoring of an offender. Laws allow for judicial supervision of offenders on bail, post plea of guilty on a deferral of sentence order, or post-sentence as part of judicial monitoring on a community correction order (probation) either alone or following a term of imprisonment. This task of judicial supervision whereby an offender comes back before the same judicial officer allows a judicial officer to oversee an offender's rehabilitation, to motivate engagement in treatment, and support services and encourage behavioural change. Despite this legal framework being in place for some time, the way judicial officers approach judicial supervision varies significantly. This presentation will discuss the findings and implications of a joint partnership between the Magistrates' Court of Victoria and the Centre for Forensic Behaviour Science (Swinburne University, Melbourne, Australia). The partnership has investigated the various approaches to judicial supervision currently employed by Victorian Magistrates, developed a framework to guide future judicial supervision, and identified future education and training needs in this area.

### *The Power of Judicial Persuasion*

Jamey H. Hueston, *International Society for Therapeutic Jurisprudence, Stuttgart, Germany*  
(Jamey.Hueston@mdcourts.gov)

Effective judging entails not only saying the right thing, but delivering the message in ways that garner the most beneficial results. The broad categories which embrace principles of effective judging are simply stated, but require training and practice to master. They are: Procedural Fairness, Therapeutic Justice, and Compassion. Judges craft sentences to have meaning and impact. They tailor requirements and impart wisdom to reshape thinking, reframe faulty behavioural patterns, and rehabilitate offenders. To do so successfully, however, judges as well as supporting justice personnel, must gain the attention of their charges, and maintain their focus while imparting manageable requirements that offenders can realistically accomplish with support. Judges must also understand and learn to address associated behavioural, mental health, and trauma issues that affect many offenders. Applying the principles allow offenders to hear, respond, and comply with court orders more consistently. This presentation will explore these concepts and discuss why they are effective.

### *What Can Judges Do to Facilitate Change: Measuring Legal Actor Contributions in Court from a Therapeutic Perspective*

Rhondda K. Waterworth, *University of Tasmania* (rhonddawaterworth@gmail.com)

The court can be conceptualized as a point of intervention in the lives of offenders as well as their families, social networks, and communities. Given this, it seems reasonable to investigate what a judge (or other legal actors) can contribute to this interaction to make the best therapeutic use of this opportunity for intervention. This presentation compiles a behaviourally anchored description of a judge's contribution in a courtroom interaction between a judge and a defendant,

which would have the best chance of facilitating therapeutic change for a defendant. This description is based on a review the therapeutic jurisprudence literature, procedural justice, and legitimacy of justice literature, and places these observations alongside a brief review of types of therapy that could be effective in a courtroom setting. This presentation also reviews research into common denominators in therapy outcomes, most notably the literature on therapeutic alliance and therapeutic change. It concludes with a brief rating scale designed to quantitatively measure the desired judicial behaviours in open court.

## *Therapeutic Judicial Monitoring in Mainstream Courts*

Greg Connellan, *Magistrate, Dandenong, Australia* (gtc@magistratescourt.vic.gov.au)

An examination of judicial monitoring (JM) in mainstream courts in the context of Community Corrections Order (CCO) sentences. A brief overview of the legislative framework for Judicial Monitoring in mainstream sentencing courts will be provided. In this context the presentation will examine the application of judicial monitoring in approximately 50 sentencing cases where the presenter, Magistrate Connellan, imposed sentence during 2018. The presentation will present a summary of: a) The nature of the offences for which these offenders were placed on CCOs; b) Their histories of previously being placed on and/or breaching CCOs; c) The nature of the underlying issues presenting at the time of sentence; and d) The conditions imposed on the CCO (in addition to the JM condition). The presentation will provide an overview analysis of the progress of the 50 offenders on their CCO together with an analysis of the issues raised, either by the offender, the corrections service, or the court, during JM hearings. Finally the presentation will seek to identify common themes arising from JM hearings and in the experiences of the offenders and attempt to analyze whether there are any predictors of if and when JM in mainstream courts can assist offenders on the path to lower levels of offending and more productive lives.

## *The Use of Therapeutic Jurisprudence by Judicial Officers in Mainstream Criminal Courts*

Carly S. Whelan, *University of Cambridge*, (carlywhelan01@gmail.com)

Therapeutic jurisprudence considers how legal rules and practices can impact upon the well-being of individuals and then seeks ways to minimise negative effects and promote positive ones. Drawing upon theory and research from a number of disciplines including psychology and criminology, it assesses how insights from that literature can be incorporated into the legal system. In recent years, Therapeutic Jurisprudence principles have been regularly used by Judicial Officers in speciality courts including Drug and Alcohol Courts, Indigenous Courts, Mental Health Courts and Family and Domestic Violence Courts. This presentation will consider how Therapeutic Jurisprudence can inform the practices of Judicial Officers in mainstream Criminal Courts. This will be achieved by discussing the relevant literature on the subject and examining case studies of Judicial Officers working in different mainstream Criminal Court jurisdictions within Australia. The case studies will provide real life examples of how Therapeutic Jurisprudence is interpreted and applied in such proceedings.

## 218. Legislative Scholarship, Design, Advocacy, and Outcomes

### *Intellectual Activism and TJ-Informed Legislative Advocacy*

David C. Yamada, *Suffolk University Law School* (dyamada@suffolk.edu)

Amid the growing body of TJ-related work, legislative processes and outcomes have been among the more neglected aspects of TJ scholarship, commentary, and practice. However, a small group of scholars has endeavored to fill that gap by proposing, discussing, and applying TJ-informed methodologies for engaging legislative scholarship and advocacy. This presentation offers a methodology for TJ scholars and practitioners who are working in a legislative context, drawing heavily from the framework of intellectual activism that the presenter has developed in recent writings. This methodology covers the realm of research and scholarship, legislative drafting and design, legislative advocacy, and evaluation. As an illustrative case study, this presentation will discuss the presenter's significant involvement in drafting and advocating for workplace anti-bullying legislation and engaging in public education initiative concerning bullying, mobbing, and harassment. This presentation will emphasize actions and activities to be undertaken after the foundational research and scholarship have been done, and examine the emotional, intellectual, and practical challenges of shifting between academic and activist modes.

### *"Letting Kids Be Kids": TJ Perspectives on Youth Voice in Foster Care Reform to Achieve "Normalcy"*

Bernard P. Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

This presentation applies TJ principles to a study of youth activism to reform state foster care systems. It examines how youth engagement in the legislative arena can influence policy change. It shows how testimony validates youth experience in foster care. It describes how youth collaborate with lawyers, who serve as mentors for youth storytelling in public settings. Lastly, it examines how youth advocacy informs policy development. One example of this policy advocacy was an effort to reform child welfare practices in Florida and federal law, encouraging more access to "normal" childhood experiences and rites of passage for foster children. While the effort to help them achieve "normal" childhood experiences in care gave youth participants a sense of voluntary participation in the civic engagement process, other children with unique perspectives and experiences were not heard from and the consequences of their exclusion from the legislative process may have been counter-therapeutic.

### *TJ and Legislation: The Need for Amicus Justitia Briefs*

David B. Wexler, *University of Puerto Rico School of Law* (davidbwexler@yahoo.com)

This presentation looks at the relationship between legislation – Therapeutic Design of the Law (TDL) – and the important TJ notion of the Therapeutic Application of the Law (TAL). The law itself is written, public, and accessible, whereas the important dimension regarding how a law could use TJ insights and thus be applied therapeutically by judges, lawyers, and therapists are by no means obvious. To educate these actors, and to boost the sustainability of the therapeutic application of the law, there is a need for a new type of legal writing: The preparation of amicus justitia briefs to educate justice-system actors of the way the law may be most therapeutically applied. These briefs can alert judges, lawyers, therapists, and other crucial legal actors on how to apply the law in a robust therapeutic way. They can, of course, be written by involved judges and other legal actors and disseminated to those populations as a type of continuing legal education, but an additional approach would be for law students to write these as part of a course assignment.

## *New Haven and the Design of Laws Under Therapeutic Jurisprudence*

Siegfried Wiessner, *St. Thomas University School of Law* (swiessner@stu.edu)

Human dignity is a, if not the, guiding light for Therapeutic Jurisprudence. As TJ approaches the design of mechanisms as well as substantive and procedural laws that allow its applications to flourish, it might benefit from the problem-solving approach of the New Haven School of Jurisprudence. The New Haven School also embraces human dignity, seen as maximum access by all to the processes of shaping and sharing all things humans value, i.e., power, wealth, affection, well-being, enlightenment, skills, rectitude, and respect. It further suggests using all reservoirs of knowledge and applicable methodologies. Upon highlighting conflicting claims, claimants, their perspectives and bases of power, the legal system's past responses are analyzed and future decisions are predicted. New Haven's final task is the invention of alternatives, and possible solutions. A sample application of this approach in the context of TJ will be presented.

## *Therapeutic Awareness Among Lawyers and Social Change*

Karni Perlman, *College of Management Academic Studies* (karnip1@netvision.net.il)

The presentation will discuss the perception of the role of lawyers in various legal proceedings which feature psycho-legal soft spots. It will examine how lawyers perceive their functions and argue that exposure to the ideas of therapeutic jurisprudence and the methods of their implementation can help shape the attorney's role and encourage social change in the legal field. Examples will be presented from a conference held by the Non-Adversarial and Therapeutic Justice Center in COMAS, Israel, with regard to the following issues: Representing clients in disability claims, treatment of sexual harassment offences within the military framework, and systemic treatment of the offence of absence without leave from military service. Additionally, the presentation will consider the findings of a study conducted by Ms. Yael Ben Saadon dealing with various aspects of the lawyer's role in problem-solving courts in Israel and shifts in the

perception of this role. The ramifications of these changes for modes of conduct in such courts will be discussed.

## **219. Mainstreaming Therapeutic Jurisprudence: Lessons from and for the UK**

### *The Epistemology of Therapeutic Jurisprudence*

John E. Stannard, *Queen's University Belfast* (j.stannard@qub.ac.uk)

One of the key tenets of therapeutic jurisprudence is its insight into the therapeutic or antitherapeutic consequences of legal rules, legal procedures, and the roles of legal actors such as lawyers and judges. As Bruce Winick pointed out over 20 years ago, therapeutic jurisprudence calls for the study of these consequences with the tools of the social sciences, the aim being to identify them and to ascertain the extent to which the law's antitherapeutic effects can be reduced, and its therapeutic effects enhanced, without subordinating due process and other justice values. Clearly the second of these tasks depends on the first; one cannot decide which effects must be reduced and which enhanced without first knowing what they are. However, this task is not as straightforward as it seems, especially when one comes to consider effects of an emotional nature. Understanding the emotional effects of human conduct, whether or not within the legal realm, may indeed be gained from the sort of empirical study that would pass muster in the academic arena, but it can also be based on more intuitive and introspective thought processes that are less amenable to testing in this way. The aim of this presentation is to investigate the extent to which insights of this second kind can be grounded in a defensible epistemological framework.

### *Introducing Therapeutic Jurisprudence into UK Legal Education and Training*

Emma Jane Jones, *The Open University* (e.j.jones@open.ac.uk)

This presentation will explore how legal education and training in the UK could be used to introduce the theory of therapeutic jurisprudence and also build the foundations for its practical use within the legal profession. It will begin by identifying and discussing the current, dominant approaches within the UK. It will then move on to consider the opportunities provided by the on-going changes to postgraduate legal training (with the subsequent impact on the undergraduate law degree). In particular, it will analyze the effect of the proposed Solicitors Qualifying Examination, due to replace the current route for qualifying as a solicitor in England and Wales from 2020. The presentation will also consider the potential challenges faced when attempting to mainstream Therapeutic Jurisprudence in UK legal education and training, including constraints on both time and resources and an increasing push towards an instrumental view of preparation for the legal profession. Overall, it will argue that significant possibilities

for the mainstreaming of Therapeutic Jurisprudence exist, but that this will require a substantial increase in awareness and understanding amongst the legal academy and the legal profession within the UK.

## *Therapeutic Jurisprudence: The Application to an England and Wales Review Court*

Anna Kawalek, *Sheffield Hallam University* ([A.Kawalek@SHU.ac.uk](mailto:A.Kawalek@SHU.ac.uk))

This presentation will examine the therapeutic quality of Manchester Review Court ("MRC"). MRC is a specialist court in England and Wales, which possesses a problem-solving rationale by bringing offenders back for regular review of recovery and law-compliance on their Drug Rehabilitation Requirement. It arguably represents the remains of the six England and Wales Drug Court pilots, established during the early noughties, and which since appear to have been closed down. Positing both "wine" and "bottle" (Wexler, 2014) level research questions, it uses mixed methods and an enveloping ethnographic stage to answer the two-tiered questions. The "wine" data suggests that the magistrates' interpersonal skills at MRC were largely Therapeutic Jurisprudence ("TJ") infused. However, in extending the analysis towards the bottle (laws, provisions, and procedures), the data indicates that the wine was operated within a significantly anti-therapeutic bottle. Where England and Wales' current criminal justice system is emphasizing privatization, centralization, and austerity measures, the bottle remains unfriendly and is thwarting effective application of TJ at MRC. If MRC were repackaged in a way that subscribes to the current criminal justice climate without eroding other core values and priorities, this would invariably pave way for a more successful future for problem-solving court craft.

## *Mainstreaming Family Drug and Alcohol Courts in England: Opportunities and Challenges*

Judith Harwin, *Lancaster University* ([j.e.harwin@lancaster.ac.uk](mailto:j.e.harwin@lancaster.ac.uk))

The rise of family drug and alcohol courts has been one of the most radical developments in English family justice over the last decade. Set up to address the widespread problem of parental substance misuse and child neglect in care proceedings and court mandated removal, these courts aim to treat as well as to adjudicate on whether the child can remain at home with its parents or needs to be removed permanently. They are underpinned by a body of theory known as therapeutic jurisprudence, and differ from ordinary proceedings in their goals, in the non-traditional role of the judge, the opportunities for parents to speak directly to judges, and the intensive support from a multidisciplinary team that also advises the court. Research on child and parental substance misuse outcomes at the end of the court case is encouraging, compared to cases heard in ordinary care proceedings. Yet there are many challenges to the likelihood of

family drug and alcohol courts being mainstreamed. In this presentation both the opportunities and challenges for their future development in England will be considered.

## **220. Mental States, Competency, and Capacity**

### *Mentalizing Interventions as a Tool for Practitioners of Therapeutic Jurisprudence*

Archie Zariski, *Athabasca University* (archiezar@athabascau.ca)

Jill Howieson, *University of Western Australia* (jill.howieson@uwa.edu.au)

This presentation introduces the psychological concept of mentalization and its therapeutic applications with a view to exploring its usefulness to practitioners of therapeutic jurisprudence. The mentalizing concept refers to the ability to understand our own and others' behaviour based on a plausible reading of, and wondering about, mental states. It derives from theory and research in the areas of attachment, developmental psychology, mental health, philosophy, and neuroscience. Mentalizing is a fundamental human capacity, essential for our social development and lifelong resilience. Like other human capacities though, people's ranges of mentalizing differ, and mentalizing can weaken or be distorted when people are in conflict. Legal actors in both criminal and civil matters may benefit from taking a mentalizing perspective on their interactions with suspects, witnesses, clients, children, and others. This presentation highlights critical junctures where interventions informed by understanding of mentalization processes may be helpful. Guidance and suggestions are provided for police, lawyers, judges, and counsellors who wish to practice according to principles of therapeutic jurisprudence.

### *Therapeutic Jurisprudence: Competence, Autonomy, and Well-Being*

Robert Francis Schopp, *University of Nebraska College of Law* (rschopp1@unl.edu)

Therapeutic Jurisprudence pursues research and law reform designed to revise legal rules, procedures, and roles in a manner that promotes the well-being of those affected without violating values embodied in law. Individual autonomy is an important value in the western liberal tradition. Respect for individual autonomy generates a competent person's right to make primarily and directly self-regarding decisions, including the right to consent, or refuse consent, to treatment. Civil commitment statutes recognize an individual's right to refuse treatment, but they also authorize involuntary treatment absent a finding of incompetence if the individual harms or endangers himself. These provisions raise serious questions regarding the coherence of these statutes and regarding the interpretation and application of respect for individual autonomy in the context of civil commitment. They also raise important questions regarding the most defensible interpretation and application of Therapeutic Jurisprudence because that program requires a coherent and defensible integration of the values embodied in the relevant law. This presentation pursues a defensible interpretation and application of respect for individual

autonomy in the context of involuntary commitment and treatment of those who manifest mental disorder and endanger only themselves.

## *Testamentary and Financial Capacity Assessments from the Client Viewpoint*

Kelly J. Purser, *Queensland University of Technology* (k.purser@qut.edu.au)

Karen Sullivan, *Queensland University of Technology* (karen.sullivan@qut.edu.au)

Demand for testamentary and financial capacity assessments is increasing. Such assessments are necessarily conducted on a case by case basis, highlighting the effect that individual experiences of the assessment process have on the outcome. For example, feelings of nervousness and apprehension can negatively sway both the process and the outcome. However, little is known about the symbiotic relationship existing between the assessment process and the individual. In seeking to understand this fundamental viewpoint and to identify potential improvements in the assessment process, a literature review was performed. No studies were located that specifically addressed the individual perspective having undergone a testamentary and/or financial capacity assessment. Consequently, literature from related areas addressing the individual perspective was analyzed to identify any potential issues and recommendations. The lack of literature addressing individual perceptions of capacity assessment is concerning given the rise in mentally disabling conditions and resultant assessments. This gap could facilitate suboptimal paradigms of capacity assessment in the testamentary and financial capacity context. This presentation contends that it is through seeking to understand participant experiences of the assessment process that best practice models will be strengthened. It will explore the importance of the participant perspective in capacity assessments through the novel lens of therapeutic jurisprudence.

## *Mental Health and Moral Duties: New Zealand Estate Claims Under the Family Protection Act 1955 and the Crossover Between Therapeutic Jurisprudence and Judicial Discretion*

Dee Holmes, *University of Waikato* (dmh37@students.waikato.ac.nz)

The purpose of this presentation is to evaluate the crossover between therapeutic jurisprudence and judicial discretion in estate claims under the Family Protection Act 1955. The particular focus is on will-makers whose mental health has affected their capacity to consider the moral duty owed to estate beneficiaries or where the beneficiary has mental health needs that require further provision from the estate for their proper maintenance and support. The three case studies chosen for this presentation show the interrelationship between the Courts and those who act on behalf of the subject person but also weighs up issues of family dynamics when there is complexity of needs between the parties. Therapeutic jurisprudence looks to minimize the laws destructive effects, but the Judge has to apply discretion. The Courts can make orders to impose extra protection where there are mental health issues to ensure for the wellbeing of the subject

person. But the Court can also reduce harm by placing themselves into the shoes of the subject person to promote personal benefits and inclusion.

## *The Belgian Internment Measure Through the Lens of Therapeutic Jurisprudence*

Ciska Wittouck, *Ghent University* (Ciska.Wittouck@UGent.be)

Persons with mental illness who offended (PMIO) are often subjected to court-mandated treatment which, in line with therapeutic jurisprudence, aims to reduce recidivism and improve mental health outcomes. In Belgium, PMIO can be subjected to an indeterminate internment measure when they are deemed not criminally responsible and are considered a danger to society. Supportive relationships with professionals from the criminal justice system and the mental health system have been identified as one of the mechanisms through which court-mandated treatment ‘works’. In the present study, PMIO were interviewed about their experiences with professionals from the criminal justice system and the mental health system. The main conclusion of the study is that PMIO value being approached as human beings by professionals, and that a humane approach of PMIO by professionals is therapeutic liquid in the context of court-mandated treatment. Yet, during the interviews it became apparent that, due to certain characteristics, the internment measure can be considered a therapeutic jurisprudence unfriendly bottle. These issues therefore need to be addressed too in order to transform the internment measure in a truly therapeutic agent.

## **221. Neurodisability and the Criminal Justice System: Comparative and Therapeutic Responses**

### *A Victorian Case Study of People with ABI in the Criminal Justice System: Legal and Personal Perspectives*

Bernadette Saunders, *Monash University* (bernadette.saunders@monash.edu)

Gaye Lansdell, *Monash University* (gaye.lansdell@monash.edu)

Anna Eriksson, *Monash University* (anna.eriksson@monash.edu)

People with Acquired Brain Injury (ABI) are over-represented in criminal justice populations around the world. However, despite many international studies confirming the high prevalence rate of ABI in custodial settings, less attention has been paid to the elements of the justice system itself that perpetuate the involvement of this cohort with criminal justice intervention. This presentation draws on interviews with a large number of legal practitioners, as well as people with ABI, who have experience of the justice system in Victoria, Australia, to understand the specific issues facing people with ABI as they travel through that system. People with ABI

reported difficulties in comprehending and navigating complex police, court, and custodial processes, while legal practitioners described the difficulties they encountered receiving and providing instructions to people with ABI, representing clients with ABI in court, and supporting them effectively on sentencing orders and in prison. Our findings suggest that the justice system is largely ill-equipped to appropriately respond to the needs of people with ABI. This presentation highlights the need for enhanced education and understanding of the challenges associated with ABI, and formal responses based on therapeutic jurisprudence, equal opportunity, and appropriate community alternatives to prison.

## *The Criminalization of Childhood Neurodevelopmental Impairment in Youth Justice Systems*

Nathan Hughes, *University of Sheffield* (nathan.hughes@sheffield.ac.uk)

Childhood neurodevelopmental impairments are cognitive, emotional, or communicative functional difficulties, caused by disruption in the development of the brain or other aspects of the nervous system. A growing body of evidence reveals a disproportionately high prevalence of neurodevelopmental impairments among young people in custodial institutions that is consistent across various international contexts. This suggests the widespread failure of current practices and interventions intended to prevent offending and reoffending to recognize or to meet the needs of young people with cognitive, emotional, or communicative difficulties. In particular, it draws attention to the processes within policing and youth justice systems that serve to disable, and ultimately criminalize, young people with neurodevelopmental impairment. This presentation will consider the various steps in the criminal justice process at which young people with neurodevelopmental impairment may be disadvantaged, from police interview to court appearance to community intervention to experiences of custody. Furthermore, it will critically reflect on the inherent difficulties associated with the key concepts of punishment, deterrence, and rehabilitation that underpin such systems. In doing so it will demonstrate how youth justice systems at odds with international conventions on the rights of young people and those with disabilities, and posit therapeutic justice as an alternative framework for intervention.

## *Traumatic Brain Injury and Violent Crime Among Children and Young People: The Fallen Need Better Follow Up*

Huw Williams, *Exeter University* (w.h.williams@exeter.ac.uk)

Neurodisabilities (NDs) have been known to be present in people in custody. The links between NDs and crime are not well understood. We have identified how Traumatic Brain Injury (TBI) is a key factor in violent crime. Brain Injury leads people to being impulsive, poor at problem solving, and with poor social communication skills - with increased chances of mental health and drug misuse. Such problems are very typical in young people with Moderate to Severe TBI, with over half of survivors having ongoing, lifelong- neuro-disability. However, it is also present after milder forms of TBI. For example, 20-30% of young people with MTBI having greater problems with disorders of attention and behaviour. These may ultimately resolve – but not

necessarily so. Indeed, adolescent brains appear more vulnerable to persisting problems post MTBI compared to adults. Screening and managing the effects of TBI within young people within – or at risk of being in – the justice system is important, and may offer means to reduce crime. Cases will be presented to illustrate how, in both the community, and secure justice settings, TBI can be managed to enable improved rehabilitation. Of course, better systems to reduce chances of injury, or effects of injury on key issues such as school performance, are vitally needed.

## *Better Responses for People with ABI: Judging in a Therapeutic Key*

Pauline Spencer, *Magistrate, Melbourne, Australia* (pts@magistratescourt.vic.gov.au)

People with neurodisability including acquired brain injury (ABI) are over represented in the criminal justice system in Victoria, Australia. While only 2% of the general population have been diagnosed with ABI, Corrections Victoria (2011) reported that 42% of men and 33% of women in a sample of the Victorian prison population had been diagnosed with ABI. Accordingly, people living with ABI are frequently before the criminal courts. This presentation, made from the point of view of a judicial officer in a busy mainstream criminal court, will explore how a therapeutic jurisprudence approach can be used to translate the current social science knowledge into more effective criminal justice responses for people with ABIs. The presentation will draw on a range of areas such as procedural justice, trauma informed practice, and collaborative multidisciplinary solution focused approaches. It will explore how these frameworks can be used to improve the application of existing bail and sentencing law by informing how legal processes are managed and how legal actors – lawyers, prosecutors, judicial officers, and community corrections (probation) officers – perform their roles.

## *Quantitative Assessments of Legal Language and Reasoning Abilities: Implications for Adults with and Without Traumatic Brain Injury in the US Legal System*

Lyn Turkstra, *McMaster University* (turkstrl@mcmaster.ca)

Joseph Wszalek, *University of Wisconsin* (josephwszalek@uwalumni.com)

This presentation reports on the results of a study pertaining to the comprehension of written legal language and legal rules in adults with and without traumatic brain injury (TBI). The participants included 20 adults with moderate-to-severe TBI (11 females) and 21 adults without TBI (13 females), ages 24-64, who completed a series of both multiple-choice tests of legal language and logical reasoning tasks. The results reveal that TBI group participants were significantly less accurate and slower than their comparison peers, with no effect of linguistic manipulation. Working memory and reading fluency correlated with task accuracy and speed in both groups. The presentation will conclude that adults with moderate-to-severe TBI underperformed their uninjured peers in comprehension of both legal language and legal rules.

Differences between groups were attributable in part to differences in working memory, processing speed, and reading fluency. These results accentuate the potential costs of TBI-related cognitive deficits in situations involving legal language or legal reasoning, and underscore the need to better accommodate individuals with TBI already involved in legal systems. Additionally, these results point to potential risks for individuals with TBI within both the framework of US constitutional law and the framework of professional rules regulating US attorneys.

## **222. New Areas for TJ**

### *Housing Law, Evictions, and Mental Health: A Therapeutic Jurisprudence Analysis*

Michel Vols, *University of Groningen* (m.vols@rug.nl)

In recent years, there has been an increasing interest in nuisance and criminal behaviour of people suffering from a mental health disorder. In the Netherlands, for example, the police and public housing providers report a significant increase of the number of complaints on this type of problem behaviour. In this presentation, the available data will be discussed and compared with data from other jurisdictions. Furthermore, the presentation focuses on the role of housing law and eviction in strategies to control and repress nuisance behaviour. A quantitative analysis of a dataset of hundreds of eviction cases reveals the growing importance of eviction in these strategies. Lastly, the presentation will assess the results through a Therapeutic Jurisprudence lens. This analysis identifies anti-therapeutic effects of the use of eviction, but also potential therapeutic ways in which housing law can be applied to address the problems.

### *Therapeutic Jurisprudence and the Housing of Dutch Ex-Offenders: A Legal Analysis*

Stefan Van Tongeren, *University of Groningen* (j.h.s.van.tongeren@rug.nl)

Adequate housing plays a vital role in an ex-offender's re-entry into society. A lack of stable accommodation not only significantly increases the ex-offender's recidivism risk, but also influences other areas of life affecting the reintegration process, such as (mental) health, (un)employment, social contacts, and addiction. Despite housing being one of the spearheads of Dutch aftercare programmes, ex-offenders still face many obstacles when trying to find a home. While Dutch (social) housing providers appear reluctant to rent their property to applicants with a criminal history, local authorities also sometimes restrict ex-offenders' access to housing, for example by screening and banning people on the basis of having a criminal record. In this presentation, the role of relevant Dutch stakeholders in the housing of ex-offenders will be examined from a Therapeutic Jurisprudence point of view. After establishing how ex-offenders' interests are being weighed against the interests of (other) neighbourhood residents, an analysis will be provided of the therapeutic and anti-therapeutic effects these approaches have

on returning ex-offenders. Lastly, suggestions will be offered aimed at minimizing anti-therapeutic and maximizing therapeutic effects when trying to find housing for ex-offenders in the Netherlands.

## *Therapeutic Jurisprudence, Autism, Internet Crime, Criminal Responsibility*

Kenneth J. Weiss, *University of Pennsylvania* (kenweiss@upenn.edu)

The availability of online pornography presents a medium for individuals with Autism Spectrum Disorder (ASD) to pursue safe interactions and specialized interests. However, when materials exchanged include depictions of children, there are serious consequences under American law. These include arrest, trial as a sex offender, likely imprisonment, and offender registration. The clinical features of ASD must be explained to attorneys, prosecutors, and courts, since deficits in social cognition may have prevented the defendant from appreciating criminality. Many such persons are not pedophiles and lack comprehension that accumulating pornography is not a victimless crime. This presentation reviews the clinical aspects of ASD that lend themselves to seemingly criminal actions without criminal intent behind them. Since mandatory sentencing often accompanies conviction, experts must also explain that incarceration has no criminological impact on potential offenders, and wrecks the lives of defendants and their families. To the degree possible, under sentencing guidelines or diversionary approaches, judges' behaviour can be modified toward a therapeutic, rather than punitive approach to many persons with ASD. The presentation reviews the kinds of testimony needed to effect this outcome.

## *Jail Inmates' Perspectives on Police Interrogation*

Raymond Bull, *University of Derby* (ray.h.bull@btinternet.com)

Hayley Cleary, *Virginia Commonwealth University* (hmcleary@vcu.edu)

Few studies have examined police interrogation strategies from suspects' perspectives, yet assessing suspects' views about interviewer approaches could provide important insights regarding confession decision making. The study explored US jail inmates' (N = 418) perspectives about how police should conduct interrogations. Potential dimensionality among 26 survey items pertaining to police tactics was examined using exploratory factor analysis. Group differences according to demographic and criminological variables were also explored. Four factors emerged, conceptualized as Dominance/Control, Humanity/Integrity, Sympathy/Perspective-Taking, and Rapport. Respondents most strongly endorsed Humanity/Integrity and Rapport strategies and were unsupportive of approaches involving Dominance/Control. Gender differences emerged for Dominance/Control and Humanity/Integrity, and Black respondents were more likely to value strategies related to Sympathy/Perspective-Taking. Suspects endorsed interrogation strategies characterized by respect, dignity, voice, and a commitment to the truth; they reported aversions to the false evidence ploy and approaches involving aggression. Overall, results from this incarcerated sample suggest that interviewees may be more responsive to rapport building, non-adversarial strategies.

## *Students' Offending (Secondary Education) in the Republic of Cyprus: Summary of a Pilot Study*

Christia Middleton, *University of Portsmouth*, (christia.middleton3@myport.ac.uk)

Crimes committed by expelled students or within the school community are usually regarded as a distinct phenomenon, where the school tends to intervene as an autonomous actor. From this socio-legal scope of view, the school is a temporary social environment for the juvenile offender (the social actor), and its role is to act as a socio-therapeutic agent and for the same ends of the justice system. This study was a pilot qualitative phenomenological study, part of the project "small worlds of justice." A sample of 12 Cypriots read a hypothetical scenario of a revenge porn case involving students, followed by scenario-based, perception-based and experience-based questions focusing on the treatment of students' offending by the school. Their responses were analysed with interpretative phenomenological analysis (IPA), and the results are discussed concluding to the need to propose intervention models based on certain school partnerships with the justice system, the family, the psychologists, and the available social agents.

## **223. Problem-Solving Courts**

### *Mental Health Court Factors Related to Participant Success: Views of Designated Team Members*

Kathi Trawver, *University of Alaska Anchorage* (krtrawver@alaska.edu)

This exploratory study utilized a qualitative grounded theory approach to conduct in-person focus groups and individual interviews with over 50 professional mental health court team members to explore their perspectives on program features and practices that either facilitated or diminished better participant outcomes (e.g., reduced recidivism, access to treatment, treatment engagement, treatment adherence, quality of life). Interviews were recorded and transcribed verbatim for use in coding and data analysis to identify themes. Research participants identified several programmatic factors that impacted participant outcomes including how the court was administered; court leadership; court team coherence, functioning, and longevity; a shared program mission and perspective; selection of a well-defined target population; program requirements and terms of participation; informed choice; strong adherence to tenants of procedural justice; timely linkages and access to treatment supports and services; close participant monitoring and support; consistency and structure for participants; clear expectations, incentives, and sanctions for adherence to court requirements; encouragement and hope; and strong positive relationships were viewed as important and contributory to both positive and negative participant outcomes. Each of the aforementioned themes will be presented and implications for mental health court programs and practices along with future research needs will be discussed.

## *Conceptualizing Interdisciplinary Collaboration in Australian Problem-Oriented Courts*

Liz Richardson, *Monash University* (liz.richardson@monash.edu)

Katey Thom, *Auckland University of Technology* (katey.thom@aut.ac.nz)

Interdisciplinary collaboration, a concept central to the operation of problem-oriented courts and therapeutic jurisprudence, has been under-explored and under-theorised in the literature. In many problem-oriented courts, collaboration operates in three main ways: collaboration between the court team and the participant; between members of the court interdisciplinary team; and between the court team and external service providers. This presentation will outline the framework developed by this author and Thom for the future evaluation of interdisciplinary collaboration in Australian problem-oriented courts. It draws on Mulvale et al's (2016) conceptual model of interrelated 'gears', that is, the macro, meso, micro and individual factors associated with interdisciplinary collaboration. The framework will assist problem-oriented courts evaluate the complex interplay of roles, ethics, and interpersonal dynamics in the court team.

## *Start Court: The Journey of the Western Australian Mental Health Court*

Felicity Zempilas, *Magistrate, Perth, Australia* (Magistrate.Zempilas@justice.wa.gov.au)

Adam Brett, *Consulting Psychiatrist, Perth, Australia*

In January 2017, Start Court, a solution-focused mental health court based in the Perth Magistrates' Court, Western Australia, commenced writing procedural guidelines to accurately document and monitor the court processes, ensure consistency, promote procedural justice, and embed therapeutic principles. The dynamic and evolving nature of the court has led to further adjustments to these guidelines since their initial publication and implementation in mid-2017, often in response to the complex individuals and scenarios that the Start Court has experienced. While there have been some obstacles encountered, many more positive benefits have flowed from the process of focussing on these internal processes. These can be summarized under the headings: Communication, consistency, collaboration, and compassion. In this presentation, officials involved in the Start Court will speak to these headings, sharing the learnings from the Start Court over the last two years and outlining the plans for the future.

## *Family Drug Treatment Courts and Child Protection: Looking to the Future*

Judith Harwin, *Lancaster University* (j.e.harwin@lancaster.ac.uk)

Karen Broadhurst, *Lancaster University* (k.broadhurst@lancaster.ac.uk)

Caroline Cooper, *Justice System Consultant, Washington DC, USA*

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Stephanie Taplin, *Australian Catholic University* (stephanie.taplin@acu.edu.au)

Family drug and alcohol treatment courts (FDTCs) represent a significant change in addressing the widespread problem of parental substance misuse in child protection proceedings that frequently result in court mandated permanent child removal. Unlike ordinary child protection proceedings, FDTCs treat underlying parental problems as well as adjudicate. International evidence shows FDTCs achieve higher family reunification rates and increased substance misuse cessation at the end of the court case compared to business as usual. Their more compassionate approach is considered to produce better justice. Yet FDTCs remain marginal to mainstream family justice policy and child protection service delivery, and their growth has been patchy. Using international evidence and our own publications, this presentation reviews promising, although limited findings, from the US, UK, and Australia and explores why growth of FDTCs has been uneven. It includes factors specific to FDTCs and the influence of political and economic policies. Is full integration of FDTCs into family justice and child protection practice and policy desirable or realistic? Can lessons be adapted to FDTCs from the more successful integration of problem-solving courts within criminal justice? New solutions are needed, whether through FDTC expansion or other changes in mainstream child protection and family justice strategy, or both.

### *Examining the Complexities of Criminal Responsibility and Persons with Intellectual and Developmental Disabilities from a Therapeutic Jurisprudence Framework*

Voula Marinos, *Brock University* (vmarinos@brocku.ca)

Lisa Whittingham, *Brock University* (lisa.whittingham@brocku.ca)

This presentation examines issues regarding individual capacity, sexual offences, criminal responsibility, and the embodiment of disability relating to persons with intellectual and developmental disabilities (IDD). Using a case study approach, the presenters conduct an in-depth deconstructive analysis of the case of a 28-year-old male identified as having the mental age of an eight-year-old, accused of child pornography offences in Ontario. If convicted, the offences carry a minimum mandatory sentence of imprisonment. By making the argument that the individual's "child-like capacity" to understand "adult" sexuality, and the lack of intent around the sexualized nature of his actions, the defence's position rests on the principle of *doli incapax*. In contrast, the Crown prosecutor asserts, among other things, that the defence's connection of disability to a lack of capacity reverts our conceptualization of persons with IDD decades back to a time when they were infantilized. Using Therapeutic Jurisprudence as a conceptual framework, the presenters examine whether problem-solving courts (e.g., mental health court) could be used to address the needs of a person with IDD who has committed a sexual offence, and offer a solution to the case that satisfies the principles of both criminal responsibility and public safety.

## **224. Rethinking Justice**

## *Replacing Models for the Criminal Justice System with the Concept of Safety*

Rinat Kitai-Sangero, *College of Law & Business, Ramat Gan, Israel* (rinat@clb.ac.il)

This presentation will propose a different conceptual analysis of the criminal justice systems. It will suggest the replacement of the concept of models for the criminal justice system in general, and Herbert Packer's models in particular, with the concept of safety and hazards. The advantages of this suggestion are twofold. First, while the rights of accused persons can be sacrificed on the altar of the "war on crime", safety is about a process of persistent improvement. Second, as opposed to the Due Process model, as described by Packer, which does not embrace victims' rights and needs and does not implicate therapeutic values, the concept of safety and hazards captures more aspects of the criminal process, such as respecting the rights and needs of victims of crime and the therapeutic needs of all participants in the criminal process. Whereas working with more than two contrasting models is cumbersome, the concept of hazards in safety terms can bring all these values under the same roof.

## *Exploring an Inuit Approach to Wellness and Justice in a Canadian Circumpolar Region*

Priscilla Ferrazzi, *University of Alberta* (ferrazzi@ualberta.ca)

Shirley Tagalik, *Aqqiumavvik Society, Arviat, Canada* (inukpaujaq@gmail.com)

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Definitions of wellness, addiction, mental illness, and rehabilitation are currently embedded in Western systems of health and justice. Since colonization, Inuit cultural systems of care, wellbeing, and rehabilitation have been compromised. Western systems often fail to consider Inuit perspectives that emphasize reconciliation of an individual to the community. This research which defines health and wellbeing within an Inuit context aligns with the collective Canadian process of reconciliation with Indigenous communities. Aajiiqatigiingniq, an age-old cultural system, may offer new possibilities for community wellness and justice within the Canadian Arctic territory of Nunavut. It is a system embedded in a holistic worldview that addresses the individual, family, community within a complex spectrum of wellbeing and the supports required to establish health and harmony. In our exploration of this cultural system, this presentation will assess the potential for aajiiqatigiingniq to provide Inuit-defined therapeutic support to a Wellness Court. The study aims to assess the agility of the concept of aajiiqatigiingniq as a foundational construct for a wellness framework. By engaging Inuit knowledge holders across the community, this collaborative project develops a culturally embedded wellness indicator framework that enables the community to assess its capacity to provide Inuit-defined consensus-driven therapeutic support to a prospective fly-in Wellness Court in a Canadian circumpolar region.

## *The Singapore Family Justice Courts: An Evolution Over Time*

Yarni Loi, *Judge, Family Justice Courts, Singapore* (yarni\_loi@fjcourts.gov.sg)

Kevin Ng, *Judge, Family Justice Courts, Singapore* (Kevin\_NG@fjcourts.gov.sg)

Hazel Yang, *Judge, Family Justice Courts, Singapore* (Hazel\_YANG@fjcourts.gov.sg)

Through the years, the Singapore courts have increasingly recognized that the resolution of family disputes requires an inter-disciplinary therapeutic jurisprudential approach. The seeds were first planted in 1995 when the family and juvenile courts were brought together as a single division in the then-Subordinate Courts. Initiatives such as court-based mediation and counseling were introduced, nudging the courts away from a purely adversarial court model, and effectively planting the seeds of a therapeutic jurisprudential approach. The establishment of the Family Justice Courts (“FJC”) on 1 October 2014 ushered in a new season of reforms. FJC is a unified judicial entity, integrating the Family Courts, Youth Courts and the High Court (Family Division), which collectively hear the full suite of family-related proceedings. The 2014 reforms also introduced initiatives to further infuse a therapeutic focus from the pre-filing stage to post completion, by promoting a problem-solving and judge-led approach. The therapeutic jurisprudential focus now illuminates the way in which family judges manage their cases with support from social science professionals; family lawyers practise family law; and policy and lawmakers are thinking about and framing law and policy. As mind-sets continue to change, there is tremendous potential for stakeholders to continue to collaborate to transform the family justice landscape.

## *How Might a National Approach to Forensic Mental Health Impact on State-Based TJ Initiatives? An Australian Perspective*

Louise Kate Southalan, *University of Melbourne* (louise.southalan@unimelb.edu.au)

In Australia the forensic mental health services relied on by many TJ initiatives are not included within the national mental health reform agenda. This is despite the criminal justice system being the primary point of access to mental health treatment for many people. Governance structures partially explain this. Responsibilities for funding and regulating the mental health system are shared between the Australian, state, and territory governments. In contrast, criminal justice legislation, policy, and services are the responsibility of states and territories alone, and vary considerably. Consequently, interfaces between different TJ initiatives and forensic mental health services are often hard to understand, and diverge across borders. The structural omission of forensic mental health services from national mental health reforms impliedly accepts and entrenches uneven access to mental health services, despite improved equity of access being a rationale for the reforms. This presentation describes a current project funded by the Australian Mental Health Commission - mapping the extent to which policies and strategies at national, regional, state, and territory levels address the mental health needs of justice-involved people. It considers possibilities for a future national framework to better meet these needs, and how this may impact on the effectiveness of TJ initiatives.

## *Toward Therapeutic Justice and Crime Prevention in Juvenile and Adult Criminal Law*

Mark Fondacaro, *John Jay College and Graduate Center-CUNY* (mfondacaro@gmail.com)

A recent National Academy of Sciences Report explored the drivers of the fourfold increase in incarceration rates in the United States and provided a firm recommendation for significant reduction in incarceration rates. Although public sentiment is generally favorably disposed toward reform in the abstract, when confronted with specific examples of crime, they tend to favor more punitive, retributive responses to crime. Retributive justifications for punishment that are deeply ingrained in our culture and our legal system, as well as our biological and psychological make-up, are a major impediment to constructive reform efforts. However, recent advances in research across neurobiological, psychological, and social levels of analysis suggest that following our retributive impulses to guide legal decision making and criminal justice policy is not only costly and ineffective in reducing crime, but unjust and increasingly difficult to justify morally. This presentation will draw on a body of research anchored in social ecological models of human behavior to argue for more forward-looking, consequentialist responses to crime that aim at the individual prevention of criminal behavior in the least restrictive and most cost-effective manner at both the front- and back-ends of our criminal justice system.

## *Limiting Penal Harms: Therapeutic Jurisprudence and Prehabilitation*

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

Harm is embedded in every aspect of the prison: from its inception as an institution of punishment and correction to the deprivations of prison and post-prison life. The socially, economically, and psychologically disabling effects of imprisonment reverberate through individuals, families and communities. Recognizing that penal harms thus militate against prisons' rehabilitative aim and capacity, this presentation will apply a therapeutic jurisprudence lens to argue for prehabilitation as a means of strengthening communities, protecting against criminogenic conditions and the disabling effects of imprisonment, and ultimately reducing the reliance on incarceration as a supposed crime-reduction strategy. From a therapeutic jurisprudence perspective, prisons – in fulfilling their punitive function of the deprivation of liberty – do cause harm, but they can also operate in a way that is less harmful and more effective. That is, penal intervention can become therapeutic and abling, rather than destructive and disabling. The notion of prehabilitation, through this lens, takes in the wider social context of reoffending-reimprisonment cycles and highlights the need to work 'upstream' of the prison to effect such changes.

## **225. The (TJ) Power of Communication**

## *Promoting Dignity Through Decision-Making*

Shelley Kierstead, *Osgoode Hall Law School of York University* (skierstead@osgoode.yorku.ca)

This research builds on the presenter's previous work and that of others who argue that when decision makers write their decisions in a manner that respects the dignity of the parties to the dispute, and that addresses them in a compassionate manner, negative decisions are less emotionally damaging. In addition, this presentation argues that such decisions help to elicit greater respect for the decisions and decision makers. The project will be two-fold. First, a sample of family law decisions (traditionally an emotionally "loaded" area) will be reviewed and criteria will be selected as falling into (1) anti therapeutic; (2) neutral; and (3) emotionally supportive (or "therapeutic"). Then 20 first-year law students will be asked to read and react (in both questionnaire format and narrative) to three decisions (each containing criteria falling within one of the identified categories), imagining that they are a party to the decision. This presentation will describe and discuss the results.

## *The Use of Legal Visualization by Legal Professionals*

Caroline Walser Kessel, *Universität St. Gallen* (caroline.walser@vtxmail.ch)

Bettina Mielke, *Universität Regensburg* (bettina.mielke@lg-r.bayern.de)

Christian Wolff, *Universität Regensburg* (christian.wolff@ur.de)

Although we can observe a veritable pictorial trend in many realms of life since a few years, Legal Visualization (LV) is still not established in the legal professional world of today. Even though there are some initiatives to make LV more popular, the success is still limited. Nevertheless, LV offers a big potential to make law more comprehensible to all those affected by legal interventions. Thus, in 2017 and 2018 we started a study with Swiss judges and lawyers based on an electronic questionnaire to assess the use of LV in their daily work, e.g., for finding legal solutions, discussing legal questions with colleagues, clarifying of complex facts or legal constructions, instructing or advising clients or parties, etc. They were also asked which tools they use and how often they work visually. Most of the questions were the same for judges and lawyers unless there were some different aspects of their work. The first study with 117 judges showed that they are aware of different visual tools. They use them more or less frequently, mainly in order to sketch facts and circumstances. Interestingly they use them not very often to chart legal problems or in contact with young, old, or handicapped parties. The results of the study with lawyers are still pending.

## *Therapeutic Jurisprudence as a Critical Lens for Exploring the Effectiveness of Teaching Relational Lawyering*

Susan L. Brooks, *Drexel University Kline School of Law* (susan.brooks@drexel.edu)

Over the past decade, the presenter has been developing an interdisciplinary framework called Relational Lawyering. This framework focuses on habits of mind and practices that contribute to

law students' and lawyers' positive professional identity formation and wellbeing, and enhances their ability to communicate and work effectively with clients and others they encounter as legal professionals. Relational habits and practices centre around three dimensions: The personal (e.g., character strengths and values; self-awareness; resilience; reflection), the interpersonal (e.g., deep listening; storytelling; empathy; cross-cultural communication), and the systemic (e.g., dealing with race, bias, and privilege; serving the public good; access to justice; transformative approaches to law and lawyering). In spring 2018, the presenter taught a law school class applying this framework called Introduction to Relational Lawyering. The participants were 40 first-year [graduate] law students. Using a Therapeutic Jurisprudence critical lens, a study is being undertaken to try to measure the impact of the course on law students' practices and habits of mind connected to effective emotional intelligence, effective communication, wellbeing, and public service. This presentation will discuss the course as well as the study, and will report on the results to date.

### *Notes from the Veterans Photography and Video Project*

Ursula Castellano, *Ohio University* (castella@ohio.edu)

Veteran treatment courts (VTCs) offer treatment in lieu of incarceration for US veterans. In today's all-volunteer force, many servicepersons successfully transition back into civilian life; however, a small segment of this population, which the Department of Justice estimates at 3.2% of all veterans, becomes involved in the criminal justice system. Returning soldiers (deployed and stateside) face serious challenges as they reintegrate back into society, but law and society scholars know less about how and why they become justice-involved. This presentation shares findings from a multi-media project on veterans' stories of trauma and recovery. Visual methods (photography and video) give people voice to tell their stories, but what stories do they tell, how do they tell them, and what stories remain hidden in and beyond the visual? Drawing on the TJ communication scholarship, the project's findings contribute to larger discussions about how images, memories, and meanings are the nexus for illuminating the role of law in people's lives. The presentation concludes with a conversation on how to forge new pathways for visualizing law's therapeutic turn.

## **226. The Importance of Procedural Justice and Other Movements to TJ**

### *How Procedural Justice Enhances Therapeutic Jurisprudence*

Peggy Hora, *Justice Speakers Institute, Walnut Creek, USA*  
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TJ's mission is to study the extent to which substantive rules, legal procedures, and the role of legal actors (lawyers and judges among others) produce therapeutic or antitherapeutic

consequences for individuals involved in the legal process. Once noted, the goal is to enhance therapeutic outcomes and reduce antitherapeutic ones. It requires an ethic of care and an expansion of the usual roles of attorneys and judges to include the use of heightened interpersonal skills. Procedural Justice (PJ) (sometimes also called Procedural Fairness) provides the tools for judges and attorneys to better use those heightened interpersonal skills. The four Key components of PJ can be taught and when learned change the way judges, lawyers, and court personnel interact with everyone in the courtroom. Given the relationship and close connection between procedural fairness and therapeutic consequences, they shape the public's views of the legitimacy of the courts.

## *The Four Key Components of Procedural Justice*

David Wallace, *Justice Speakers Institute, Harbor Beach, USA*  
(david@justicespeakersinstitute.com)

There are four key principles that underlie Procedural Justice. 1) Voice: The ability to participate in a case by expressing one's viewpoint engages individuals in the process of courtroom decision-making. The presence of voice, or lack thereof, has been shown to affect an individual's willingness to accept the decision in a courtroom. 2) Neutrality: Neutrality equates to a generalized concept of fairness. A person who believes that a judge is fair and is balanced between both sides is much more likely to accept a decision. 3) Respectful treatment: Actual fairness is not enough; the perception of fairness must be experienced by the individual and the group of participant observers as a whole. 4) Trustworthy authorities: Authorities need to be seen as benevolent, caring, and sincerely trying to help the litigants. These four principles combine to create a sense of the court's legitimacy, and when that perception of authority is substantiated.

## *The Judge is Key to Procedural Justice*

Brian William MacKenzie, *Justice Speakers Institute, Northville, USA*  
(judgemackenzie@justicespeakersinstitute.com)

The intuitive understanding of the central role of the judge has been embraced by procedural justice (PJ) practitioners. Drug treatment courts (DTCs) have been the subject of more scientific research than any other judicial activity. Emerging research has now substantiated that intuitive understanding, as shown by the conclusion drawn by Douglas Marlowe, one of the preeminent researchers in the area of DTCs: "The results of this program of research provide compelling evidence that the judge is a key component of drug court . . ." The research reveals that the question is no longer "does the judge's relationship with a DTC participant affect that participant's success?" but "what are the best ways for a judge to build a connection with the participant so that successful outcomes are maximized?" It is clear that the answer is the adoption of the four principles of PJ. This same research establishes that PJ works in the same way in non-DTC setting. Thus, it is clear that the judge is the key to ensuing PJ.

## *Collaborating for Transformation*

Marjorie A. Silver, *Touro Law Center* (msilver@tourolaw.edu)

Since the first International Conference on Therapeutic Jurisprudence in 1998 in Winchester, England, to the present moment, the presenter has been involved with and inspired by several transformative movements, all seeking to optimize, in various ways, justice, compassion, and psychological well-being within the law, legal systems and procedures, the work of lawyers, and the lives of the clients they serve. In addition to TJ, these movements include The Project for Integrating Spirituality, Law, and Politics (PISLAP), Humanizing Legal Education (via the AALS Balance in Legal Education section), and Positive Psychology. Despite the congruity of their goals, however, such movements tend to exist in their own silos, taking little advantage of the resources, wisdom, and experience of the others. This presentation will explore the psychological, sociological, and political reasons for such separation, and suggest that the goal of moving legal institutions and laws towards more therapeutic and positive outcomes would be greatly enhanced through collaboration among these and other similar transformative movements.

## *The Therapeutic Impact of Procedural Fairness on Communities and Individuals*

Carol Fisler, *Justice-Mental Health Consultant, New York City, USA*  
(carolfislerconsulting@gmail.com)

Drug court researchers have made a compelling case that the court process, especially defendants' perceptions of procedural fairness, is a major factor in reducing recidivism. Emerging mental health court research, which calls into question the impact of mental health treatment and symptom improvement on recidivism, strongly suggests that defendants' perceptions of procedural fairness in the court process have similarly positive effects on court participants with serious mental illnesses. This presentation will provide an overview of research showing the positive effects of procedural justice on individuals with substance misuse and mental health disorders in treatment courts. It will also summarize research on the effects of procedural justice on behavior and attitudes of individuals in other parts of the criminal justice system – including police interactions, community supervision, and traditional courts – and the mental health system. Noting the strong focus on public safety in the design of and research on treatment courts, the presentation will conclude with a discussion of the importance of applying a therapeutic jurisprudence perspective to the impact of the law and legal systems on communities as well as individuals.

## **227. Therapeutic Jurisprudence and Marginalization**

## *“Deceived Me into Thinking/I Had Something to Protect”: A Therapeutic Jurisprudence Analysis of When Multiple Experts Are Necessary in Cases in Which Fact-Finders Rely on Heuristic Reasoning and “Ordinary Common Sense”*

Michael L. Perlin, *Mental Disability Law and Policy Associates, New York, USA*  
(mlperlin@mdlpa.net)

There is a stunning disconnect between the false “ordinary common sense” of fact-finders (both jurors and judges) and the valid and reliable scientific evidence that should inform decisions on the full range of questions that are raised in cases involving the forensic mental health systems – predictions of future dangerousness, competency and insanity determinations, sentencing mitigation in death penalty cases, and sexually violent predator commitments. Abetted by the misuse of heuristic reasoning (the vividness effect, confirmatory bias, and more), decisionmakers in such cases frequently “get it wrong” in ways that poison the criminal justice system. If we were to adopt this proposal – to provide two experts in cases in which such inaccuracy is likely, one to explain to the fact-finders why their “common sense” is fatally flawed, and one to provide an evaluation of the defendant in the context of the specific question before the court – then, and only then, would therapeutic jurisprudence principles be vindicated.

## *“Throw Away Children:” Using Therapeutic Jurisprudence to End Segregation, Discrimination, Arrest, and Detention of Children of Colour with Mental Health Disabilities*

Deborah A. Dorfman, *Washington Autism Alliance & Advocacy, Redmond, USA*  
(Debbie@WashingtonAutismAdvocacy.org)

Children and youth with mental health disabilities, particularly children of colour, routinely find themselves pushed into the juvenile justice system after being charged with offences in the community and/or at school at disproportionately higher rates than white children without mental health disabilities. This disproportionality is a result, in large part, of the systems’ failures, including lack of provision of sufficient and appropriate community home-based and school-based mental health supports that these children and youth need to remain at home, in their neighbourhood schools, and in their communities. Once in the juvenile justice system, particularly once in custody, these children and youth tend to get stuck in, and stay longer, in the system than others because, among other things: 1) Unresolved competency issues; 2) barriers to community placement; 3) lack of sufficient community and school-based mental health supports; and 4) an unwillingness on the part of courts to release these children and youth back to their homes and into the community. Ultimately, the outcomes for these children and youth are often negative, with many performing well below grade level, dropping out of school, becoming isolated and segregated, and experiencing exacerbation of their mental health symptoms, among other negative outcomes.

## *Therapeutic Jurisprudence and Community Transitions: How to Effectively and Therapeutically Help Institutionalized Individuals Transition to Integrated Community Living*

Alison J. Lynch, *Mental Disability Law and Policy Associates, New York, USA*  
(Alisonjlynch@gmail.com)

While many psychiatric facilities in the United States have closed or greatly reduced their census, there still remains a large number of individuals with mental illnesses living in restrictive, institutionalized settings. They may be in adult homes or nursing homes only because they were discharged there from a psychiatric facility, and their placement remained unchallenged. In the past decade, many advocacy organizations are working to move individuals with mental illness living needlessly in these restrictive settings into the community. However, these transitions are not just legally complex; there are a great deal of psychological stressors that go along with such a significant transition into complete, or almost complete independence. Attorneys working with individuals transitioning out of restrictive living situations should look to principles of therapeutic jurisprudence to help mitigate the emotional complications that can often underlie these moves. This presentation will focus on how to assist this population – one frequently overlooked – during their discharge and transition, and how TJ principles can guide this process.

## *The Disparity in the Treatment of Persons Dual Diagnosed with Mental Illness and Intellectual/ Developmental Disabilities*

Naomi M. Weinstein, *Mental Hygiene Legal Service, New York, USA*  
(naomi.weinstein@gmail.com)

Persons who are diagnosed with both a mental illness and an intellectual or developmental disability (ID/DD) not only face a double prejudice but also suffer gaps in treatment. This issue is compounded by the fact that there are often different agencies responsible for providing services for persons with mental illness verses persons with ID/DD, leading to a battle between different agencies as to which diagnosis is the “primary” diagnosis. Further, the disparities in guardianships for persons with ID/DD and how persons with ID/DD are treated for competency to stand trial, violates the due process rights of this population. The treatment of dual diagnosed persons is completely contrary to the principles of therapeutic jurisprudence (TJ) in that it leads to anti-therapeutic consequences and deprives this population of dignity. This presentation will focus on this special population and how TJ principles like voice, validation, and voluntariness, can be implemented to address the disparities in treatment.

## **228. Therapeutic Jurisprudence, Prosecutors, Criminal Justice, Therapeutic Application of the Law (TAL)**

### *Can Public Prosecutors Act Therapeutically? Setting Standards for a TJ-Informed Prosecution*

Tali Gal, *University of Haifa* (tgal1@univ.haifa.ac.il)

Public Prosecutors in the US and elsewhere are assigned with the task to indict and manage trials that lead to successful results, meaning: Convicting those who are guilty and punishing them in accordance with the sentencing goals. The wellbeing of defendants has never been a goal of the criminal justice system, nor has been the wellbeing of crime victims. Even less thought of is the wellbeing of witnesses, including professionals giving expert testimonies. Recent years, however, have seen the development of TJ writing encouraging therapeutic application of the law (TAL), and growing knowledge about the practice of specialized courts. These developments have created an opportunity to propose a structured agenda for TJ-informed prosecution. This presentation aims to review TJ scholarship in relation to public prosecutors and suggest future directions that TJ scholars can take in exploring new, more TJ-oriented paths for prosecutorial practices. Such practices include TJ-informed interactions with victims, defendants, witnesses, family members of both groups, defence attorneys, professionals involved in the legal processes, and other prosecutors.

### *Two Roads Converge: Law and Therapy Interplay from Prosecutors' Perspective*

Inbar Cohen, *University of Haifa* (inbar0105@gmail.com)

The encounter between therapy and law is often perceived as a contradiction in terms, due to paradigmatic differences between the two disciplines. These differences hinder the possibility of basing legal claims on therapeutic knowledge and of therapist-witnesses to meet legal requirements regarding factual issues. Despite these reservations, there is a growing use of psychological knowledge by the court. The presentation considers the experiences of prosecutors consulting with therapist-witnesses regarding sexual assault criminal cases, interrogating them in court. It is part of a larger study that involved semi-structured multi-perspective interviews with legal practitioners (prosecutors, defence attorneys, and judges) and court rulings analysis. The interplay is examined through a combined theoretical lens, which includes a critical discursive approach and therapeutic jurisprudence approach. A combination yet to be applied even though one can argue that TJ can be construed as a critical discursive approach to applied law.

## *A TJ Analysis of Plea Negotiations in Sexual Offences: The Public Prosecutor's Perspective*

Shira Leitersdorf-Shkedy, *University of Haifa* (shira.shkedy@gmail.com)

This presentation is based on a doctorate study, aiming to draw the “emotional map” of defence lawyers and prosecutors throughout plea bargain negotiations in sex offence cases. The study was carried out from the TJ viewpoint, emphasizing that plea bargains have great impact on the lives of all stakeholders, whereas, in fact, the victim and the defendant lack the actual practice of forming the plea bargain, carried out by the lawyers. This presentation will provide a temporal analysis of the emotional map of prosecutors while they negotiate with defence attorneys toward reaching plea agreements in the most sensitive cases involving sexual crimes. In-depth interviews with public prosecutors revealed their emotions during that process and the various ways those emotions transformed along the process, how they were directed or regulated, toward whom they were directed, what needs they addressed, and their effect on the final outcome. The study integrates, for the first time, different research fields, including the study of emotions, negotiation processes, philosophy of emotions, and more. It highlights the ways in which emotional aspects are reflected in the “bargain machine” and their effect on the outcome and on prosecutors themselves.

## *The Changing Role of The Prosecutor in Community Courts*

Yarin Segev, *University of Haifa* (ysegevs@gmail.com)

This presentation is based on a research study aiming to examine the role of the prosecutor in community courts and to identify the therapeutic elements in it. In-depth interviews were conducted with public prosecutors and other team members of the newly established Israeli community courts in three districts. These interviews, together with ethnographic observations of many court hearings, reveal new perceptions about the role of the prosecutor in community courts. Inspired by the “therapeutic jurisprudence” approach, the new model of problem-solving courts changed the role of all legal actors – judges, defence attorneys, and prosecutors. The lawyers in problem-solving courts are expected to abandon the adversarial approach and function as team members with a shared mission. Those changes required the prosecution to redefine their duties and relationships in the procedure. Yet the therapeutic role of the prosecutor has been understudied. This presentation will provide an analysis of the unique behaviours, work ethics, and practices of the prosecutor in community courts and their contribution to improving the prosecutors function in a more therapeutic way. This understanding can contribute to improving the efficiency of the process in community courts and even influence their role in the traditional courts.

## *Recognizing Victims' Voices During Parole: A TJ Analysis of the Use of Impact Statements in Parole Proceedings*

Annette Van der Merwe, *University of Limpopo* (annette.vandermerwe@ul.ac.za)

In order to prevent any procedural irregularity during parole applications, an offender should be provided with the victim impact statement, as well as an opportunity to react to the views expressed in such document. Moreover, it should form part of the documentation provided to the Parole Board and Minister of Justice and Correctional Services when taking their decisions (*Minister of Justice and Correctional Services v Walus* [2017] 4 All SA 1 (SCA)). This judgment dealt with the parole application of Janusz Walus (who killed the ANC leader, Chris Hani during 1993), and referred the matter back to the relevant Minister in order to follow the proper procedure, as set out above. After publicly announcing his belief that victims should no longer be at the periphery of parole decisions and that those victims concerned should be afforded the opportunity to have their say, the Minister, once more, denied Walus parole and indicated that a further profile should be submitted within one year. His decision was based, inter alia, on Walus's lack of remorse, as well as, the testimony of Hani's wife. This presentation examines this matter, as well as the legal framework and practice of using victim impact statements for parole purposes, and reflects on its use from a TJ perspective.

## **229. Therapeutic Jurisprudence: The Fulcrum in Juvenile Resentencing**

### *“Some Mother's Child Has Gone Astray”: A Therapeutic Jurisprudence Analysis of Juvenile Sentencing Decision-Making*

Michael L. Perlin, *New York Law School* (michael.perlin@nyls.edu)

There is a robust body of evidence that tells us that the juvenile brain is not fully developed by age 18, and this evidence should and does raise important questions about the sentencing of juveniles in criminal cases. This evidence, though, must be considered in the context of public opinion (about certain juvenile crimes that have been subject to saturation publicity) in the context of judges' decision-making (where such judges do not want to be perceived as “soft on crime”). The conflict between what we now know and what (false) “ordinary common sense” demands (in the way of enhanced punishments) flies squarely in the face of therapeutic jurisprudence precepts. If the legal process is to seek to maximize psychological well-being and if it is to coincide with an “ethic of care,” then, it is necessary for those involved in the criminal justice system to speak publicly about this topic, and to “call out” those – be they elected politicians, editorial writers and commentators in the conservative media, or judges – who urge retributive and punitive sentences for adolescents and children.

### *Ethical Considerations in Juvenile Resentencing*

Naomi M. Weinstein, *Mental Hygiene Legal Service, New York, USA*  
(naomi.weinstein@gmail.com)

Representing juveniles in any proceeding including sentencing raises specific ethical issues

regarding capacity and client autonomy. Raising the issue of competency over a client's objection, consulting the parents or guardians of a juvenile, and accounting for the cognitive and developmental limitations of a juvenile, can complicate the attorney-client relationship. Further, the result of the sentencing procedure can affect the level of education and potential treatment that a juvenile receives and have serious long-lasting consequences. Too often juveniles are prevented from receiving a meaningful education while awaiting disposition and after being sentenced, contrary to federal law. Therapeutic jurisprudence, in promoting the enhancement of the therapeutic potential of legal rules, procedures, and lawyer roles, supports focusing on the ability of the child to engage in the decision-making process rather than whether the child is making the "correct" decision. TJ also supports an ethic of care and emphasizes the role of dignity entitled to all juveniles facing detention.

## *Understanding Juvenile Brain Development as a Basis for Mitigation: A Therapeutic Jurisprudence Approach*

Alison J. Lynch, *Mental Disability Law and Policy Associates, New York, USA*  
(alisonjlynch@gmail.com)

Through the emergence and continued popularity of brain science in the legal world, judges, attorneys, and advocates have become more familiar with research into adolescent brain development. After being cited several times in United States Supreme Court opinions, the field of neuroscience has become a staple in many proceedings. In particular, neuroscience and the ways in which brain development can be measured and discussed bears relevance in mitigation, most often taking place during the sentencing or punishment phase of a trial. Given the unique landscape of the adolescent brain, experts and attorneys need to be familiar not just with the basic science surrounding brain development, but how it uniquely applies to the juvenile offender in their case. A therapeutic jurisprudence approach to preparing a mitigation case, finding an appropriate expert, and explaining what might seem to be foreign concepts to a client can be particularly beneficial at this stage of a proceeding. This presentation will discuss basic neuroscience, and how TJ-oriented practitioners can present effective mitigation for their juvenile clients.

## *A Therapeutic Jurisprudence Approach to Parole for Youth Offenders*

Beth Caldwell, *Southwestern Law School* (bcaldwell@swlaw.edu)

Over the past 15 years, presenting mitigating evidence has become increasingly recognized as an essential aspect of representing juvenile offenders in criminal court in the United States. States across the country have enacted laws that allow for, and in some cases require, reconsideration of the sentences of people who were tried many years ago when they were juveniles. While some states provide for resentencing hearings in court, others vest decisions regarding release in the hands of parole boards. This presentation will examine California as a case study, highlighting several ways in which the parole board fails to adequately consider parole eligibility for youth

offenders in light of adolescent brain development research and suggests reforms rooted in therapeutic jurisprudence that would bring parole procedures more in line with research in the fields of psychology and neuroscience.

## **230. TJ Approaches to Drugs and Addiction**

### *Fraud, Abuse, and Opioids*

Stacey Ann Tovino, *University of Nevada, Las Vegas William S. Boyd School of Law*  
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In the context of the opioid crisis, mental health law scholars have paid significant attention to opioid prescribing patterns, prescription drug monitoring programs, needle exchange programs, safe injection sites, naloxone availability, medication assisted treatment versus mutual support groups, drug safety labelling, Medicaid funding for residential addiction treatment, integrated treatment for co-occurring mental disorders, drug court effectiveness, pharmaceutical company risk evaluation and management strategies, and litigation against pharmaceutical manufacturers. Less attention has been paid, however, to health care fraud and abuse involving opioids. This presentation will fill this gap by analyzing recent government enforcement actions involving opioids and the federal False Claims Act (FCA), the Anti-Kickback Statute (AKS), and the Stark Law. In particular, this presentation will focus on recent FCA settlements involving: (1) Allegedly excessive or improper opioid prescriptions; (2) the failure of pharmacies to maintain accurate opioid prescription records; and (3) the filling by pharmacies of incomplete opioid prescriptions, opioid prescriptions lacking valid DEA numbers, and opioid prescriptions that are beyond the ordering physician's scope of practice. This presentation will also highlight recent AKS cases involving the payment of illegal remuneration in exchange for opioid prescriptions, drug treatment, and drug testing services. A conclusion will address the role of fraud and abuse enforcement in the management of the opioid crisis.

### *Reducing Harm to Patients Associated with Opioids Through Therapeutic Jurisprudence*

Kelly Dineen, *Creighton University* (kellydineen2@creighton.edu)

The current opioid crisis has awakened many fears in the general public, as well as health care providers and policymakers. Many of initial and ongoing legal and practice responses, however, focus primarily on perceived threats rather than on evidence-based realities. Threats such as the disproportionate dangers of some opioids, compounded risks of combining opioids and other substances, the increased rates of suicide, and safe storage needs were almost universally ignored. Instead, policies focused primarily on long term prescription opioid use as well as prescriber and patient surveillance. In turn, provider fears and desire to avoid patients who take therapeutic opioids or even those who might have increased dramatically over the last several years. Patients who are associated with opioids—such as patients with chronic pain conditions,

opioid use disorders, or both—are now facing increased stigma, avoidance, and undertreatment by providers. This presentation will suggest a classification system for addressing issues around opioid misprescribing, use this classification system to examine the evidence of opioid related harms in each category, and suggest policies targeted to reducing those harms. It is hoped that utilizing the classification system will decrease provider avoidance and reduce further harms to patients in need of care and treatment for chronic pain, opioid use disorders, and related conditions.

## *Studying Substance Use-Related Treatment and Stigma in a State Court System*

Ross D. Silverman, *Indiana University Fairbanks School of Public Health* (rdsilver@iu.edu)  
Jody Madeira, *Indiana University Maurer School of Law* (jmadeira@indiana.edu)  
Barbara Andraka-Christou, *University of Central Florida* (Barbara.Andraka@ucf.edu)

In the United States, the most frequent trigger for people who use drugs (PWUD) beginning Medication Assisted Treatment (MAT) is their involvement with the state criminal justice system. What treatments are available to an individual in any particular court setting varies widely, and may be influenced by such factors as what services and resources are available in a community, the philosophical beliefs of court personnel, or successful detailing efforts by drug and device manufacturers. Maximization of the adoption of evidence-based practices related to substance use disorder recovery requires understanding the knowledge, attitudes, beliefs, values, and practices of those administering these court systems related to MAT. This presentation will discuss the challenges PWUD face accessing the full range of available therapies in one state's court systems. It also will describe the results found from several recent surveys taken by the research team of hundreds of court personnel in one state's courts concerning their knowledge, attitudes, beliefs, and practices related to Medication-Assisted Treatment.

## *Compassionate Legal Practice: Walking Beside the Mentally Ill and Substance Addicted Client*

Tania Wolff, *Barrister-at-Law, Victoria, Australia* (taniawolff@yahoo.com)

At its core, TJ recognises how legal systems affect the emotions, behaviour and mental health of its people. Nowhere is this intersection more dramatic, perhaps, than in the area of mental health and substance addiction. With only a few notable exceptions, legal systems routinely criminalise the actions at the heart of the addictive behaviour, brutalise the offender through incarceration which results in enduring stigmatisation. A small, pro bono, community legal practice in Melbourne, Australia, tries to offer an alternative to this historical treatment of the substance addicted and the mentally unwell. Adopting an ethos of compassionate legal practice, in this unique health justice partnership, the lawyer listens and provides a compassionate presence to the client, forming part of the clinical team, in assisting and supporting the client in the lead up to and post resolution of the court matter. Predominantly criminal lawyers work alongside doctors

and mental health practitioners in a mental health and addiction clinic to facilitate a different outcome and experience of the legal process. This presentation will reflect the experiences of a legal practitioner who has been working with this cohort of clients for nearly a decade, navigating both the therapeutic specialist court lists and largely anti-therapeutic court lists, to effect a therapeutic outcome.

## **231. TJ for Justice-Involved Veterans**

### *Social Support and Coping Self-Efficacy: Differential Effects on Mental Health Among Veterans with and Without Arrest Histories*

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

Mental health and trauma exposure are pressing issues for justice-involved veterans. Little research has examined the protective factors that buffer or reduce the effect of trauma and psychiatric symptoms for this population. The current project explores differences in mental health and trauma exposure among veterans with and without arrest histories and the direct and indirect effects of social support and coping self-efficacy (CSE) on mental health. It is hypothesized that CSE will mediate the relationship between social support and mental health while criminal justice status will moderate the direct effect. A pre-experimental, cross-sectional, and exploratory design is used to test hypotheses. Justice-involved veterans reported more psychiatric and trauma symptoms but less social support and CSE compared to veterans without arrests. Mediation models functioned as hypothesized for psychiatric but not trauma symptoms. Results build knowledge on the different ways social support and CSE protect or buffer psychiatric symptoms among justice-involved veterans.

### *Pausing in the Wake of Rapid Adoption: A Call to Critically Examine the Veterans Treatment Court Concept*

Julie Baldwin, *American University* (baldwin.juliemarie@gmail.com)

Veterans treatments courts have become the fastest growing specialized court in the United States, second only to drug courts. While initial efforts have explored certain elements of veterans treatment courts, the veterans treatment court concept itself has yet to be critically examined. This work calls attention to the need for critical discussions and evaluations of the veterans treatment court concept, specifically its underlying assumptions and ongoing policies and practices. First, several assumptions on which the veterans treatment court model exists are discerned and analyzed in conjunction with the related discourse and criticism available to assess their validity and potential effects. Next, veterans treatment court ongoing policies and practices grounded in these assumptions are examined to investigate their potentially discriminatory nature and effects. Finally, the state of empirical knowledge on veterans treatment courts is reviewed,

revealing its infancy. Highlighting key findings, the conclusion provides recommendations and guidance for future consideration, practice, and research.

## *Perceptions of Procedural Justice and Legal Legitimacy Within the Veterans Treatment Court Context: A Qualitative Study*

John M. Gallagher, *University of Arkansas* (jmgallag@uark.edu)

Veterans treatment courts (VTCs) are a new and rapidly disseminating intervention. Research into their efficacy and functioning is still in the formative stage and attempts to draw upon existing theories of justice in this novel context are limited. VTCs aim to reduce recidivism and incarceration of justice-involved veterans through the provision of behavioural health treatment and social services. Although informed by the drug and mental health court models and research bases, the VTC context introduces veteran identity and military culture. While other problem-solving courts attempt to reduce the stigma associated with substance use and other behavioural health disorders, VTCs can reconnect participants with a positively-esteemed social status. Social identity is a key construct in theories of procedural justice and legal legitimacy—both of which have proven useful in applied criminal justice contexts. Yet, research into how veteran identity interacts with perception of justice is virtually nonexistent. The present study attempts to address this gap. VTC participants are asked to complete open-ended survey questions regarding perceptions of procedural justice and legal legitimacy within the VTC context. Data will be analyzed through open coding and identification of emerging themes. Implications for practice and further research will be discussed.

## *Restorative Justice Paradigms in Tribal Communities: A New Model for Veterans Treatment Courts*

Kristine Huskey, *University of Arizona* (khuskey@email.arizona.edu)

By 2019 there will be close to 3.5 million veterans in the post-9/11 cohort alone, in the United States. Many leave the service with mental health injuries, such as post-traumatic stress disorder, traumatic brain injury, depression, acute anxiety, and substance abuse problems. These conditions have been linked to criminal conduct. Veterans Treatment Courts (VTCs) aim to address a unique subpopulation of defendants who may benefit from treatment tailored to their particular social and psychological needs and common military conduct. VTCs, of which there are more than 350 in the US, have generally followed the Therapeutic Jurisprudence model. However, Restorative Justice, with its origins deriving from indigenous cultures, is a theory of justice unexplored in the context of justice-involved veterans. Restorative Justice focuses on the community as the force driving the restoration of the victim, the prevention of future harm by the offender, and the reintegration of the offender back into society. As such, it may be exceptionally suited for veterans whose military culture is one of community and “the tribe.” A revealing subpopulation may be Native American military veterans. How are their underlying mental health issues treated? How are they supported in assimilating back into their communities? How are they faring in the tribal criminal justice systems?

## 232. TJ Methods and Methodology

### *The Role of Ontology in Designing a Therapeutic Jurisprudence Research Paradigm*

Nigel Stobbs, *Queensland University of Technology* (n2.stobbs@qut.edu.au)

This presentation will describe a TJ research paradigm which may be of use in designing TJ research projects. TJ aligns with a pragmatist ontology, in which what constitutes a ‘true’ and valid solution to a given problem is neither fixed nor limited to some fundamental explanation which must be adhered to. What is ‘real’ about the legal environment can be debated or recalibrated, depending on what rules and actions produce the most therapeutic outcome. This contrasts with a positivist ontology which may hold, for example, that the ‘real’ explanation for why a person becomes addicted to a drug and engages in certain behaviours, is to be found in neuroscience, that addiction is just a description of some relationship between brain structure, function, and behaviour. A positivist ontology risks over reliance on seductively simple solutions, such as the use of fMRI to identify the neural correlates of the behaviour of drug abuse, and of predictive algorithms to make decisions about how to apply the law to individuals. By aligning with a pragmatist ontology, TJ explains and responds to problems such as drug abuse according to on more holistic and emergent phenomena of human environments such as motivation, attitudes, emotion and culture.

### *Theory and Methodology of Therapeutic Jurisprudence*

Michel Vols, *University of Groningen* (m.vols@rug.nl)

One of the main aims of the presentation will be to analyze the theoretical nature of TJ to deepen our understanding of crucial academic concepts such as ‘theory’, ‘methods’, and ‘methodology’. The presentation will develop methodological guidelines that researchers can take into account when they want to conduct TJ-related research. Four steps can guide researchers during their research: analysis of the law in the books, analysis of the law in action, unravelling the weight given to different interests in the legal procedures, and engaging in research informed law reform activities. The presentation will also explore the theoretical nature of TJ. It was found that at least four meanings of the word theory can be distinguished: doctrinal theory, micro-level theory, macro-level theory, and normative theory. TJ can be linked to all four meanings. However, to advance the development of TJ, it is advised that each time scholars purport to use TJ as a theory or debate its theoretical nature, they make clear what they mean by theory and why TJ qualifies as such a theory. If we want TJ to be used in rigorous academic research, researchers should also continue to address questions concerning TJ’s theoretical nature.

## *A Proposed Instrument for Measuring "Wine" within Therapeutic Jurisprudence Empirical Research*

Anna Grace Kawalek, *Sheffield Hallam University* (a.kawalek@shu.ac.uk)

Judicial interpersonal skills (which scholars call "the wine" (Wexler, 2014)) are a fundamental tenet for incurring TJ responses within Problem-Solving Court settings. Despite this, TJ academics have yet to formulate scales to empirically measure its operationalisation. This paper will propose a new instrument to measure TJ "wine" based upon original data gathered at a specialist court in the United Kingdom: Manchester Review Court. Measurement of the "wine" at Manchester first involved implementing eighteen variables, arranged on four theoretical, a priori scales, based upon a TJ training manual by Goldberg (2011). However, as Goldberg's (2011) skills were not intended for empirical measurement, it was useful to explore their construct validity through Principal Component Analysis ("PCA"), and, thereby, the accuracy of the "wine" measurements taken at Manchester once the data had been collected. PCA exposed that the eighteen variables, from the four a priori scales instead comprised three Principal Components. To reflect this, the variables were rearranged and renamed to become three new scales: "harnessing therapeutic support", "engaging therapeutic dialogue" and "inspiring therapeutic change". This process oversaw the development of a statistically validated instrument to represent a starting point for future empirical measurement of "wine" in TJ-friendly contexts.

## *The Importance of Integrating of Doctrinal Analysis, Philosophical Analysis of Concept and Argument, and Empirical Research within the Study of Therapeutic Jurisprudence*

Robert Schopp, *Nebraska College Of Law* (rschopp1@unl.edu)

Therapeutic Jurisprudence (TJ) pursues legal rules, procedures, and roles designed to promote the well-being of those effected consistent with other values embodied in law. The "values embodied in law" might be interpreted in three ways. The first addresses the values intended by the law makers who formulated the statutes, constitutions, or judicial decisions that embodied the law of that jurisdiction. The second addresses the principles generally accepted in society. The third identifies the more general principles embodied in this legal system. Traditional doctrinal analysis reveals how the rules and principles have been interpreted and applied in this institutional structure. Empirical psychological research can inform our ability to understand how various formulations, interpretations, and applications of law are understood and applied by legal actors and citizens. Philosophical analysis of concept and argument can advance our understanding of the interpretations and applications of rules and procedures in a manner that would be most consistent with the more general set of principles embodied in this institutional structure. Thus, integration of doctrinal analysis, philosophical analysis of concept and argument, and empirical research informing actual understanding, applications, and effects has the potential to advance the more comprehensive TJ program.

## 233. TJ, Testimony, and Witnesses

### *TJ, Child Testimony, and Relevant Legal and Psychological Evidence*

Barbara Sturgis, *University of Nebraska, Lincoln* (bsturgis1@unl.edu)

TJ pursues legal rules, procedures, and roles that promote the well-being of those affected without violating other important values embodied in law. In the context of child sex abuse cases, this draws attention to approaches to child interviews and to testimony by children or by relevant professional witnesses that maximize the probability of accurate testimony and outcomes while minimizing the stress on the child. These goals would be advanced by developing interviewing techniques and court rules of examination and cross-examination informed by relevant research that enable interviewers to integrate the following goals: 1. Elicit accurate information from the child while minimizing the risk of misleading information; 2. Elicit that information in a manner that minimizes the stress on the child; 3. Enhance the ability of judges to admit and evaluate relevant testimony that provides accurate verdicts. This presentation will integrate psychological research and legal standards regarding child interviewing and testimony designed to advance the ability of courts to regulate testimony in a manner consistent with these goals. It will also provide judges and attorneys with relevant information regarding their efforts to seek, accurately evaluate, and apply relevant clinical testimony.

### *Friends of Justice (Amicus Justitiae)*

Dale J. Dewhurst, *Athabasca University* (daled@athabascau.ca)

Expert witnesses are often important to legal proceedings. Expert evidence can educate the Court and parties and correct ordinary (often-flawed) “common sense”. The premise that judges are to decide cases only upon what the parties put before them hampers access to justice for disadvantaged parties who: (i) Are self-represented and do not understand the need for an expert; and/or (ii) who cannot afford expert witnesses. It also ignores the fact that judges have deep background knowledge they cannot disregard (“blank slate” analogies are unrealistic). Accordingly, it would be advantageous to consult with an Amicus Justitia (AJ) to provide relevant leading-edge science. Consider cases where parties do not offer expert evidence or offer two perspectives both of which the judge knows to be inferior. One recourse is for the judge to proceed based upon personal knowledge, often not expressly revealed. Another is to give particular evidence less weight, often with the criteria for this determination not expressly disclosed. If the case had the support of an AJ, the AJ could help clarify the case conceptualization and decision criteria. These contributions would reduce demand for disadvantaged parties to pay for expert witnesses and promote access to justice.

## *Whose Trial is it Anyway? The Perceptions of Young Sexual Assault Victims in the Criminal Process*

Jonathan Piamenta, *University of Haifa* (yonipi1@gmail.com)

Tali Gal, *University of Haifa* (tgal1@univ.haifa.ac.il)

The continuing growth in reported child sexual abuse cases has highlighted questions about the interests of victimized children involved in criminal justice process. Very little is known about the way these youths actually perceive their involvement in the criminal process. The scant knowledge about victimized children revolves around their testimony; it is typically concerned with their reliability as witnesses and does not include the child's subjective narrative and meanings. In this sense, the focus and methods of most studies are similar to the inherent problem within the criminal process, namely the reduction of the victim's voice and his subjective experience. The current study uses the therapeutic jurisprudence framework to examine the experiences of young victims of sexual abuse involved in criminal trials against their abusers. To this goal, in-depth interviews were carried out with 15 youths aged 14-22 about their experiences throughout the criminal process and the therapeutic and anti-therapeutic elements in it. A complex picture emerges that includes both hope and despair, a search for control, loneliness, and support networks. These themes will be described, and their contribution to our understanding of the ways victimized youth experience the criminal process will be discussed. Practical and theoretical conclusions will be considered.

## *Understanding the Mitigating Role of Victim Impact Statements at Sentencing*

Marie Manikis, *McGill University* (marie.manikis@mcgill.ca)

Victim impact statements in sentencing offer victims a voice in the sentencing process. More specifically, they provide a means by which victims can describe the various harms, including physical, emotional, and financial, that they have suffered as a result of the offence. In most common law jurisdictions, the content of these statements are generally recognized as relevant evidence. While their use as an aggravating factor remains controversial, courts have generally recognized their use as a mitigating factor in sentencing. This presentation will analyze the various ways that victim impact statements have been received by sentencing courts. It relies, in part, on the literature on proportionality as well as therapeutic jurisprudence to make sense of the different reasons victim impact statements are accepted and can be understood in sentencing -- particularly as mitigating factors. The presentation critically examines these rationales and also explores the concept of proportionality in sentencing to determine whether it is reconcilable with therapeutic components.

## *Bringing Therapy into Therapeutic Jurisprudence*

Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada*

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Psychologists, who have much to offer the legal system, often actively avoid court-related work. The adversarial nature of the legal system is threatening to their personal and professional well-being. They fear being bullied or demeaned as part of the cross-examination process. There is concern that their work will be taken out of context, belittled, or invalidated by lawyers' zealous adversarialism. Even psychology practice guidelines are designed to protect against the demands of a legal system that might use clinical data for non-therapeutic purposes. The psychologist is caught and directed by adversarial legal ends rather than the client's therapeutic needs. Finally, psychologists are often invited into legal work as proceedings approach their conclusion rather than at an earlier phase when consultations could result in the creation of unique interventions and more productive therapeutic legal results. These issues have an anti-therapeutic impact on clients, psychologists, and the mainstream legal system; and, they exclude many psychologists from being active contributors to creative legal solutions. This presentation will briefly explore these barriers and suggest strategies to shift the psycho-legal relationship in ways that will enhance psychologists' contributions to therapeutic jurisprudence.

## **234. Torts, Bioethics, and TJ**

### *“Wrongful Birth” Claims and the Paradox of Parenting a Child with a Disability*

Sofia Yakren, *CUNY School of Law* (sofia.yakren@law.cuny.edu)

“Wrongful birth” is a controversial medical malpractice claim raised by the mother of a child born with a disability against a medical professional whose failure to provide adequate prenatal information denied her the chance to abort. Plaintiff-mothers are required to testify that, but for the defendant's negligence, they would have terminated their pregnancy. Accordingly, disability rights advocates have opposed “wrongful birth” claims for stigmatizing and discriminating against people with disabilities by framing their very existence as a harm. Despite plaintiff-mothers' need for caretaking resources, scholars have recommended solutions including the wholesale elimination of the wrongful birth claim. To the extent scholars and the media have acknowledged mothers in the wrongful birth discourse at all, often it has been to blame and shame them for allegedly rejecting their children. They have paid little attention to the ways wrongful birth jurisprudence forces mothers to disavow their children in court, and thereby to forfeit the “good mother” ideal, in exchange for the possibility of securing necessary resources for their children. Commentators who question plaintiff-mothers' maternal devotion exacerbate the psychological toll the law already imposes. Proposed reforms would shift the blame from mothers to the legal system.

## *End-Of-Life Laws Through the Lens and Metaphors of Therapeutic Jurisprudence*

Maria Teresa Machado, *University of Puerto Rico* (maria.machadomariscal@upr.edu)

This presentation will examine the laws and policies about withholding and/or withdrawing treatment at the end of life through the lens of therapeutic jurisprudence. The laws are analyzed in light of the metaphors proposed by David Wexler, in which the term “bottles” refers to the governing legal rules and legal procedures and “wine” refers to professional practice and techniques. It appears currently that the law has not developed mechanisms to sufficiently avoid end-of-life decision-making conflict, and thus currently is not therapeutic. With the goal of developing more therapeutic end-of-life health care scenarios, this presentation will explain leading cases and propose hypothetical scenarios that can derive great benefit by applying a TJ approach. It also will discuss other proposals and techniques that have been effective in therapeutic implementation of such laws. To resolve the problem will require increased use of advance directives so that the end of an individual’s life is surrounded by an air of dignity, which all citizens rightfully deserve.

## *Personal Trauma, Social Pain, and Therapeutic Jurisprudence: Renewing Focus on an Existential Sociology*

Cindy Brooks Dollar, *University of North Carolina at Greensboro* (cbdollar@uncg.edu)

Although public rhetoric promotes “talking across the aisle” as a progressive political practice, discursive divisions among scholars and practitioners are commonplace and explicit recognitions of the academy and practice as politically informed often go unnoticed. Generally speaking, then, discussions of individual, social, and legal topics often remain isolated in their relative subfields. This presentation attempts to bridge the literature on individual level trauma from psychology, neurobiology, and social work with criminology and the sub discipline sociologies of deviance, disease, and law. Using components of Therapeutic Jurisprudence as a guidepost, the presentation will highlight various components of prosocial interactions. In doing so, the presentation will reveal that despite different approaches, each of the areas listed above are fundamentally concerned about issues related to health, justice, healing. Just as the idea of therapeutic jurisprudence spread beyond its originally developed intention to problematize mental health law into other areas of law (e.g., criminal law, family law), this presentation will question if the principles of therapeutic jurisprudence can be generalized to informal means of social control. Specifically, the presentation will ask (how) can the components of therapeutic jurisprudence become part of our routine daily interactions, and what influence would it have on our social relations through our perceptions of self and of “others?”

## **235. Vulnerability in the Criminal Justice System: The Relationship Between Law and Medicine**

### *Victims Who Kill: Some Challenges in Sentencing Situationally Vulnerable Offenders*

Nicola Wake, *Northumbria University* (nicola.wake@northumbria.ac.uk)

The changes made to substantive law in the context of loss of control (E&W), and the notion of situational vulnerability have, as yet, had little impact in relation to sentencing guidelines. The Sentencing Council issued a Consultation on Sentencing in Manslaughter Cases in 2017, and definitive guidance on sentencing in cases involving domestic abuse in 2018. Both make limited reference to the impact of domestic abuse (and/or situational vulnerability) on a victim of abuse who kills. In some instances, the current Sentencing Guideline Council on Manslaughter by Reason of Provocation, that pre-dated the implementation of the loss of control defence by nearly five years, pays greater attention to situational vulnerability. The domestic abuse guidelines, although commendable, focus on situations where the offender has perpetrated the abuse, and do not address the situation where a victim of domestic abuse and/or coercive and controlling behaviour commits an offence in response to that abuse. Recognizing situational vulnerability, the impact of mental ill health, in addition to relationship power imbalances during sentencing is important if the sentencing guidelines are to align with the rationale underpinning the development of loss of control.

### *The Stability of Character and the Use of Childhood Behaviours as Bad Character Evidence*

Emma Louise Engleby, *Northumbria University* (emma.ingleby@northumbria.ac.uk)

The UK Court of Appeal has allowed the use of childhood behaviours as predictors of future offending where the defendant is charged with an historic offence. This is usually admitted as bad character evidence (BCE), and this in itself raises a number of issues. BCE can be admitted to demonstrate a propensity towards specific offending in certain circumstances. The admission of childhood bad character to show propensity requires that we accept the assertion that our character (as it manifests during childhood) remains constant, and that offending behaviours do not usually desist. This presentation will engage with empirical studies based in neuroscience and criminology to assess whether childhood behaviours can support a propensity inference. These studies show that character alone may not be enough to provide a foundation for a predictive exercise, even when the defendant is a fully developed adult. Further, admitting childhood behaviours as bad character suggests a lack of regard for the vulnerability of children and their cognitive development.

## *Diminished Responsibility in England and Wales*

Elizabeth Stuart-Cole, *Northumbria University* (e.stuartcole@btinternet.com)

Recognizing the need for ‘modernization’ of the laws in relation to Homicide to accommodate advances in psychiatric medicine, Parliament altered the terminology of the defence of diminished responsibility by amending the Homicide Act 1957 (HA 1957) via s.52 of the Coroners and Justice Act (CAJA) 2009. ‘Essentially’ s.2 now prescribes a four-stage test in which ‘most, if not all, of the aspects of the new provisions’ relate ‘entirely to psychiatric matters’ (Brennan at [51]). This medicalization of the law has arguably gone further than merely ‘modernizing’ the HA 1957. This presentation aims to examine case law post ratification of the new law of diminished responsibility. It proposes the revision of the HA 1957, by virtue of the introduced definitive elements that a defendant must prove were linked to a mental ‘abnormality’, and thereupon provides an ‘explanation’ for his homicidal acts, has subtly altered the application of the defence.

## *The Partial Defence of Diminished Responsibility: Medical Perspectives*

James Stoddart, *Consulting Psychiatrist, Newcastle upon Tyne, UK* (james.stoddart@ntw.nhs.uk)

The partial defence of diminished responsibility was reformulated by s.52 of the Coroners and Justice Act 2009. The partial defence, when successfully pleaded, reduces murder to manslaughter where the defendant’s responsibility (or, rather, abilities) are diminished due to an abnormality of mental functioning arising from a recognized medical condition. The revised iteration of the defence under s.2(1) Homicide Act 1957 was designed to draw the law and psychiatry closer in determining whether the partial defence ought to apply. Since the inception of the partial defence, a number of appeals have been made relating to the role of medical expert in such cases. The revised wording of the partial defence has also been scrutinised. This presentation will explore the law since the changes were implemented, and will consider whether the amendments are more closely aligned to developments in medicine. The presentation is timely in reflecting on the changes made to the partial defence of diminished responsibility which has now been in force for almost ten years.

## **French Language Sessions**

## **236. Entre maltraitance et bientraitance au cœur de la souffrance : À propos de l'adulte**

### *Le déficit d'accompagnement des proches en unité de soins palliatifs : pour une bienfaisance ordinaire*

Sadek Beloucif, *Université Paris Descartes* (sadek.beloucif@aphp.fr)

Martyna Tomczyk, *Université Paris Lumières* (martyna.tomczyk5891@gmail.com)

En vertu de l'article L1110-10 du Code de la santé publique (CSP) en France, « les soins palliatifs sont des soins actifs et continus pratiqués par une équipe interdisciplinaire en institution ou à domicile. Ils visent à soulager la douleur, à apaiser la souffrance psychique, à sauvegarder la dignité de la personne malade et à soutenir son entourage ». Cette définition juridique française des soins palliatifs, comme celle proposée par l'Organisation mondiale de la Santé, met en relief l'importance de l'accompagnement des proches du malade, sans pour autant donner plus d'indications à propos dudit accompagnement.

Notre communication orale se structurera autour de trois axes :

- 1) présentation de résultats de notre recherche documentaire relative à la question de l'accompagnement des proches du malade hospitalisé en unité de soins palliatifs (USP) ;
- 2) présentation de résultats de notre recherche qualitative sur le terrain, dans des USP en France, ayant pour objectif de comprendre les ressentis des proches à l'égard de l'information médicale ;
- 3) discussion de résultats, dans une approche interdisciplinaire, à partir des notions de bienveillance, bienfaisance, bientraitance opposées à la maltraitance.

### *La notion de souffrance en fin de vie : entre le texte de loi et l'interprétation de professionnels de santé en France*

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La loi n°2016-87 du 2 février 2016 créant de nouveaux droits en faveur des malades et des personnes en fin de vie (*JORF* n°0028 du 3 février 2016) en France, adoptée à l'issue d'un parcours parlementaire « compliqué », voire « chaotique » et de débats au sein de différentes instances, encadre explicitement « la sédation profonde et continue provoquant une altération de la conscience maintenue jusqu'au décès » et énumère les conditions autorisant sa mise en œuvre. Le législateur y évoque entre autres « toute souffrance », « souffrance réfractaire aux traitements » et « une souffrance insupportable », sans pour autant expliciter ces expressions, dont l'interprétation est délicate pour les médecins et susceptible d'être influencée par le

contexte d'exercice de ces derniers. Dans le cadre de la communication orale, les résultats de notre recherche qualitative réalisée auprès de médecins en soins palliatifs, d'anesthésistes-réanimateurs et d'urgentistes en France, entre janvier et mai 2018, seront présentés. Différentes interprétations de la notion de souffrance seront discutées dans une approche interdisciplinaire. Une attention particulière sera portée aux avantages et aux inconvénients de la rédaction des dispositions juridiques en termes généraux, sans définition consensuelle.

## *Maltraitance ordinaire dans un service de soins*

Nejma Batikhy, *Université Paris Est-Marne-la-Vallée* (batikhynejma@free.fr)

Cette réflexion est née de notre expérience d'infirmière, en milieu hospitalier durant une quinzaine d'années. Le patient à son arrivée dans nos services, technicisés, blancs, aseptisés, est souvent en position de faiblesse, de fragilité. Il est amené à se plier à certains rituels hospitaliers pour faire « son travail de malade ». Et nous, nous le savons, en général, nous choisissons ce métier pour faire le bien. La maladie puis l'alitement impliquent d'emblée une asymétrie entre le soignant et le soigné. Nous avançons que la vulnérabilité de celui qui est alité, provoque trop souvent l'assaut de celui qui est debout, du plus fort. En effet, nous pouvons abuser du pouvoir que nous confère notre position verticale, notre savoir savant et notre uniforme, face à celui qui, fragilisé par la maladie, est en position horizontale, avec sa connaissance profane et sa chemise estampillée « Hôpital X ». En outre, lorsque la technique et la connaissance deviennent une fin en soi, inversant leur rapport à l'être devenu d'abord un moyen, alors la réification du malade et du soignant s'avère le nid d'une certaine maltraitance. Deux situations cliniques nous permettront de porter notre réflexion sur cette maltraitance que l'on dit ordinaire.

## *Souffrance psychologique et physique mêlée de bien-être en situation de polyhandicap : étude du cas d'Éléonore, IMC (infirmité motrice cérébrale)*

Armelle Jacquet-Andrieu, *Université Paris Cité/Descartes* (armelle.jacquet@parisnanterre.fr)

Il est des êtres qui, atteints de polyhandicap – Éléonore, enfant prématurée est devenue IMC en raison d'une anoxie – semblent voués à la souffrance, leur vie durant, et à la maltraitance dite ordinaire, presque impossible à éviter au plan des traitements médicaux, nécessaires sur une période très étendue : Éléonore a 29 ans aujourd'hui. Cette présentation d'une étude longitudinale, rarement possible, dans le contexte de l'IMC, nous conduira à une réflexion éthique et neuropsychologique sur deux aspects de la vie de ces personnes : 1. l'incidence de leur souffrance psychologique et physique quand, très tôt, elles prennent conscience de leurs difficultés, associées à une succession d'états vécus et de moments d'inévitables souffrances parfois indicibles ; 2. l'émergence de capacités compensatoires, de résilience, explicatives de leur développement, de l'enfance à l'âge adulte, *via* leur adaptation à une vie forcément peu ordinaire mais faite aussi de joie de vivre, grâce à la bienveillance de leur environnement affectif et/ou des équipes soignantes qui les suivent et les aident au long court. De l'être blessé physiquement et/ou psychologiquement, dès son naître au monde, à la joie de sa vie d'adulte, il

n'y a qu'un pas, la responsabilité éthique des soignants et des éducateurs étant de l'aider à trouver une voie.

## *La maltraitance comme système complexe dynamique et évolutif. Vers de nouvelles perspectives de modélisation et d'intervention*

Bernard Cadet, *Université de Caen Normandie* (bernard.cadet@unicaen.fr)

Dans cette présentation, la maltraitance exercée par des adultes sur des enfants, souvent les leurs, ou des adultes, sur d'autres adultes, sera considérée comme une *conduite*, au sens où l'entend la psychologie cognitive contemporaine, c'est-à-dire, en substance, comme une série construite d'actions coordonnées qui résultent de la mise en œuvre de processus de traitement d'informations. Cette contribution s'attache à analyser les aspects méthodologiques des conduites de maltraitance (CM) en s'appuyant sur leurs propriétés observables : diversité des formes, complexité des composantes, interactions temporaires ou non des personnes impliquées, dynamisme et caractère évolutif, imprévisibilité relative des effets, difficultés à modifier les « relations qui se sont instaurées », etc. Ces caractéristiques des CM amènent à les considérer comme des systèmes complexes dynamiques et évolutifs et à leur appliquer les méthodes d'analyse relativement novatrices qui en découlent. La présentation traitera de trois aspects méthodologiques : a) quelles caractéristiques générales des CM justifient qu'elles puissent être considérées comme des systèmes complexes dynamiques, évolutifs ? (validité descriptive et de contenu), b) Quels indices et quels types d'informations peuvent être utilisés pour différencier des formes de CM (validité prédictive) c) Sur quelles configurations d'informations construire des remédiations différenciées ? (pouvoir discriminant).

## **237. Entre maltraitance et bientraitance au cœur de la souffrance : À propos de l'enfant et de l'adolescent**

*Fédération des comités Alexis Danan pour la protection de l'enfance*

Anne-Marie Clément-Bouvier, *Fédération Alexis Danan pour la protection de l'enfance*  
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Fondés sur la Convention internationale des droits de l'enfant, la Fondation Alexis DANAN et ses comités interrégionaux ont pour objectif d'attirer l'attention des autorités sur les enfants victimes. La protection des enfants et des jeunes est placée sous la responsabilité du Conseil général et de la Justice. Après vérification du bien-fondé des faits signalés, le propos est d'informer ces autorités *via* les voies les plus rapides et sans dévoiler la/les sources, afin de les protéger. Les comités offrent donc un relais à tous ceux qui ne peuvent ou ne souhaitent pas prendre en charge eux-mêmes un signalement d'enfant en danger. Là entre en jeu un paramètre

majeur : le temps. Or l'enfant en danger ne peut attendre, pour être secouru et protégé. Dans cette communication, nous poserons cette délicate question du temps et de l'attente qui représente une souffrance majeure pour l'enfant et son entourage, nous tendrons à montrer comment s'en accommoder, en infléchissant aux maximum les conséquences délétères.

### *De la difficulté de protéger l'enfant humainement et juridiquement*

Murielle Guerin, *Practicing lawyer, Saint Brioux, France* (muriellguerin@yahoo.fr)

À propos des maltraitances de tous ordres que peut subir un enfant, il s'agit d'abord de le placer au cœur du dispositif, de définir la notion « d'intérêt supérieur de l'enfant » et d'établir un lien humain, efficace entre les juristes, les associations, les mondes de la santé et de l'éducation, bien que ces acteurs aient du mal à travailler ensemble. La loi du 14 mars 2016, proposée par les sénatrices Muguet Dini (UDI) et Michelle Meunier (PS), s'appuie sur de nombreux rapports et propositions d'amélioration de la protection de l'enfance et vise à compléter celle du 5 mars 2007, relative à la prévention des mauvais traitements. Le dispositif prend également en compte les lois de décentralisation (celle du 6 janvier 1986), et il est adossé aux Conseils généraux, responsables de l'aide sociale à l'enfance (ASE), dont les conditions de fonctionnement ont été redéfinies. Cette loi du 14 mars 2016 a été votée également en vue de renforcer la prévention à tous les âges de l'enfant, d'améliorer le dispositif d'alerte et de signalement des situations de danger, d'en évaluer l'urgence et les priorités, de diversifier et d'améliorer les modes d'intervention et leur cohérence auprès de l'enfant et des familles.

### *La bientraitance dans le soin et l'éducation de la prime enfance : une recherche d'ajustement à chaque enfant présent*

Marie Garrigue-Abgrall (marie.garrigue-abgrall@orange.fr)

D'où vient le mot de bientraitance ? Que recouvre-t-il en regard de la maltraitance ? Dans la bientraitance de quel bien parle-t-on ? Du bien traiter, du bien faire, ou du bien de l'enfant ? L'historique de ce concept et des grandes notions qui l'entourent nous aideront à mieux le cerner et à questionner nos représentations sur la nature des relations de l'adulte à l'enfant. Le bébé vulnérable par essence est d'emblée un être de relation et de communication. Son arrivée est parfois marquée par la précarité, la carence, la pathologie qui affectent ses parents, son entourage ou lui-même. Dans la prime enfance, de la naissance à trois ans, ses besoins évoluent très vite : sensori-motricité, affectivité, accès au langage et à la possibilité de passer de « moi » à « je » puis à « nous ». Aussi cette recherche d'ajustement permanent est nécessaire entre le bébé et ceux qui l'entourent avec une prise en compte de la complexité de son contexte de vie. Dans des espaces pensés pour les soins, l'éveil et le jeu, elle va être la dynamique à la fois réflexive et mise en acte pour accompagner chaque enfant dans le fait de grandir.

## *Conséquences délétères de la maltraitance sur le développement neurophysiologique de l'enfant dès la naissance*

Aline Strebler, *Société française et francophone d'éthique médicale* (alinstrebler@wanadoo.fr)

Aujourd'hui, la neuroscience tend à apporter des précisions plus tangibles sur la neuropsychologie du développement de l'enfant et, concernant les maltraitements subies très précocement. Ces données sont corrélables aux alertes des médecins, des pédopsychiatres et des neuropsychologues qui considèrent que la maltraitance génère de la maladie chronique, avec des conséquences majeures, structurelles et psychiques. À la naissance, l'encéphale est immature, vulnérable, et certaines études tendent à objectiver que l'enfant, et plus encore l'*infans* (celui qui ne parle pas) maltraité et/ou négligé, est profondément affecté dans la construction de sa vie affective, son équilibre émotionnel est touché et son développement cognitif retardé. Des expériences en laboratoire sur la souris, à un stade précoce de vie, tendent à montrer, de façon significative, une neurogenèse perturbée par un stress néonatal, avec des conséquences délétères sur la santé mentale (Hohmann, C.F. & al, 2012) et sur les fonctions cognitives : acquisitions/apprentissages scolaires (Saloma, 2016). Dans cette communication, le propos sera de mettre en lumière l'importance de ces apports au domaine de la maltraitance faite à l'enfant, toutes causes confondues et de les mettre en relation avec une réflexion éthique sur la bienveillance et son application dès la naissance de l'enfant, voire, dès sa conception.

## *Grands adolescents difficiles : quel retour à la société ?*

Lacen Kentaoui, Special educator, *Lyon, France* (lacen92@hotmail.com)

Sylvie Lonchamp, Clinical psychologist, *Lyon, France*

Cette présentation concerne une expérience auprès de grands adolescents difficiles.

Les missions d'une prise en charge éducative et institutionnelle peuvent couvrir trois champs d'intervention (l'accueil, l'accompagnement et l'évaluation) et ces médiations débouchent naturellement sur l'aide à l'orientation. Face à des formes très diversifiées de maltraitance et leurs conséquences, nous exposerons les particularités d'un accompagnement sous deux formes d'hébergements « intra-muros » et « extra-muros ». Le cœur de notre exposé concernera les modalités d'accompagnement et de prise en charge du jeune sujet, dans le cadre d'un suivi « extra-muros », avec son discret et efficace suivi 24 h/24 h, le propos étant de montrer, concrètement l'intérêt d'une telle procédure mais aussi d'aborder la question de la prise de risques et ses enjeux institutionnels. Divers exemples d'actions spécifiquement adaptées et menées en direction de jeunes illustreront ce type de médiation. Dans ce contexte, pour un grand adolescent, il s'agit de découvrir le risque à prendre son indépendance mais aussi sa nécessité, s'il veut s'insérer à nouveau dans une société où un état d'incompréhension réciproque était installé, afin de cheminer vers l'âge adulte, en ayant réacquis une identité sociale, pour s'engager dans un projet de vie stable.

## 238. Hospitalisations non volontaires

### *Décision de justice et hospitalisations non volontaires : les conclusions des experts psychiatres sont-elles suivies ?*

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Gérard Niveau, *Hôpitaux Universitaires de Genève, Genève, Suisse* (Gerard.Niveau@hcuge.ch)

En Suisse, depuis la révision du Code civil en 2013, les hospitalisations contraintes sont nommées placements à des fins d'assistance (PAFA). Dans le canton de Genève, une personne peut être placée dans une institution appropriée lorsque, en raison de troubles psychiques, d'une déficience mentale ou d'un grave état d'abandon, l'assistance ou le traitement nécessaires ne peuvent lui être fournis d'une autre manière. Toute personne en PAFA peut formuler un recours auprès du Tribunal de protection de l'adulte et de l'enfant (TPAE) contre le placement ordonné par un médecin, la décision de maintien ou le rejet d'une demande de sortie par l'institution. L'administration d'un traitement sans consentement ou les mesures de contraintes peuvent également faire l'objet d'un recours. Quel que soit le recours formulé, le TPAE ordonne systématiquement la réalisation d'une expertise psychiatrique. Chaque année, l'Unité de psychiatrie légale réalise environ 150 expertises de ce type. Nous détaillerons ces chiffres. Nous avons cherché à déterminer dans quels cas les conclusions des expertises psychiatriques étaient suivies ou non par la Justice. Nous exposerons ces résultats.

### *Recours contre les décisions d'hospitalisations non volontaires: étude prospective sur 200 cas*

Gérard Niveau, *Université de Genève, Genève, Suisse* (Gerard.Niveau@hcuge.ch)

En Europe, suite à des modifications législatives dans de nombreux pays, les décisions d'hospitalisations non volontaires (HNV) peuvent donner lieu à des recours auprès d'un tribunal. À Genève, seulement 10% des patients en HNV font recours contre leur placement. Le but de cette étude est de déterminer les facteurs motivant les recours ou le renoncement à ceux-ci. Une étude prospective sur une année est organisée de façon à analyser les facteurs à l'œuvre dans un échantillon d'environ 100 patients ayant fait recours contre leur HNV comparativement à un groupe de 100 patients n'ayant pas fait recours. L'étude pilote sur les 10 premiers cas montre un taux élevé de participation. Les facteurs pris en compte sont les situations sociales des patients, la perception du respect de leurs droits, la nature de la maladie, la conscience de la maladie et les traitements en cours. Peu d'études portent sur la question des recours des patients vis-à-vis des décisions d'HNV. Les facteurs en cause sont multiples et l'étude en cours déterminera les rôles respectifs des facteurs liés à la personne et de ceux liés aux conditions de l'hospitalisation.

## 239. Le préjudice moral

## *L'essor du préjudice d'angoisse*

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La Cour de cassation française a reconnu l'existence d'un préjudice spécifique d'angoisse aux salariés ayant travaillé dans des entreprises utilisant de l'amiante, qui n'ont pas développé de cancers, mais qui doivent subir régulièrement des examens médicaux qui réaniment un sentiment d'angoisse. Egalement nommé préjudice d'anxiété, ce chef de préjudice qui repose sur la crainte de voir advenir une maladie probable, bouscule les caractères classiques du préjudice en droit de la responsabilité civile, tant en ce qui concerne la certitude du préjudice, que ses modalités d'évaluation. Par le biais de techniques juridiques finalement assez ordinaires, telles que les présomptions, la jurisprudence élabore un régime juridique propre à la reconnaissance de l'angoisse comme préjudice réparable. Partant, se pose la question des limites matérielles de ce nouveau type de préjudice.

## *Atteintes à la personnalité et préjudice moral*

Evan Raschel, *Université Clermont-Auvergne* (evan.raschel@uca.fr)

Le juge (civil ou pénal, selon les cas) est régulièrement amené à statuer sur l'indemnisation de prétendus préjudices moraux découlant d'atteintes diverses aux droits de la personnalité : atteintes à la présomption d'innocence ou à la vie privée, diffamations et injures *etc.* Comment, d'abord, établir un préjudice moral ? C'est notamment la question de son appréciation, *in abstracto* ou *in concreto*. Faut-il d'ailleurs le faire ? La matière semble propice à une originalité du droit de la responsabilité en vertu de laquelle le préjudice serait déduit de la faute... Comment, ensuite, apprécier ce préjudice, et fixer en conséquence la sanction, spécialement le montant des dommages-intérêts ? Quel est le prix de la douleur psychologique ?

## *Violences psychologique et préjudice moral*

Jean-Baptiste Perrier, *Aix-Marseille Université* (jean-baptiste.perrier@univ-amu.fr)

La reconnaissance par la loi française des violences psychologiques a marqué un progrès incontestable dans la lutte contre le phénomène et a permis de mieux accompagner les victimes de telles violences. De façon plus récente, le développement du domaine du harcèlement moral ou encore l'incrimination de l'outrage sexiste traduisent encore ce souci du législateur contemporain. Toutes les difficultés ne sont pas pour autant réglées : comment évaluer le préjudice résultant de telles violences ou de tels comportements ? Au-delà de l'indemnisation et du montant des dommages et intérêts, la question se pose surtout de la qualification de ces faits. L'incrimination des violences est en effet liée au résultat, lequel s'apprécie au regard de l'interruption temporaire de travail provoquée. Or, comment apprécier celle-ci en cas de violences psychologiques ?

## *Considérations sur les aspects du préjudice moral : l'avoir et l'être*

Augustin Boulanger, *Aix-Marseille Université* ([augustin-92@live.fr](mailto:augustin-92@live.fr))

Le préjudice moral correspond aux conséquences des atteintes portées aux biens du corps et de l'âme. La personne éprouve des douleurs dans sa chair ou son esprit qui, lorsqu'elles sont indûment supportées, justifient une réparation, c'est-à-dire un retour au statu quo ante. Si cette réparation a, pendant un temps, été refusée au motif que la traduction monétaire de ce préjudice était impossible, il est apparu souhaitable, dans l'intérêt de la victime, de lui accorder une compensation sui generis. Parmi les préjudices moraux réparables, il est possible de faire une distinction entre ceux qui se caractérisent par une réaction d'ordre physiologique à une agression extérieure, la douleur ressentie pouvant trouver son origine dans le corps (blessure physique) ou dans l'âme (anxiété face à un danger prévisible, ou angoisse face à un danger actuel : par exemple, une situation de mort imminente) ; et, d'autre part, ceux qui s'analysent comme un déséquilibre identitaire, un changement plus ou moins important des éléments structurant la personne : sa vie de famille, son image, son travail, etc. Dans le premier cas, la personne a mal, alors que dans le second, elle est mal. Ces deux aspects du préjudice moral sont pris en compte par la jurisprudence. L'avoir mal est réparé chaque fois que la victime est blessée dans ses sentiments. L'être mal est aussi pris en considération, dès lors que l'impossibilité de s'adonner à ses loisirs habituels, la confrontation à une image de soi modifiée par les balafres, ou les difficultés à établir une famille ou à avoir des relations sexuelles, font l'objet d'une réparation. Cet aspect du préjudice moral met au centre la dimension existentielle de la personne, plutôt que sa sensibilité.

### *Le préjudice moral des personnes morales*

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Les personnes morales peuvent-elles obtenir réparation d'un préjudice moral ? La Cour de cassation française l'a nettement admis, tandis que la doctrine s'interroge encore sur le bien-fondé d'une telle solution. Il est vrai que la question est à première vue singulière : parce qu'elles ne sont pas des êtres de chair et de sang, la possibilité qu'elles puissent subir une atteinte qui ne serait pas de nature patrimoniale paraît impossible. Comment une société, par exemple, pourrait-elle avoir éprouvé une blessure morale ou une souffrance quelconque qui trouverait son siège ailleurs que dans son patrimoine ? En somme, ne faut-il pas avoir un cœur, pour monnayer ses larmes ? L'approfondissement du préjudice moral permet toutefois de mieux percevoir, tout à la fois, le bien-fondé et les limites d'une telle réparation. Au-delà de la fonction punitive de la responsabilité civile, certaines manifestations du préjudice moral peuvent fort bien être éprouvées par une personne morale. En ce sens, l'atteinte à la réputation, à l'honneur se comprennent aisément, à plus forte raison à l'heure de la responsabilité sociale de l'entreprise (RSE) qui, à sa manière, démontre que les personnes morales développent une conscience propre. Les contours d'un tel préjudice doivent cependant être précisés, qui invitent à mesurer sa spécificité au regard du préjudice moral des personnes physiques.

## 240. Le psychiatre expert m'a soigné

### *Le psychiatre expert : entre justice et thérapie*

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La doctrine veut que l'éthique, la justice et la relation thérapeutique exigent que les rôles de psychiatre expert et psychiatre traitant ne soient pas assumés par le même médecin. Certains affirment même que ces deux rôles sont incompatibles. Et pourtant, il arrive souvent que le médecin traitant ait à éclairer la cour au sujet de son patient et plus souvent encore, que le médecin expert soit obligé de donner des soins à la personne qu'il doit évaluer. Entre autres, il y a les situations d'urgence, lors desquelles le médecin, quelle que soit à la base la raison pour laquelle il voit le patient, se doit d'intervenir de façon thérapeutique; il y a les dispositions du code criminel canadien, qui permettent de donner à une personne à évaluer des médicaments, même contre son gré; il y a la relation thérapeutique, qui s'installe malgré ou grâce au cadre contraignant mis en place par le tribunal; il y a aussi les adolescents avec lesquels la relation à l'expert adulte est encore plus complexe, et peut-être plus riche. Cette présentation a pour but de faire le point et de donner de nouveaux points de repère sur le sujet.

### *Expertise psychiatrique et relation thérapeutique*

Gilles Chamberland, *Institut Philippe-Pinel de Montréal, Montréal, Canada*  
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Il n'y a pas d'évaluation psychiatrique sans relation thérapeutique. Même lorsqu'il est expert, le psychiatre ne peut échapper totalement à son rôle de thérapeute, de soignant. Pour qu'une évaluation soit juste, il faut que la personne à évaluer accepte de se livrer avec franchise et confiance. Un rapport superficiel, tendu ou même hostile entre l'expert et la personne à évaluer limitera la cueillette de données, biaisera l'évaluation et en faussera les conclusions. Qui dit relation dit échange. Au-delà de l'objectif concret de l'évaluation – souvent de nature pécuniaire au civil – la personne expertisée a d'autres attentes envers le médecin évaluateur: compréhension, empathie, réconfort, conseil, solutions et miracles... Le présentateur énoncera les principes qui le guide dans la relation avec les personnes évaluées aux fins d'expertise et ses repères éthiques en la matière. Il illustrera à l'aide d'exemples les avantages que peuvent tirer les patients de l'expertise, mais également les pièges et limites que comporte ce type de relations.

### *De l'expertise à la thérapie*

Paul-André Lafleur, *Institut Philippe-Pinel de Montréal, Montréal, Canada*  
(lafleurpa@hotmail.com)

Cette présentation portera sur l'expertise au civil qui, le plus souvent, n'implique qu'une rencontre entre la personne à évaluer et le psychiatre. Une rencontre qui, lorsqu'une relation

thérapeutique parvient à s'établir entre l'expert et le patient, peut être particulièrement fructueuse. Fructueuse pour celui qui demande l'expertise – souvent l'assureur, l'employeur ou un organisme public – qui comprendra mieux la situation et prendra des mesures appropriées pour rétablir la situation; pour le patient (l'expertisé) qui aura pu s'exprimer, qui aura reçu de l'empathie et pour lequel un cadre thérapeutique sera suggéré; pour la société, alors qu'une bonne évaluation permettra de réduire les coûts sociaux; et pour l'expert... qui ne se sentira pas réduit au rôle de mercenaire. À la fin de l'entretien d'évaluation, les personnes expertisées demandent souvent à l'expert comment faire pour s'améliorer. La réponse à cette question peut tenir en cinq clés qui seront détaillées dans cette présentation.

## **241. Mieux comprendre les enjeux psychosociaux d'auteurs de violence intrafamiliale : de la clinique à la recherche**

*Le filicide masculin : quels sont les motivations et les enjeux psychiques de ces hommes ?*

Suzanne Léveillé, *Université du Québec à Trois-Rivières* (suzanne.leveillee@uqtr.ca)

Le filicide se définit par l'homicide d'un ou plusieurs de ses enfants. Au Québec, il y a en moyenne quatre hommes et trois femmes auteurs d'un filicide par année. Il y aurait différents sous-groupes d'auteurs d'un filicide en fonction de la motivation à commettre le délit. La rupture amoureuse et les disputes entourant la garde des enfants qui perdurent dans le temps s'avèrent deux facteurs de risque importants. Nous proposons, dans cette présentation, des résultats d'une étude portant sur la motivation d'hommes auteurs d'un filicide à partir de l'analyse de 40 dossiers – répertoriés au bureau du Coroner en Chef à Québec. Les résultats indiquent que les hommes motivés par les représailles et la rupture sont plus à risque de se suicider à la suite du filicide et que les hommes qui commettent un abus physique fatal tentent d'éviter les conséquences judiciaires. À la suite d'une discussion de ces résultats, deux cas cliniques seront présentés afin d'explorer en détail les enjeux psychiques de ces hommes, tels que l'incapacité à élaborer la perte, la rage et les enjeux narcissiques.

*Homicide conjugal et violence conjugale: réalités distinctes ou semblables ?*

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Suzanne Léveillé, *Université du Québec à Trois-Rivières* (suzanne.leveillee@uqtr.ca)

L'homicide conjugal représente environ la moitié des homicides intrafamiliaux. Ce crime est parfois considéré comme le point culminant d'une trajectoire de violence conjugale ayant

augmenté en sévérité, bien que certaines études montrent l'absence de violence conjugale avant l'homicide. Les études démontrent que certains facteurs peuvent contribuer à l'augmentation du risque d'homicide conjugal. La présente étude vise à présenter le fonctionnement intrapsychique de trois hommes auteurs de violence conjugale en fonction des antécédents de violence conjugale. Un entretien et des tests ont été administrés aux participants. Les variables étudiées incluent le déclencheur de l'homicide et les enjeux intrapsychiques. Les résultats indiquent la présence de différences et de similitudes entre les trois profils. Les auteurs d'homicide conjugal sont plus susceptibles d'avoir vécu une rupture amoureuse récente et semblent prédisposés au surcontrôle et à l'évitement des conflits, alors que les auteurs de violence conjugale présentent davantage d'impulsivité. La présentation inclura d'autres variables associées aux affects et aux relations interpersonnelles. Une meilleure compréhension des auteurs de violence conjugale permet de fournir des outils cliniques relatifs à la prévention et à l'intervention auprès de cette clientèle.

### *La persévérance au changement, un enjeu pour les bénéficiaires et pour les intervenants des services spécialisés dans la responsabilisation des auteurs de violences conjugales*

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En Belgique, une femme sur sept a été confrontée à au moins un acte de violence commis par son (ex-) partenaire au cours des douze derniers mois. Une association belge sans but lucratif propose un programme d'accompagnement des auteurs de violences conjugales et intrafamiliales depuis près de 20 ans. Les programmes développés visent la responsabilisation par le groupe de parole. Ces programmes sont majoritairement dispensés sous contrainte judiciaire afin de provoquer une prise de conscience et favoriser l'émergence d'une demande d'aide psychologique. L'étude nationale belge sur les taux de récidives pénales en matière de violences conjugales évalue ceux-ci à 38%. Ces taux baisseraient à 21% si la sanction pénale est associée à un suivi psychosocial; 75% des abandons surviennent en phase préalable tandis qu'une fois intégré dans un groupe de responsabilisation, l'utilisateur persévère davantage. Le pourcentage d'abandon prématuré du suivi psychologique chez les auteurs de violence conjugale varie entre 40 et 70 %. L'exposé visera à rappeler le cadre légal belge. Ensuite, une description des hommes rencontrés dans ces programmes spécialisés sera présentée, de même que les enjeux de la persévérance au changement. Une vignette clinique illustrera l'importance du suivi à long terme.

### *Influence de la prise en charge sur les traits psychopathologiques des auteurs de violence conjugale*

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Adélaïde Blavier, *Université de Liège*

L'objectif de cette présentation est d'analyser certaines caractéristiques du fonctionnement psychologique d'auteurs de violence conjugale ainsi que les changements intrapsychiques apportés par une prise en charge en groupe de responsabilisation. Certains auteurs indiquent la

présence d'alexithymie et d'affects dépressifs chez les auteurs de violence conjugale. Ainsi, centrée sur trois dimensions psychologiques, l'alexithymie, la dépression et l'impulsivité, notre étude longitudinale montre qu'avant la prise en charge, malgré une grande hétérogénéité, l'alexithymie et la dépression sont présentes chez un grand nombre de participants. Après la prise en charge, l'alexithymie est la variable qui diminue le plus par rapport à la dépression et l'impulsivité. Ces résultats suggèrent que l'effet de la prise en charge serait plus marqué au niveau des compétences sensibles à la psychoéducation, notamment les compétences sociales et l'alexithymie. Par contre, les variables liées aux affects dépressifs seraient moins sensibles et plus difficiles à élaborer directement dans les groupes de responsabilisation. Ces variables émotionnelles peuvent cependant être affectées dans un second temps par les changements opérés sur les autres dimensions. Lors de l'exposé, nous discuterons du rôle de ces différentes variables (affectives et comportementales) sur la prise en charge d'hommes auteurs de violence conjugale.

## *La Triade Sombre: Prédicteur de Violence Conjugale chez des Personnes Souffrant de Troubles de la Personnalité*

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La triade sombre est constituée de trois traits de personnalité indésirables : le machiavélisme, la psychopathie et le narcissisme. Des associations entre ces traits et la violence conjugale auprès de personnes de la population générale ont été démontrées. Toutefois, peu d'études se sont intéressées à ces variables auprès de personnes vivant avec un trouble de la personnalité (TP). Pourtant, la présence d'un TP est marquée par une instabilité de l'humeur et des relations et par des comportements impulsifs et dommageables. L'objectif de cette étude est d'explorer les associations entre la triade sombre et la violence conjugale chez des personnes vivant avec un TP et d'évaluer l'effet modérateur de la détresse psychologique sur ces liens. Pour ce faire, 140 patientes référées au Centre de traitement le Faubourg Saint-Jean présentant un TP ont complété des questionnaires auto-rapportés. Les résultats suggèrent que le narcissisme prédit la violence psychologique et physique commise envers le partenaire tandis que la psychopathie permet d'expliquer la violence psychologique commise seulement. Le machiavélisme prédit quant à lui la violence psychologique et physique commise et reçue. Enfin, un niveau de détresse élevé augmente le risque d'être victime de violence psychologique chez les personnes présentant davantage de traits machiavéliques.

## **242. Troubles des sante mentale**

## *Traumatisme psychique et résilience dans les armées togolaises et françaises*

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Les militaires africains sont de plus en plus sollicités, sous l'égide de l'ONU, pour le maintien de la paix et de la sécurité. Depuis 2012, nombreux sont déployés pour le maintien de la paix au Mali, où, ils sont constamment exposés aux événements susceptibles d'engendrer des troubles de stress-post-traumatiques (Louis Crocq, 2014 ; Christian Thibault, 2016). Comparée à celle française, l'armée togolaise présente un déficit du dispositif d'aide psychologique aux personnels militaires (ex : sas de fin de mission à Chypre, la CISPAT, CABAT etc....). Ainsi, au retour des missions quels sont les facteurs pouvant expliquer la résilience des militaires togolais ? Qu'en est-il des représentations des liens d'attachement dans le passé, de même que les stratégies de coping chez ces militaires ? Ces interrogations constituent la problématique de recherche que nous abordons dans nos travaux de thèse doctorale en psychologie clinique sociale. Ainsi, notre communication proposera un état de la question et des perspectives de recherche dans l'objectif de mettre en évidence le processus de résilience des soldats togolais.

## *PTSD. Post traumatic stress disorder ou stress post – traumatique (SPT) en pratique médico – légale*

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Le service de médecine légale de Tizi-Ouzou (Algérie) est structuré en unités cliniques. L'unité de victimologies prend en charge les différents types de violences y compris les malades atteints d'un stress post traumatique PTSD. Dans le cadre de cette unité clinique, toute personne victime de violences est en droit de demander réparation du dommage qui lui a été causé et dans ce sens la relation médecin / blessé prend une dimension particulière. Il y a eu atteinte à la personne avec blessures corporelles, mais aussi blessures psychiques, entraînant inévitablement la survenue d'un stress post – traumatique. L'accompagnement psychologique de cette catégorie de victime doit être la règle dans les phases hospitalières et post – hospitalières. L'équipe du service de médecine légale du CHU de Tizi-Ouzou (Algérie) se propose pour exposer son expérience dans le domaine de la prise en charge du PTSD.

## *L'utilisation de marqueurs linguistiques et de méthodes d'apprentissage automatique du discours dans la prédiction vers la psychose : quels enjeux pour le patient et le psychiatre?*

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Depuis quelques années, la prédiction dans le champ de la schizophrénie est l'un des enjeux de la psychiatrie internationale. Plusieurs centres se sont constitués pour repérer plus tôt des sujets à risque de développer un trouble psychotique et ainsi agir plus vite. Pour améliorer cette prédiction, le département de psychiatrie de Brest s'intéresse à identifier des marqueurs linguistiques spécifiques de la transition psychotique à l'aide de techniques d'apprentissages automatiques. D'une réification du langage à une désobjectivation de l'individu, cette mutation du recueil de la clinique soulève des enjeux éthiques et épistémologiques. Guidée par le principe de bienfaisance et l'obligation d'action chez des sujets vulnérables, l'éthique de précaution pourrait être la juste mesure entre les partisans de l'abstention et ceux « l'action coûte que coûte ». Déployant une énergie pour se former sans cesse, elle rejoindrait ainsi le langage dans sa fonction de médiation entre « le monde intérieur » de l'individu et le « monde commun ».

## *Travail et vieillissement: des risques spécifiques pour la santé mentale?*

Alain Marchand, *Université de Montréal* (alain.marchand@umontreal.ca)

Avec le vieillissement de la population, il s'avère particulièrement pertinent et important d'identifier si et comment la profession, le secteur économique et les conditions de travail s'associent aux symptômes de dépression des employés de 50 ans et plus afin de garantir de meilleur état de santé et éviter les retraites prématurées. Les données proviennent de l'étude SALVEO, qui ont été recueillies entre 2009-2012 auprès de 63 établissements, 2162 travailleurs québécois (Canada), dont 506 employés âgés de 50 ans et plus, et 75 gestionnaires des ressources humaines. En contrôlant pour le genre, l'âge, le statut matrimonial et les problèmes de santé chroniques, les demandes psychologiques (charge de travail, rythme de travail, demandes conflictuelles), le soutien des collègues, la supervision abusive et l'insécurité s'associent significativement aux symptômes de dépression. Les résultats suggèrent que la profession et le secteur économique ne sont pas en soi des déterminants majeurs pour comprendre les variations des symptômes de dépression des travailleurs de 50 ans et plus. Les conditions de travail associées aux demandes du travail, aux relations sociales et aux gratifications ont une importance beaucoup plus grande. Les implications pour l'intervention auprès de cette population seront discutées.

## **243. Troubles sexuels chez l'adolescent**

*Létalité et conduites paraphiliques de l'adolescent : une prévention nécessaire*

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Les pendaisons sont responsables d'un certain nombre de décès chez l'adolescent chaque année, notamment chez les garçons. Majoritairement d'origine suicidaire, elles peuvent être aussi accidentelles. 30% de ces pendaisons accidentelles surviennent lors de manœuvres auto-érotiques, phénomène qui reste méconnu par le grand public et les professionnels de santé, chez le pré-adolescent et l'adolescent. Nous vous présentons un cas atypique de pendaison qualifiée " d'auto-érotique " chez un jeune adolescent âgé de 12 ans, qui était sujet à d'autres conduites paraphiliques tels que l'autobondage et le travestisme fétichiste, en plus de l'asphyxiophilie. Ses parents, inquiets des stigmates de liens qu'ils constataient, de manière itérative, au niveau de son cou, avaient alerté à plusieurs reprises des professionnels de santé mentale, qui, tous, s'étaient montrés rassurants. Un certains nombres d'éléments issus de ce cas ne sont pas classiquement retrouvés dans la littérature médicale. L'autopsie médico-légale a, par ailleurs, objectivé l'existence d'un phimosis serré, rendant impossible tout décalottage. Nous essayerons de déterminer, grâce à la réalisation d'une autopsie psychologique a minima de ce jeune adolescent, si son décès peut être en lien avec une conduite suicidaire ou s'il est purement accidentel. Il apparaît que la découverte et le visionnage de pratiques paraphiliques par l'enfant et l'adolescent s'effectuent avec grande facilité sur internet. Néanmoins ils ne semblent pas suffisamment informés quant au risque léthal majeur en lien avec de tels comportements, surtout lorsqu'ils sont pratiqués en solitaire.

## *Problématiques de l'expertise psychiatrique des adolescents auteurs de violences sexuelles dans le cadre intrafamilial*

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Jeune homme de 15 ans mis en examen des chefs d'agression sexuelle incestueuse sur son frère âgé de 10 ans et d'agression sexuelle imposée à sa cousine de 9 ans. Les faits sont successifs et remontent à l'année 2017. Pendant plusieurs mois, les deux frères ont eu des pratiques sexuelles faites d'attouchements sexuels et de fellations réciproques. Ils ont été surpris par leur grand-mère alors qu'ils étaient en vacances chez elle. Cette dernière a informé les parents qui ont pris les mesures qui leur paraissaient adéquates. En raison de l'impossibilité de poursuivre ses activités avec son frère, c'est vers sa cousine que le jeune homme s'est ensuite tourné pratiquant à quelques reprises des attouchements sexuels. L'expertise psychiatrique demandée par le juge d'instruction est réalisée en septembre 2018 soit 9 mois après la garde à vue et la mise en examen. Elle met en évidence un certain nombre de facteurs qui seront discutés comme un antécédent personnel d'agression sexuelle quelques années plus tôt par un cousin, une appétence importante en 2017 aux vidéos pornographiques, une précocité intellectuelle s'accompagnant d'immaturation psychoaffective et quelques traits du spectre autistique rendant difficiles l'abord des

jeunes filles de son âge et entraînant un certain repli sur sa famille. Seront aussi discutés les conseils du médecin traitant aux parents de la cousine de porter plainte " pour que leur enfant puisse se reconstruire ", le placement par la justice du jeune homme en famille d'accueil, la souffrance des deux frères qui n'ont plus le droit de se voir alors qu'ils entretenaient une relation affective proche, l'éclatement de la famille, les réactions parentales à l'égard de leur fils aîné, la crainte d'un geste suicidaire réactionnel du jeune homme particulièrement honteux et culpabilisé. Seront aussi abordés la question de la sexualité infantile qui reste très tabou dans notre société ainsi que l'impact de la pornographie dont l'accès est tout à fait libre.

## *Sexualité de l'adolescent : du normal au pathologique et L'hypersexualité symptôme : éléments d'orientation diagnostique*

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La sexualité de l'adolescent est un thème de recherche au carrefour de différents champs : le champ psychologique, sociologique, médical mais également judiciaire. À l'adolescence, le développement psychosexuel de l'individu est marqué par quatre facteurs importants : la puberté entraînant un bouleversement de l'image du corps; la vie affective plus intense; l'action qui prévaut sur l'expression verbale; et le jugement moral encore en consolidation ou en cours de construction. Cette sexualité peut être perturbée et être considérée comme déviante ou anormale. La notion de norme a un fondement juridique. Les normes sont cependant supportées par un cadre légal qui établit clairement les comportements jugés répréhensibles, c'est-à-dire qui portent atteinte aux droits d'autrui. À l'échelle individuelle, les normes s'élaborent au croisement d'une socialisation primaire et d'une socialisation secondaire acquise au cours des différentes étapes de la vie adulte. A l'heure du « tout médical », comment interpréter une sexualité anormale alors même que l'adolescent entre dans un parcours initiatique ? Pour tenter de définir la place du psychiatre dans cette symptomatologie, nous aborderons dans un premier temps les bases neurophysiologiques de la sexualité. Puis, nous aborderons l'hypersexualité en tant que « symptômes », c'est à dire s'intégrant dans une pathologie. Par ailleurs, ces troubles peuvent également être induits par certains psychotropes utilisés chez l'adolescent. Ainsi, à travers une revue transversale de la littérature, il sera donné des éléments pour guider les professionnels de santé dans le domaine nébuleux de la sexualité de l'adolescent.

## *Trouble sexuel de l'adolescent et délinquance sexuelle*

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L'adolescence est une période clé pour le développement psycho-sexuel. Il s'agit d'une période de maturation sexuelle où des remaniements importants se font. Il s'agit également d'une période où l'adolescent adopte et investit des comportements de l'agir. Cela peut concerner notamment des conduites à risque tel que l'usage de substances psychoactives, des conduites de transgression, des échecs scolaires, mais également des conduites violentes et plus rarement des conduites sexuelles violentes. Le consentement est l'élément principal sur lequel s'établit la différence entre conformité et acte déviant. Des études récentes suggèrent qu'entre 5,6% à 40% des adolescents auraient commis des gestes sexuellement coercitifs c'est à dire sans consentement du partenaire. Or comme chez l'adulte, le caractère déviant de l'acte sexuel ne prédit pas de la structure mentale sous-jacente. Nous allons voir à travers un cas clinique et une revue de la littérature quelles sont les modalités spécifiques des adolescents auteurs de violences sexuelles. Notre cas clinique s'intéressera notamment à l'auteur mineur d'infraction sexuelle et au premier rapport sexuel perpétré de manière coercitive. Mais nous nous intéresserons également aux différents profils de ces jeunes délinquants sexuels et quelles en sont les particularités cliniques. Il s'agit en effet, d'un enjeu certain pour l'évolution et le risque de récurrence futur.

## 244. Perspectives éthiques et cliniques

### *Morale, loi, justice : sœurs ennemies et/ou incestueuses*

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Si, d'un point de vue abstrait, théorique et idéologique, les notions de morale (consensus social), de loi (consensus politique) et de justice (institution et/ou valeur) se distinguent assez aisément, il convient de souligner que la morale et la loi sont nées de la même matrice, partagent leur principe consensuel et sont séparées par des frontières floues. Qu'elles affirment leurs différences et leur imperméabilité réciproque n'exclut pas de collusion. Dans une telle dynamique consanguine, la justice-institution pourrait jouer le rôle du tiers ordonnateur qui métisse les impératifs de fond (morale) et de forme (loi), en vue de la plus grande équité. Mais il faudrait alors qu'elle se pose comme instance éthique, ce qui est incompatible avec le formalisme procédural inhérent à l'application de la loi. Dans sa confrontation à l'institution justice, le justiciable continuera donc à éprouver, quelquefois au moins, le pénible sentiment d'être ignoré, méprisé en tant qu'être moral dont l'aspiration au bien et à l'équité n'est pas reconnue. Ce constat, hélas banal, pourrait inviter à réfléchir à la responsabilité, à la formation et au contrôle des personnes qui appliquent la loi.

## *Entre droit criminel et psychiatrie: la valse des régimes de vérité dans le traitement des plaintes pour tentatives de suicide au Québec au tournant du 20e siècle*

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En 1892, date de la création du premier Code criminel canadien, la tentative de suicide est un crime et ce, jusqu'à sa décriminalisation en 1972. Du droit criminel à la psychiatrie, le déplacement de la réaction sociale à la tentative suicidaire aurait en quelque sorte été « officialisé » par ce retrait de l'article de loi. Nous verrons néanmoins dans notre présentation qu'il n'y a pas eu, pour les tentatives de suicide, d'abord prise en charge pénale et seulement ensuite, encadrement médical. En effet, au tournant du 20e siècle, le droit criminel cohabite déjà depuis un moment avec cet autre régime de vérité qu'est la psychiatrie. L'analyse de 163 plaintes pour tentatives de suicide à Montréal entre 1908 et 1919 montre qu'il faut être prudent avant de diagnostiquer qu'un type de régulation prend la place d'un autre. En effet, un verdict d'aliénation mentale ou une prise en charge médicale sans procès d'un individu aux tendances suicidaires ne sortent pas de facto le dossier judiciaire du rayon d'action du droit criminel. Il serait davantage question d'une réorganisation, voire d'un renouvellement partiel de ce type de droit quant aux options qu'il mobilise pour traiter des plaintes relatives aux tentatives de suicide.

## *Autonomie et vulnérabilité dans le cas du refus des familles de donneurs décédés ayant consenti au don d'organes*

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Le principe d'autonomie, que souligne le respect des volontés du donneur décédé par l'expression de son consentement au don de ses organes, est le critère éthique communément valorisé jusqu'à se voir inscrit dans les lois et les politiques relatives au prélèvement d'organes. Cependant, les pourcentages élevés de refus des familles de donneurs décédés ayant préalablement consenti au prélèvement d'organes au Canada et en France semblent démontrer que le principe d'autonomie auquel nos sociétés occidentales accordent une grande importance n'a pas nécessairement la préséance lorsque les familles se trouvent face à la question d'entériner la décision de leurs proches décédés. Nous posons l'hypothèse que le statut même du corps, oscillant entre corps-objet et corps-sujet, est ce qui tisse la trame des politiques de prélèvement actuelles et s'interpose entre l'altruisme du don et le déni de l'autonomie du donneur par la famille. En effet, en illustrant notre propos par des exemples québécois et français, nous nous interrogerons quant à savoir si leur vulnérabilité face au statut du corps pourrait, si prise en compte au plan éthique, servir de complément au principe d'autonomie dans l'encadrement des familles face au don consenti et ainsi diminuer le taux de refus des familles.

## *Prévenir la criminalité avec une approche centrée sur les compétences et la résilience des familles*

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Le projet Ensemble pour prévenir! s'appuie sur un partenariat sociocommunautaire pour la prévention de la criminalité dans des quartiers défavorisés de la région de Trois-Rivières. Il met en application 1) le *Communities that Care* (CTC), qui propose un processus organisé pour la planification et la gestion des activités de prévention de la criminalité à l'échelle d'une collectivité, et 2) le *Strengthening Families Program* (SFP), qui vise à renforcer les dimensions communicationnelle, relationnelle et disciplinaire du lien parent-adolescent. Cette présentation décrit les fondements et le fonctionnement de ces programmes que ces acteurs ont appliqués dans leur communauté, avec les caractéristiques des familles y ayant participé. Ces informations mettent en perspective les résultats prometteurs d'une recherche évaluative s'appuyant sur des entretiens ayant été réalisés notamment auprès d'une vingtaine de parents et d'une douzaine d'animateurs. Leurs témoignages portent à réfléchir sur les retombées d'une approche sociocommunautaire centrée sur la résilience des familles.

## **245. Protection et accompagnement: les régulations « socio-civiles » de l'intervention sur autrui dans le contexte de la CIDPH**

*Au coeur des mécanismes de substitution et d'aide à la décision, le pouvoir juridique : l'exemple du Québec*

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Bien souvent lorsque l'on aborde la question des droits des personnes en situation de handicap et de la tension possible entre les principes de protection et d'autonomie, la réflexion porte sur l'exercice de ces droits. Exercés en lieu et place de la personne « pour elle » dans le cas des mesures dites substitutives, et par la personne avec l'aide d'autrui dans le cas des mesures d'accompagnement, ces droits sont donc le centre de toutes les attentions. Quittant le domaine des droits fondamentaux, il nous semble important de nous recentrer sur le droit privé et interroger un concept clef à la base des relations juridiques qui se tissent dans ces régimes, celui de pouvoir juridique. Les curateurs (Québec), ou les tuteurs (France) exercent-ils les droits d'un majeur handicapé en lieu et place de ce dernier ou plutôt exercent-ils un pouvoir de représentation ? Quel est l'encadrement juridique de ce pouvoir ? Sur quelle(s) fiction(s) ce pouvoir s'articule-t-il ? Quant aux mesures d'aide à la décision, la question évidente est celle du veto. Qui a le pouvoir du veto ? Sur quels actes ? En raison de quels fondements ?

## *Les personnes majeures incapables de donner le consentement dans la législation de l'Union européenne relative aux essais cliniques*

Małgorzata Gałązka, *Université Catholique de Lublin Jean-Paul II* (mkinga2@wp.pl)

La participation des personnes majeures incapables d'exprimer le consentement éclairé aux essais cliniques génère trois problèmes principaux dévoilant des oppositions des valeurs fondamentales. Premièrement, le respect du consentement éclairé exige de limiter strictement les possibilités d'effectuer sur la personne incapable une intervention médicale sans son bénéfice individuel direct. Pourtant, secondement, la mise au point de nouveaux médicaments dans le domaine de la psychiatrie nécessite la participation des personnes touchées des troubles mentaux aux recherches visant à la vérification des propriétés de ces substances. Finalement, la limitation des recherches médicales sur un groupe vulnérable, dictée par sa protection contre l'exploitation à des fins scientifiques, peut s'avérer discriminatoire pour ce groupe dans le contexte de l'accès aux innovations thérapeutiques. Les efforts de mettre en équilibre ces tensions dans le respect de la dignité humaine constituent un trait commun des standards juridiques de la biomédecine depuis plus de 20 ans. Récemment, on peut y constater la modification significative du droit de l'UE. Le règlement n° 536/2014 du Parlement européen et du Conseil du 16 avril 2014 relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE permet la participation des personnes adultes n'ayant pas la capacité de consentir aux essais cliniques dans une mesure plus large par rapport à la directive abrogée. Cela concerne surtout les essais cliniques dont on ne s'attend pas de bénéfice direct pour le participant. Le règlement vise pourtant à minimiser le risque des telles interventions et assurer, autant que possible, le respect de la volonté du participant incapable.

## *Classer et qualifier les (in)capacités civiles*

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La présomption de capacité civile de tous les citoyens est reconnue par les droits positifs qui prévoient en même temps des mesures de protection permettant de décider et d'agir à la place des personnes qui sont juridiquement reconnues dans l'incapacité d'agir ou de prendre des décisions par elles-mêmes. En France, ce sont aujourd'hui près de 800 000 personnes qui font l'objet d'un jugement d'incapacitation alors que seules quelques centaines de mesures étaient ouvertes annuellement à la fin des années 1960. Il convient de s'interroger sur le processus social conduisant à qualifier ou disqualifier les capacités civiles des personnes, sur la place des experts, autant que celle des profanes et des professionnels des droits. Nous montrerons que les justifications données aux mesures de protection varient selon la phase socio-biographique traversée par la personne justiciable. Cette variation révèle une diversité des déceptions des attentes civiles et sociales d'autonomie, déceptions dessinant en creux la manière dont est construite la capacité civile. Elle souligne la dimension plurielle de la norme d'autonomie qui structure ordinairement la présomption de capacité reconnue en droit à toute personne majeure.

Elle éclaire les contraintes sociales qui construisent la protection tutélaire comme un ultime recours pour pallier les conséquences d'une promotion de l'autonomie individuelle.

## **Spanish Language Sessions**

## **246. Temas en la intersección de los derechos humanos y la salud mental**

### *Perspectiva ética y geopolítica de la valoración de la violencia política*

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El objetivo de este ensayo es hacer una presentación de los fundamentos epistemológicos y conceptuales de la etnopsicología y la psicología geopolítica clínica desde los postulados de F. Sironi, que sitúan la dinámica de la violencia política como un ejercicio intencional de los victimarios que pretende no solo atemorizar y someter sino destruir el tejido social y la riqueza cultura de las víctimas. Desde esta perspectiva se plantea el ejercicio clínico como el ejercicio psicojurídico y forense orientado por la perspectiva geopolítica que implica contemplar entre otros aspectos: la historia colectiva de la violencia, la perspectiva cultural, la dimensión política, la intencionalidad, y la naturaleza de la barbarie, como criterios fundamentales de valoración del daño y la constitución del trauma. De esta manera se señala como evitar el maltrato teórico que acontece cuando solo se trabaja con la historia individual del trauma dejando de lado la perspectiva política y cultural del impacto de lo colectivo sobre la víctima. Esta reflexión invita a la contemplación de una ética de la actuación del psicólogo más cercana a la dimensión traumática que el sufrimiento de las víctimas plantea.

### **La bienestar mental y la espiritualidad de mujeres privadas de libertad en Chile : un estudio de métodos mixtos**

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Los trastornos mentales afectan aproximadamente una cuarta parte (26.6 %) de la población penal chilena. Una cárcel saludable es la que no sólo identifica y trata el trastorno mental, sino que también reduce el riesgo de estos y promueve el bienestar mental. La OMS señala que la salud mental en la cárcel y la promoción del bienestar en este grupo de población es una tarea esencial. La Escala del Bienestar Mental de Warwick-Edimburgo se ha validado por uso en una población chilena. Esta presentación describe los métodos cuantitativos y los resultados de una investigación del bienestar mental y la espiritualidad de 96 mujeres en una cárcel en Chile. También, discute los temas cualitativos obtenidos por grupos de focus y entrevistas con las mujeres y profesionales trabajando en la cárcel. El estudio muestra las implicaciones por los

servicios de la salud mental en las cárceles femeninas y las estrategias de la promoción de salud mental.

### *Estándares de derechos humanos en derecho en salud mental: una perspectiva dicotómica*

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Este estudio consiste en un análisis comparativo sobre los actuales estándares dicotómicos en cuestiones de salud mental en el marco internacional/regional de derechos humanos. Desde la adopción de la Convención sobre los derechos de las personas con discapacidad (CDPD) coexisten dobles estándares en cuestiones de salud mental en el marco internacional de derechos humanos. Por un lado, la CDPD adopta el modelo social hacia la discapacidad y la salud mental. Esto transforma las fronteras tradicionales del derecho en salud mental, pone el foco en garantizar el ejercicio de los derechos y las obligaciones positivas de los Estados en materia de salud y rechaza legitimar cualquier medida coercitiva basada en un diagnóstico psiquiátrico. Por otro lado, algunos órganos del sistema internacional de derechos humanos y otras organizaciones regionales de derechos humanos y sus instrumentos, como el Consejo de Europa y el Tribunal Europeo de Derechos Humanos, no adoptan plenamente la CDPD y sus estándares en lo relativo a la salud mental. En cambio, adoptan una perspectiva formal legalista que favorece la regla de la excepcionalidad y las restricciones de derechos de las personas con problemas de salud mental. Este estudio analiza estos dobles estándares, las diferencias epistemológicas irreconciliables entre ambos y la necesidad de adoptar la CDPD en el derecho que afecta las cuestiones de salud mental.

## **247. Psiquiatría forense: temas especiales**

### *Perfil epidemiológico y prevalencia de trastornos mentales de adolescentes en conflicto con la ley en Brasil*

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En Brasil, el 0,9% de los delitos son cometidos por adolescentes y este número ha aumentado anualmente. Se realizó un estudio transversal con 75 adolescentes varones en conflicto con la ley, quienes se unieron a la unidad de Hospitalización Provisional en 2017. La edad media de los adolescentes fue de 16,2 años, con un promedio de seis años de estudio. La prevalencia de robo fue de 44%, homicidio e intento de asesinato 22,6% y narcotráfico 20%. La prevalencia de trastorno mental fue del 73,3%. El 60% de la muestra tenía un trastorno de conducta y el 28,7%

dependía de las drogas. La edad media de inicio del consumo de drogas fue de 13,4 años. El 37,3% del total de adolescentes tenía antecedentes de tratamiento psiquiátrico previo. La prevalencia de antecedentes familiares de trastorno mental fue del 33,3% y de dependencia química del 62%. Este proyecto es parte de una investigación sobre el perfil de adolescentes en conflicto con la ley en Brasil. Los datos recopilados servirán como base para la implementación de acciones preventivas y planificación terapéutica.

## *"¿De qué forma comete incendio un psicópata?"*

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El incendio es considerado en todo el mundo un crimen grave debido a sus serias consecuencias. Existen muchas formas de cometerlo y de allí diferentes tipos de incendiarios. Una investigación de psiquiatría forense propuso un modelo de conductas incendiarias describiendo cinco tipos y varios subtipos. La psicopatía estuvo incluida en el estudio a fin de describir de qué forma este tipo de sujetos cometen incendios. El caso presentado muestra la forma en que un psicópata es capaz de cometer este tipo de delitos. Trata de un hombre que le prende fuego al departamento de un amigo luego de asesinar y abandonar allí a una muchacha escort. El fiscal, basado en las pericias practicadas por bomberos y la tanatóloga, pudo demostrar la forma en que se maltrató a la víctima, quien aún se encontraba con vida al momento que se inició el incendio. El veredicto del tribunal ilustró acerca de la personalidad y el estilo criminal del condenado. A partir de este caso se discute si es posible describir un patrón incendiario psicopático.

## *Sociopatía / psicopatía: análisis descriptivo de diferentes aspectos del homicidio*

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En términos biológicos, el homicidio está en un de los extremos del espectro de la violencia, otras formas de violencia se encuentran asociadas a factores criminológicos y victimológicos. En los últimos años las tasas de homicidio se han incrementado por la asociación a diversos fenómenos sociales. Como ejemplos de esto, tenemos feminicidios, infanticidios, asesinatos en masa. Muchos autores hablan de la asociación directa de los Trastornos de personalidad (sociopatía) con el espectro de la violencia; señalan que sólo una minoría de las personas con trastornos mentales son violentas, así como la asociación de la psicopatía a las formas mas violentas de delincuencia. La comprensión de este fenómeno nos acerca a una mejor enfoque, mismo que siempre debe ser interdisciplinario, en vez de un enfoque que la mayoría de las veces es solo legal, pero que resulta ineficiente e insuficiente. La investigación actual muestra casos de homicidas que cumplen criterios clínicos y multidisciplinarios para sociopatía o psicopatía, así como el análisis de asociaciones legales, forenses, psiquiátricas, psicológicas y criminológicas.

## **Italian Language Sessions**

## 248. Criminologia e psicopatologia forense

### *Grafologia e neuroscienze: un metodo pericoloso*

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Il Contributo della Teoria Stratigrafica che Rudolph Pophal (1893-1966) ha applicato alla Grafologia, travalica a parere nostro i confini della sua originale appartenenza per approdare ad un più ampio mosaico di discipline correlate alle Scienze Forensi come la Neuropsicologia, le Neuroscienze, la Criminologia Clinica, la Psicologia, l'Embriologia, la Biologia e l'Anatomia Comparata, la Criminalistica. Rudolph Pophal, allievo di Klages, apprese dal suo maestro, la caratterologia e la dottrina grafologica e forte della sua formazione accademica neurologica e psichiatrica, ha potuto caratterizzare i suoi studi avendo sentito l'esigenza di una impostazione scientifica del metodo grafologico creando una chiave interpretativa del tutto nuova e originale nell'ambito della Neurofisiologia. Scopo della relazione è fare il punto sull'apporto che tale interessante teoria può dare non solo al campo del grafologo giudiziario ma anche a tutte le menzionate discipline scientifiche partendo dalla sua originale formulazione e anche alla luce dei recenti progressi delle metodiche applicate ai vari campi della ricerca criminologica. Verranno esaminate inoltre le grafie di alcuni celebri killer seriali e di alcune personalità psicopatiche nonché i ruoli che le moderne tecniche di Imaging (RMNf, SPECT) possono giocare in un moderno approccio multidisciplinare nello studio delle psicopatie e dei disturbi antisociali di personalità.

### *Ibristofilia: Analisi di alcuni casi*

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I delitti commessi da coppie criminali, sono sempre più diffusi estendendosi a più 'modus operandi', con motivazioni diverse, anche se sottendono come minimo comune multiplo l'eccitazione emozionale e sessuale. Solitamente, all'interno di una coppia criminale, sia essa composta da due persone di sesso opposto, che dello stesso, viene ad innescarsi la cosiddetta 'coazione a ripetere' delle loro azioni delittuose, che la inquadrano clinicamente nella nota 'folie a deux' (Lasègue e Falret fine '800), classificata come 'disturbo psicotico condiviso secondo il DSM-5' e che generalmente è composta da un soggetto dominante 'Induttore' ed uno debole

‘Indotto’, i quali nonostante caratterizzati da caratteristiche di personalità diverse, si attraggono tra loro, in una relazione patologica in cui entrambi i soggetti esercitano un ruolo specifico in una sorta di ‘amore malato’. Tuttavia, a livello di idoneo inquadramento nosografico, è doveroso espletare una ricognizione mirata all’analisi comportamentale di alcuni casi, oggetto della presente trattazione, dove in realtà, trattasi di una parafilia cosiddetta: ”Ibristofilia” (vedi John Money sessuologo Università Johns Hopkins), ossia quel ‘modus operandi’ omicidiario, in stile ‘Arancia Meccanica’ o ‘Bonnie e Clyde’, alla luce degli aggiornamenti sul tema, ivi inclusa una idonea chiave di lettura in merito alla ‘capacità di intendere e volere’ e quindi in termini di imputabilità.

## *Dinamiche intrapsichiche del terrorista islamico, alla luce delle recenti ricerche*

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Come è ben noto, lo scopo del terrorismo è quello di generare terrore, con la finalità di provocare disordine sociale ed attenzione mediatica massiva. Gli atti di terrorismo che più hanno sconvolto gli ultimi 18 anni, a partire dall’ 11 settembre 2001, sono soprattutto di matrice islamica e diventa dunque interessante comprendere cosa possa esserci alla base di una scelta individuale che spinge un soggetto al compimento di azioni distruttive. Una recente ricerca, condotta dal criminologo prof. Vincenzo Mastronardi nell’ambito del progetto europeo Mates e mirata tra gli altri fattori, ad espletare il profilo psicologico del terrorista islamico, soprattutto alla luce delle nuove forme di attacchi terroristici, ha individuato attuali dinamiche intrapsichiche, che ricondurrebbero alle medesime motivazioni di diversi mass murder caratterizzati da vissuto depressivo mascherato da ‘pseudo motivazioni’ a scopo di denuncia sociale. In realtà, trattasi di soggetti con bassa soglia di tolleranza allo stress e narcisismo esasperato (narcisismo maligno). Ad oggi sappiamo che l’ISIS utilizza meccanismi di autocelebrazione attraverso determinati messaggi per i suoi proseliti proprio grazie alla tecnologia sempre più aggiornata in una sorta di ‘falso mito’ al quale tutti possono partecipare e dal quale si possono trarre vantaggi immediati. Lo Stato Islamico, inoltre, fa leva sulla disperazione di chi ha bisogno di rivalsa e riscatto sociale e certezze sia pur perverse sul piano esistenziale come ad esempio, l’attribuzione di dare un senso alla propria vita. Dallo studio di diverse psicobiografie di cosiddetti “lupi solitari”, emergono infatti notevoli difficoltà esistenziali, fonte di grande sofferenza individuale occultata anche se stessi e trasformata in assassina rivendicazione sociale. Da tale profilazione, si evince come il terrorista sia in grado di operare attraverso un meccanismo di disumanizzazione delle vittime, un forte distacco emotivo con conseguente rimozione di qualsivoglia freno inibitorio, diffondendo in un ‘falso credo’ una inversione delle percezioni, ossia che la società è patologica, motivo per il quale va salvata punendola. Il Lupo Solitario così come il classic Mass Murder, abbraccia la sua missione, facendosene portavoce.

## *Crimini nella terza età: Anziani vittime ed autori di reati*

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Nel 2018 in Italia sono nati 449 mila bambini, secondo i dati Istat negli ultimi anni vi è stato un costante calo arrivando oggi al minimo storico. Mentre la diminuzione delle nascite (si stima una media di 1,34 figli per donna) è un dato estremamente preoccupante per il nostro Paese, la buona notizia è che, grazie alle nuove cure mediche, alla qualità della vita ed alle scoperte scientifiche, la popolazione vive molto più a lungo rispetto anche a solo 30/40 anni fa. Infatti viene stimato che ad oggi la speranza di vita alla nascita è di 83,4 anni. Attualmente in Italia le persone over 65 sono il 22,3% contro una media europea del 19,4%, ma si prevede che nel 2050 i “grandi vecchi” (persone con più di 85 anni) saranno 6 volte più numerosi di oggi. Pertanto risulta molto utile studiare i fenomeni collegati a questo invecchiamento della popolazione ed analizzare non solo i crimini messi in atto a discapito di anziani fragili, ma anche indagare le motivazioni che spingono delle persone ad intraprendere a tarda età una carriera criminale (ricordiamo ad esempio il famoso caso dell’americano Leo Sharp che a 87 anni era diventato un “corriere della droga”).

### *Il delirio erotomane: eziologia e disamina di alcuni casi clinici*

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Il delirio erotomane, o di De Clérambault, è una sindrome passionale morbosa in cui prevale la centralità di un’elaborata e sistematica illusione d’amore. È un’affezione tipicamente femminile in cui la paziente è fermamente convinta di essere amata da un individuo, che le manifesterebbe la sua devozione tramite messaggi clandestini ed espedienti segreti. Generalmente l’esordio del disturbo è improvviso ed esplosivo: a soffrire del delirio sono donne provenienti da un sfondo culturale modesto, mentre l’oggetto d’amore è personificato da uomini più anziani, rispettati e appartenenti a uno strato sociale e finanziario elevato (ad esempio celebrità, medici, dirigenti), immancabilmente sposati, o irraggiungibili per altre ragioni. Tra la paziente e l’oggetto d’amore è intercorso solamente qualche contatto casuale, o addirittura i due non si sono mai conosciuti. Secondo orientamenti psicodinamici, la sindrome sarebbe il risultato della ricerca di una figura paterna sicura ed erotizzata, del bisogno di respingere pulsioni omosessuali, o potrebbe essere intesa come un amore per se stessi che è stato negato e proiettato in un uomo. Verrà infine evidenziata la disamina di alcuni casi eclatanti, riportati in letteratura.

## **249. Pazienti non colpevoli a causa di pazzia e pericolosi**

Antonio Fiorella, *Sapienza Università di Roma* - Discussant  
Andrea Castaldo, *Università di Salerno* - Discussant

*Lo status giuridico ed il diritto alla cura degli ospiti delle REMS dopo la chiusura degli ospedali psichiatrici giudiziari*

Franco Scarpa, *USL 11 Toscana, Florence, Italy*  
Luca Castelletti, *Consulting Psychiatrist, Nogara, Italy*

Lo scorso 2014 è stata approvata la legge n. 81 in Italia secondo cui i pazienti dovevano essere trattati fuori degli Ospedali psichiatrici giudiziari. Le nuove strutture, Residence for Security Measure (REMS), devono fornire ognuna non più di 20 letti riservate ai pazienti più pericolosi. I pazienti meno pericolosi vengono trattati dalla rete dei servizi e delle residenze della comunità del sistema di salute mentale. In Italia, dopo la riforma Basaglia del 1978, non esistono più manicomi ma solo residenze in comunità, e trattamenti ambulatoriali. I pazienti acuti sono ospitati in reparti psichiatrici all'interno degli ospedali ordinari per il tempo necessario. I REMS funzionano, con il consenso del paziente al trattamento, pianificano piani terapeutici individuali centrati sui bisogni del paziente. Al momento ci sono in Italia 34 REMS per un numero di 600 pazienti. Vi è un elevato turn over dei pazienti e molti di loro sono indirizzati in strutture con minor sicurezza. In realtà, alcune Regioni hanno creato strutture in grado di trattare pazienti meno pericolosi. Il numero di posti letto del REMS sembra non essere sufficiente e molti pazienti (quasi 300) attendono di essere ammessi in queste strutture sicure. Oltre alle REMS, la maggior parte degli NGRI sono trattati all'interno delle strutture ordinarie perché il Giudice può applicare una misura di sicurezza "non restrittiva" denominata "libertà vigilata". Verrà descritto il tipo di trattamento e verranno analizzati i principali problemi. Si esamineranno quindi i servizi psichiatrici all'interno delle carceri, strutturando forme di collaborazione con i tribunali e i suoi esperti. La riforma dovrà poi affrontare le modifiche della legislazione penale, incluse le misure di sicurezza. L'Italia sta affrontando senza dubbio un nuovo passo verso il trattamento dei pazienti che hanno commesso reati senza carcere e in un ambiente meno restrittivo, senza muri e cancelli, se non proprio necessari, all'interno dei servizi della comunità.

Italy reformed the system for treatment of patients not guilty by reason of insanity, dangerous for society, and according penal code sentenced to a security measure. Last 2014 the Law n. 81 was approved, stating the principle that patients had to be treated out of prison system, i.e., the big asylums called Judicial Psychiatric Hospitals, but in a new national residential network managed by the national health system and Psychiatric Departments. This new system for subjects in security measures is now trying to develop and share common good practices of care, according to the contents of the new legislation. The definitive closure of the forensic hospitals in Italy began in april 2015 and concluded last January 2017. Currently, the national mental health system is developing a system of new procedures for the care for mentally ill people. New facilities, Residence for Security Measure (REMS), have been set up for each Regional Administration. Each REMS must provide not more than 20 beds and basically the admission is reserved only for the treatment of the most dangerous patients. On the other hand, the main goal of the Law was to allow for less dangerous patients to be treated by the network of the community services and residences of the Mental Health System. We need to remember that in Italy, after the Basaglia reform of 1978, asylums did not exist for people with mental health issues, only community residences, flat, or ambulatorial treatments. The acute patients are hosted in Psychiatric wards inside the ordinary Hospitals for the necessary amount of time. The REMS are not like prison or asylums but they work, according principles recognizing the rights of the patients, acquiring patient's consensus to the treatment, plan individual therapeutic plans centered on the patient's needs, and perceive a rehabilitation goal. At the moment in Italy there are 34 REMS where 600 patients can be treated in a secure and restricted environment. There is

a high turn-over of the patients and many of them are discharged to be admitted in lesser security level facilities. Actually, some of the Regions have set up peculiar facilities that can admit and treat less dangerous patients. The number of beds of the REMS seems not to be sufficient and several patients (almost 300) are waiting to be admitted to these secure facilities. Beyond the REMS, most of the NGRI are treated inside the ordinary facilities because the Judge can apply a “non restrictive” security measure called “libertà vigilata”, i.e., freedom under prescription. The new system of treatment will be described and the main problems will be analyzed. The new forensic system has to be underpinned by reformism of correctional health services, establishment of psychiatric services and units inside the prisons, by more developed forms of collaboration with Courts and his experts, who still decide in autonomy the referrals to forensic units. The reform must tackle many other questions including changes in penal legislation, that remained unmodified, the relationship between legal systems and care for people, mental health services inside the prisons, and finally the possibility to reform the legislation regarding security measures. What Italy is currently doing is without any doubt a new step towards the treatment of patients who have committed crimes without prisons or asylums in a less restrictive environment, without the walls and gates, if not really necessary, inside the community services.

## *Il punto di vista del Magistrato*

Paola Di Nicola, *Judge, Rome, Italy*

La riforma per la chiusura degli Ospedali psichiatrici giudiziari è stata invocata per decenni dalla magistratura italiana ed è di certo una riforma epocale. Il suo limite è l'essere contenuta in pochi e disarticolati commi di una legislazione emergenziale volta allo svuotamento, purché sia, degli istituti penitenziari. Infatti il decreto-legge n. 52 del 2014, che contiene la riforma, è stato convertito nella legge n. 81 del 2014 proprio il giorno in cui scadeva il termine fissato dalla sentenza della Corte EDU, Torreggiani contro Italia, per “risolvere” il problema del sovraffollamento carcerario. E' proprio questo il vizio di fondo della riforma: avere sostanzialmente sostituito gli OPG, luoghi di restrizione, con le Residenze per le misure di sicurezza (REMS), luoghi di cura, in assenza di un progetto di rivisitazione organica del codice penale, ad oggi rimasto inalterato. In sintesi la riforma prevede:

- l'applicazione della misura di sicurezza detentiva presso la REMS in via del tutto residuale, cioè se risulti la sola idonea sia ad assicurare cure adeguate che a far fronte alla pericolosità sociale dell'infermo o seminfermo di mente che abbia commesso un reato;
- la riduzione degli ambiti di valutazione nell'accertamento della pericolosità sociale, presupposto per l'applicazione della misura di sicurezza in REMS, in quanto il giudice non può più tener conto delle condizioni di vita individuali, familiari e sociali dell'imputato;
- la predisposizione di programmi terapeutici individuali da parte delle regioni, attraverso i dipartimenti e i servizi di salute mentale delle proprie ASL;
- la fissazione di un termine massimo delle misure di sicurezza detentive, provvisorie o definitive, e dei ricoveri nelle REMS, pari al tempo stabilito per la pena detentiva massima prevista per il reato commesso;
- l'applicazione della misura di sicurezza nella REMS solo nella Regione di residenza del soggetto che vi deve essere sottoposto.

Fino a qui è tutto non solo condivisibile ma necessario, se non fosse per la drammatica insufficienza di posti nelle REMS che impone liste d'attesa per soggetti pericolosi – spesso altamente pericolosi - che hanno commesso un reato e non sono imputabili.

Infatti, l'assenza di posti nelle REMS determina la contestuale condizione di libertà di coloro che li dovrebbero essere curati e ristretti, in quanto dichiarati pericolosi da uno psichiatra e da un giudice, con inevitabile esposizione a pericolo non solo degli stessi imputati malati, ma anche della collettività.

Come emerge dal monitoraggio compiuto dal Consiglio Superiore della Magistratura nella Delibera consiliare del 19 aprile 2017 si tratta di persone:

- 1) **libere** in attesa che si renda disponibile un posto nella Rems nonostante un conclamato rischio di recidiva;
- 2) **detenute** per altri titoli e che restano in carcere, anche per periodi non brevi, in quanto poste in lista d'ingresso nelle citate residenze.

E' opportuno precisare che questi soggetti, per i quali si pone il gravissimo problema dell'assenza di collocazione utile, sono circa 200 in tutta Italia, quindi, un numero irrisorio se valutato complessivamente, tale da poter essere assorbito con la semplice predisposizione di poche altre REMS e con l'investimento di cifre contenute. Di fronte a questo quotidiano dramma la magistratura non soltanto non è sostenuta, ma, al contrario, è accusata di assumere un atteggiamento securitario e difensivo rispetto alle modifiche legislative che hanno determinato il superamento degli OPG, sostenendosi, erroneamente, che le misure di sicurezza detentive vengano applicate in modo esagerato (in questi termini si è pronunciato il Commissario unico per il superamento degli ospedali psichiatrici giudiziari). In realtà la magistratura, per il ruolo istituzionale che svolge, è semplicemente tenuta a dare attuazione ad una riforma, come quella sull'abolizione degli OPG, per tanti anni invocata, la cui inadeguatezza ed insufficienza è tale da imporre all'Autorità giudiziaria di supplire, pur non volendolo e non spettandole, alle drammatiche carenze delle strutture, del personale, del sistema sanitario e carcerario nel suo complesso.

The reform for the closure of judicial psychiatric hospitals has been invoked for decades by the Italian judiciary and is certainly an epochal reform. Its limitation is being contained in a few and disjointed paragraphs of an emergency legislation aimed at emptying, provided it is, of the penitentiary institutions. In fact, the decree-law n. 52 of 2014, which contains the reform, was converted into law n. 81 of 2014 precisely the day when the deadline set by the sentence of the EDU Court, Torreggiani against Italy, to "solve" the problem of prison overcrowding expired.

This is the fundamental defect of the reform: having substantially replaced the OPG, places of restriction, with the residences for security measures (REMS), health resorts, in the absence of an organic review of the penal code, to today remained unchanged. So far, everything is not only acceptable but necessary, if it were not for the dramatic insufficiency of places in the REMS which imposes waiting lists for dangerous subjects - often highly dangerous - who have committed a crime and are not responsible. In fact, the absence of places in the REMS determines the contextual condition of freedom of those who should be treated and restricted there, as declared dangerous by a psychiatrist and a judge, with inevitable exposure to danger not only of the sick defendants themselves, but also of the community. As emerges from the monitoring carried out by the Superior Council of the Magistracy in the Council resolution of 19 April 2017, these are people: 1) free waiting for a place in the Rems to be available despite a full-blown risk of recurrence; 2) held for other titles and who remain in prison, even for periods that are not brief, as they are listed on the aforementioned residences. It should be pointed out

that these subjects, for which the very serious problem of the absence of useful collocation arises, are about 200 in all of Italy, therefore, a paltry number if assessed overall, such that it can be absorbed with the mere preparation of a few other REMS and with the investment of small amounts. Faced with this daily drama, the judiciary is not only unsupported, but, on the contrary, is accused of assuming a security and defensive attitude with respect to the legislative changes that have led to the overcoming of the OPG, claiming, wrongly, that the security measures they are applied in an exaggerated way (in these terms the single Commissioner for the overcoming of the judicial psychiatric hospitals has been pronounced). In reality, the judiciary, due to the institutional role it plays, is simply required to implement a reform, such as the one on the abolition of the OPG, for so many years relied on, whose inadequacy and insufficiency is such as to require the judicial authority to supply, although not wanting it and not paying it, to the dramatic deficiencies of the structures, of the personnel, of the health and prison system as a whole.

## **250. Salute mentale, violenza, e punizioni**

### *Diritti, resistenze, contraddizioni ed opportunità di un percorso finalizzato alla restituzione della dignità ai detenuti*

Carlo Brunetti, *Università degli Studi Internazionali di Roma UNINT*  
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Il declino del sistema-Italia, dimostrato negli ultimi decenni dal pesante arretramento che il Paese ha subito nella graduatoria delle potenze politiche ed economiche mondiali, ha natura complessa. Esso reca i segni di una crisi di cultura e di moralità, della carenza di rigore e disciplina nei singoli e nelle istituzioni, con l'effetto della progressiva incapacità di creare realtà positive. Uno degli effetti è la caduta della innovazione nei settori produttivi. Questi fattori, in qualche modo primari, riflettono per ondate successive la crisi e i suoi effetti sulla scuola, la giustizia, la salute, i valori ambientali, storici ed artistici, con una complessiva e progressiva crescita del malessere. Non è questo il luogo per analizzare le forme di un declino del quale ancora non si vede una sicura via di uscita. Qui intendo ricordare che, se è ovvio che il settore penitenziario non avrebbe potuto rimanere indenne da un declino che investe, con modi ed intensità diversi, pressoché ogni ambito sociale ed ogni istituzione politica ed amministrativa, tuttavia soffre da tempo di una specifica arretratezza. La profonda innovazione normativa, che nel 2015 ha celebrato il quarantennale, non è stata accompagnata dalle iniziative necessarie a realizzarne gli obiettivi. Adottare leggi, ed anche buone leggi, è più semplice di adoperarsi per farle camminare. Le proclamazioni contenute nella norma diventano conseguenze operanti soltanto se si accettano costi economici, cambiamenti culturali e un faticoso impegno. Soltanto in parte ciò si è realizzato in ambito penitenziario nei decenni successivi alla riforma del 1975. Molti bisogni, mille urgenze ed emergenze hanno reclamato e spesso ottenuto priorità rispetto a un mondo collocato al fondo della scala sociale.

## *Validità delle tecniche meditative e di mindfulness per la riduzione dello stress*

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L'intervento intende rappresentare e divulgare i risultati di una ricerca condotta su cento detenuti della Casa di Custodia Attenuata di Orvieto che ha avuto come obiettivo quello di valutare la validità delle tecniche meditative e di rilassamento quali: lo Yoga Vipassana, il Training Autogeno e la Mindfulness per il controllo dello stress, la gestione delle emozioni e la promozione di strategie adattative su soggetti privati della libertà. Oggi il carcere, è solo un luogo di gente ammassata, di poveracci, quasi sempre stranieri, spacciatori e tossicodipendenti in una combinazione di usanze, tradizioni e personalità devianti. Le dinamiche che avvengono al suo interno sono inimmaginabili. Il carcere ha una sua particolare dimensione caratterizzata da muri di cinta, sbarre, chiavi, lunghi corridoi, suoni che echeggiano, radio accese qua e là, televisori ad alto volume, file di celle con tanti uomini e tante donne dentro. Il rischio è quello di essere schiacciati da un'eccessiva pressione mentale o emotiva.

## *Apporto delle Neuroscienze alla Ricostruzione del Fatto in Ambito Penale*

Susanna Marinelli, *Libera Università Internazionale degli Studi Sociali "Guido Carli"*  
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Alessandro Del Rio, *Sapienza Università di Roma*

Le neuroscienze costituiscono un gruppo di discipline scientifiche alla base di un programma comune diretto a comprendere come le aree cerebrali possano “determinare” i comportamenti umani, tradizionalmente inaccessibili all'indagine scientifico-dogmatica nell'ambito della dottrina penalistica, ed a quella scientifico-peritale all'interno dell'accertamento processuale. Il rapporto multidisciplinare tra medicina, diritto ed etica, mira alla valutazione dell'imputabilità, al suo allargamento o restringimento ed alla determinazione del trattamento sanzionatorio più idoneo a tutelare Stato, individuo e collettività. Ferme restando le norme penali, si vuole indagare sulla capacità di intendere e di volere del soggetto che concretizza la condotta attiva od omissiva da cui si origina il reato; può essa essere ancora reputata “libera” e, quindi, perseguibile nelle forme riconosciute dalla giustizia penale? Oppure, secondo il “determinismo” ineludibile, fisiologico all'essere umano può solo svelarci “menti criminali” senza scelta, e quindi bisognose di trattamenti specifici anziché di pena? La prospettiva realisticamente praticabile è attualmente quella di una sinergica cooperazione tra diritto e metodologie fondate sulle neuroscienze, che si sviluppi secondo molteplici parametri, ognuno dei quali con caratteristiche peculiari e difficoltà, soprattutto alla luce dello “strumento” (colloqui, registrazioni poligrafiche, esami di imaging e genetici, ecc...) impiegato di volta in volta al fine di ricavare elementi utili che possano contribuire alla formazione della decisione del giudice.

## *Omicidio Seriale In Europa. I Dati 2018 Della Banca Dati Europea Dei Serial Killer (Eskidab)*

Ruben De Luca, *University of Tuscia* (rubendeluca70@gmail.com)

ESKIDAB (acronimo che sta per European Serial Killer Data Bank), creata nel 2001, è l'unica Banca Dati che raccoglie tutti i nominativi dei serial killer identificati e attivi in Europa. I dati presentati riguardano circa 1.000 assassini seriali e sono aggiornati a tutto il 2018. La finalità di ESKIDAB è quella di analizzare le caratteristiche dell'omicidio seriale in Europa, per identificare tratti comuni e distintivi in ogni singola nazione, utilizzando il profiling dei casi a fini investigativi. Le informazioni principali su ogni serial killer sono classificate in dieci item: 1.nome e cognome; 2.nazione di nascita; 3.data di nascita ed eventuale data di morte; 4.luogo degli omicidi; 5.età presunta del primo omicidio; 6.periodo presunto degli omicidi; 7.numero e tipologia delle vittime; 8.notizie biografiche e lavorative; 9.tratti di personalità e comportamento sessuale; 10.modus operandi e caratteristiche particolari degli omicidi. Nel complesso, le nazioni più industrializzate (Inghilterra, Francia, Germania, Italia, Ex Unione Sovietica) comprendono il 75% circa dei serial killer attivi in Europa e, tra questi, alcuni commettono gli omicidi attraversando i confini di più stati. L'analisi investigativa di ESKIDAB può essere utile per le indagini su quei casi irrisolti nei quali è ipotizzabile l'azione di assassini "itineranti" non ancora catturati.

## *Il suicidio in terra di Irpinia: casistica medico-legale dal 2010 al 2018*

Elena Picciocchi, *Consulente Tecnico presso la Procura della Repubblica di Avellino e Benevento, Rome* (elenapicciocchi@pec.it)

Emmanuele D'Ettore, *Università "Vasile Goldis" di Arad*

Rossella D'Ettore, *Università "Vasile Goldis" di Arad*

Gli autori analizzano casi suicidari di diretta osservazione, occorsi durante l'attività medico legale di consulenza presso la Procura della Repubblica di Avellino e ne analizzano la multifattorialità relativa ai tempi, luoghi e modalità di verifica.

## **251. Valutazione delle competenze genitoriali e degli esiti sui minori a seguito della esposizione ad eventi sfavorevoli**

Antonio Trabacca, *IRCCS E. Medea, Brindisi, Italy* - Discussant

Ignazio Grattagliano, *Università degli Studi di Bari "Aldo Moro"* – Discussant

## *Valutazione delle competenze genitoriali e degli esiti sui minori a seguito della esposizione ad eventi sfavorevoli*

Antonio Trabacca, *IRCCS E. Medea, Brindisi, Italy*

Valutazione delle competenze genitoriali e degli esiti sui minori a seguito della esposizione ad eventi sfavorevoli. La genitorialità è un costrutto complesso da valutare in ambito clinico, e il compito diviene ancora più arduo in ambito forense. Di frequente molti di noi sono coinvolti dagli Uffici Giudiziari e dalle Forze dell'Ordine a fornire un contributo in questa delicata attività valutativa clinica e forense. Proprio da tale attività, in questo delicatissimo settore, clinico e giudiziario, in qualità di periti e consulenti e nel caso della "Associazione La Nostra Famiglia", di collaborazione istituzionale con la Magistratura e le Forze dell'Ordine, sono state avviate importanti attività di ricerca scientifica. In particolare si sta cercando di approfondire i rapporti tra fattori epigenetici e il maltrattamento, il ruolo della disponibilità emotiva e di specifiche caratteristiche di personalità sulla genitorialità e sugli esiti nei minori, e l'efficacia di programmi di diagnosi e trattamento focalizzati sulla Play-therapy su minori esposti a eventi sfavorevoli. Il simposio verterà sui risultati e sulle implicazioni di questi progetti di ricerca nel contesto clinico e forense.

## *Il contributo del Rorschach e del MMPI-2 nella valutazione delle competenze genitoriali*

Ignazio Grattagliano, *Università degli Studi di Bari "Aldo Moro"*

Romy Greco, *Università degli Studi di Bari "Aldo Moro"*

Anna Convertini, *Università degli Studi di Bari "Aldo Moro"*

Valutazione delle competenze genitoriali e degli esiti sui minori a seguito della esposizione ad eventi sfavorevoli. La genitorialità è un costrutto complesso da valutare in ambito clinico, e il compito diviene ancora più arduo in ambito forense. Di frequente molti di noi sono coinvolti dagli Uffici Giudiziari e dalle Forze dell'Ordine a fornire un contributo in questa delicata attività valutativa clinica e forense. Proprio da tale attività, in questo delicatissimo settore, clinico e giudiziario, in qualità di periti e consulenti e nel caso della "Associazione La Nostra Famiglia", di collaborazione istituzionale con la Magistratura e le Forze dell'Ordine, sono state avviate importanti attività di ricerca scientifica. In particolare si sta cercando di approfondire i rapporti tra fattori epigenetici e il maltrattamento, il ruolo della disponibilità emotiva e di specifiche caratteristiche di personalità sulla genitorialità e sugli esiti nei minori, e l'efficacia di programmi di diagnosi e trattamento focalizzati sulla Play-therapy su minori esposti a eventi sfavorevoli. Il simposio verterà sui risultati e sulle implicazioni di questi progetti di ricerca nel contesto clinico e forense.

## *Epigenetica e maltrattamento: dati preliminari e review della letteratura*

Francesco Craig, *IRCCS E. Medea, Brindisi, Italy*

Rosario Montiroso, *IRCCS E. Medea, Lecco, Italy*

Livio Provenzi, *IRCCS E. Medea, Italy*

Roberto Giorda, *IRCCS E. Medea, Bosisio Parini, Italy*

Marta Ruggiero, *IRCCS E. Medea, Brindisi, Italy*

Antonio Trabacca, *IRCCS E. Medea, Brindisi, Italy*

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## *Il genitore trascurante/maltrattante la Disponibilità Emotiva, valutazione e trattamento nella diade caregiver-bambino*

Maria Grazia Felling, *Centro di Riabilitazione- Associazione La Nostra Famiglia, Ostuni, Italy*

Antonina Mendolia, *Centro di Riabilitazione- Associazione La Nostra Famiglia, Ostuni, Italy*

Alessandra Russo, *Centro di Riabilitazione- Associazione La Nostra Famiglia, Ostuni, Italy*

Rita Galluzzi, *Centro di Riabilitazione- Associazione La Nostra Famiglia, Ostuni, Italy*

Maria Grazia Bacco, *Centro di Riabilitazione- Associazione La Nostra Famiglia, Ostuni, Italy*

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simposio verterà sui risultati e sulle implicazioni di questi progetti di ricerca nel contesto clinico e forense.

## *L'assessment psicofisiologico quale strumento per la definizione diagnostico-prognostica e terapeutico-riabilitativa in bambini con storia di violenza e maltrattamento*

Luigi Russo, *IRCCS E. Medea, Brindisi, Italy*

Daniela Palomba, *Università degli Padova*

Gabriele Osler, *IRCCS E. Medea, Brindisi, Italy*

Elisa Dal Bo, *IRCCS E. Medea, Brindisi, Italy*

Antonio Trabacca, *IRCCS E. Medea, Brindisi, Italy*

Le pubblicazioni scientifiche in materia di maltrattamento infantile hanno riconosciuto un'ampia varietà di disturbi connessi a esperienze infantili di abuso e maltrattamento, limitate o protratte nel tempo. Molto spesso tali esperienze si insinuano nelle prime relazioni affettive, all'interno di quella rete familiare normalmente preposta a garantire il benessere del bambino. Possono quindi produrre un effetto pervasivo a carico dei processi di regolazione psicologici e biologici del bambino, dando luogo a profonde alterazioni del suo sviluppo psicoaffettivo e a reazioni complesse, fino anche a configurare diversi quadri psicopatologici. Per questi motivi, per l'impatto che ha l'esperienza di abuso e/o maltrattamento sul futuro benessere e sull'equilibrio psicofisico del bambino, abbiamo ritenuto necessario affinare le procedure diagnostiche finalizzate a metodologie d'intervento precoci. Nel presente progetto abbiamo valutato le misure psicofisiologiche quali HR, EMG, EDA, e EEG in bambini e adolescenti vittime di maltrattamento e/o abuso durante l'esposizione a stimoli visivi neutri, legati all'esperienza di abuso e/o maltrattamento (negativi specifici) e riferiti ad esperienze emotivamente negative (negativi aspecifici). In particolare, abbiamo confrontato le risposte fisiologiche di bambini e adolescenti vittime di maltrattamento e/o abuso con le risposte di un gruppo di bambini e adolescenti non vittime di maltrattamento e/o abuso (Gruppo Controllo).