

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

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## Résumés du XXXIVe Congrès International de Droit et de Santé Mentale

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# ABSTRACTS

## English Language Sessions

### 1. Pre-Conference – Freud, Psychoanalysis, and Law

#### *Freud's Dubious Views on Religion and Law*

David Novak, *University of Toronto* ([david.novak@utoronto.ca](mailto:david.novak@utoronto.ca))

Sigmund Freud is considered to have been one of the most articulate and influential modern atheists. Unlike agnostics who avoid the question of whether God exists or not, believing God's existence or non-existence cannot be demonstrated anyway, atheists consider whether God exists or not (*quod sit deus*) to be a question of vital importance to every intellectually serious person. Now, some atheists argue that the existence of God is such a far-fetched probability that it must be the figment of somebody's imagination. But, how does this atheistic conclusion explain the fact that the vast majority of humankind, including some of the most intelligent humans ever, have believed God exists, and they have made this faith the cornerstone of an ethically coherent way of life both individually and collectively, both synchronically and diachronically? And, if ethics emerges from the experience of being governed by a law not of one's own making, and religion emerges from the experience of being governed by a law attributed to God, Freud's

views on religion/culture and his views on law/ethics are virtually identical. Almost all God-believers derive the language to express their faith in God from the primal myths of their culture-religion, which are master narratives about the divine origins of the cosmos and humankind's place therein. These stories are not provable nor do they purport to be provable, hence they cannot be disproved; and they cannot be simply dismissed out of hand since they have been around for much too long and the traditions that have preserved them and transmitted them have millions of adherents in the past, the present, and presumably in the future. Freud was certainly well aware of this fact. So, his only way to displace these primal myths was to construct a counter myth to replace the original myth. This displacement, it seems, he hoped would become more and more plausible to more and more intelligent people once they realized that their belief in the original myth was the result of false consciousness. And, he believed that psychoanalytical insights will show why their "false consciousness" has led so many people to accept the primal myth in the first place. This is how Freud used his psychoanalytical methodology (so it seems) to deal with the ubiquitous philosophical question of God's existence and God's normative presence. This paper argues that Freud's counter myth, put forth in such books as *Future of an Illusion*, *Civilization and Its Discontents*, and *Moses and Monotheism*, is actually much less plausible than the older primal myths it attempted to replace. It will be further argued that Freud's more philosophical attempts to explain the origins of religion/culture and law/ethics do, in fact, detract from the value of his more strictly psychological insights and his psychoanalytical therapeutic methodology. And, though this will not be discussed in this paper, might not Freud's own mythology be the result of the false consciousness coming out of his own unresolved conflicts regarding religion and ethics?

### ***Why Only Risk and Need in Forensic Psychiatry? What Has Psychoanalysis to Say about Responsivity Treatment?***

Stefan Bogaerts, *Tilburg University* (s.bogaerts@uvt.nl)

In the Netherlands, psychoanalysis today is nothing more than a dot in the modern Dutch healthcare landscape. For the past two decades, protocol-based treatment programs, brief juridical interventions and e-health care, are all winning ground while psychoanalysis and psychoanalytic psychotherapy are losing ground after a long period of dominant presence in Dutch forensic mental health care. A key reason for this weakened attention is the growing importance of treatment effectiveness issues within mental health care, along with the introduction of the famous 'What Works Principles', more specifically, the 'Risk Need Responsivity principles (RNR)'. In the past, mainly the Risk and Need principles have been explored in forensic clinical practice. The Responsivity principle, in fact, receives very little attention while it is, undoubtedly, the core principle of the treatment alliance. The 'Responsivity principle' leads us back to Freud and Winnicott who so much taught us about Self, Self-efficacy, transference and countertransference, all extremely relevant concepts for forensic psychiatric patients. However, psychiatrists and psychologists have become experts more in diagnosing and assessing risks and needs, while responsivity has become secondary. This may have affected the forensic patient as a "speaking" subject. And all this, in spite of the importance, even for forensic patients, to speak about unconscious issues, emotions, painful memories and trauma. We

must not see forensic patients as limited subjects or pseudo-objects. Unfortunately, for insurers and policy makers, forensic treatment is probably relegated to a quantified performance indicator. Starting point is no longer the 'unconscious, unspoken suffering of the patient seeking self-regulating sources'. No, the patient has become a product and many psychiatrists and psychologists are required to follow a market principle. In this lecture, the importance of psychoanalytic psychotherapy as engine of responsivity will be discussed together with the Dutch Market principle, which strongly dominates Dutch forensic healthcare.

## ***Lessons from Yale School of Law and Psychoanalysis, circa 1963***

Robert Burt, *Yale Law School* ([robert.burt@yale.edu](mailto:robert.burt@yale.edu))

In 1963, Anna Freud visited Yale Law School for the Fall Term and taught a seminar on Psychoanalysis and Law with two law faculty members, Joseph Goldstein and Jay Katz, who were themselves psychoanalysts. I was fortunate to be a student in that seminar. In this presentation, I reflect on lessons I have drawn from it and my subsequent career-long engagement in thinking about the relevance of psychoanalytic premises to law. In our seminar with Miss Freud, we explored transcripts of legal disputes and she showed how the parties revealed information that was central to everyone's understanding of the disputes and yet the parties and the judges unconsciously blocked their own awareness of this information. She thus used psychoanalytic premises about unconscious thought processes to show us more than we, as well as the litigation participants, had seen through conscious rationality. But was it clear that this enlarged vision would assist us or them in resolving the dispute or would psychoanalysis lead us to a proliferation of conflicting considerations that would, if honestly acknowledged, make rational resolution impossible? This question was more directly raised by the second focus of Miss Freud's collaborative work at Yale – that is, working with Joseph Goldstein and Albert Solnit in attempting to distill specific substantive principles from psychoanalytic premises that would dictate the outcome of legal disputes. The clearest example of this attempt is in a book published by these three in 1973 entitled *Beyond the Best Interests of the Child*. The authors drew from psychoanalysis the concept of "psychological parent" to rebut custody claims of biological parents who had been absent from the children's lives. But is this concept truly derived from psychoanalytic principles? Is it more consonant with psychoanalysis to abandon the idea of a single, unitary parent when multiple people put forward plausible though contradictory connections with a child? These questions do not necessarily lead to the conclusion that psychoanalysis is irrelevant to legal concerns. They may instead lead us toward a more fundamental change – that is, to revise the conventional conception of legal dispute resolution, to shift our attention from the effort to designate a "winner" and a "loser" in the paradigmatic legal dispute or to imagine the judge as the hierarchically superior figure standing above the conflicting litigants and identifying the true winner. Psychoanalytic principles, properly understood, may not yield substantive answers but may instead point to the advantages of different legal processes in which the conflicting parties self-consciously acknowledge and seek accommodation among incommensurate considerations while the judge's role is reconceived as promoting interaction among the parties rather than standing above and apart from them. This reconception of the judges' role in particular parallels shifts in the conception of the psychoanalyst's role. In classical practice the analyst promotes rational dominance over

irrational impulses (“where id was, there ego shall come into being”). In contemporary practice, the analyst attempts to shift the analysis and from his conflicted struggle toward comfortable acceptance of both rationality and irrationality, conscious and unconscious intrapsychic forces (“where ego was, there id shall come into being once again”). In identifying these parallels, we will also identify other commonalities between the processes of litigation and psychotherapy – especially in reliance on the “holding space” of the courtroom or the consulting room as an alternative to unreflective action. These parallels may not reflect the primacy of psychoanalytic thinking but instead may arise from changed cultural attitudes generally regarding authority and rationality. It is less important, however, to sort out whether the chicken or egg came first than to identify the commonalities in the organism.

## ***Trauma and the State with Sigmund Freud as Witness***

Elizabeth Ann Danto, *Hunter College - CUNY* ([edanto@hunter.cuny.edu](mailto:edanto@hunter.cuny.edu))

When he was charged with the lethal use of electrotherapy on shell-shocked soldiers, the Viennese physician Julius von Wagner-Jauregg, director of the city’s principal public psychiatric clinic was, in 1920, as well-known in Vienna as Sigmund Freud. But where Wagner-Jauregg accused the soldiers of “malingering,” Freud, testifying as an expert witness for the state, said that the military psychiatrists – not the soldiers - had “acted like machine guns behind the front lines, forcing back the fleeing soldiers,” and he later reasserted that traditional military psychiatry was the “immediate cause of all war neurosis, [forming] rebellion against the ruthless suppression of [the soldier’s] own personality by his superiors.” This withering critique came just two years after Freud held that “It is possible to foresee that the conscience of society will awake.”

Freud said that war neurosis was a clinical entity similar to “traumatic neuroses which occur in peace-time too after frightening experiences or severe accident” except for “the conflict between the soldier’s old peaceful ego and his new warlike one.” He was describing what we now call post-traumatic stress disorder or “PTSD,” a cluster of psychological symptoms (depression, hypochondria, anxiety, and hallucinatory flashbacks) experienced by men and women exposed to trauma. The diagnosis, however, required a distinction between an involuntary psychological condition and somewhat more conscious actions like lying, desertion and lack of patriotism. For the psychoanalyst Ernst Simmel, who actually first articulated the concept of war neurosis, the term had to be applied very carefully. “We gladly abstain from diagnoses out of desperation,” he wrote, but warned that society could not afford to ignore “whatever in a person’s experience is too powerful or horrible for his conscious mind to grasp and work through filters down to the unconscious level of his psyche.” The designation of “war neurosis” itself summed up society’s ambivalence toward non-conforming individual behavior.

Julius Wagner-Jauregg disagreed. The future Nobel Prize winner had pursued pyrotherapy (induced fever) as a cure for mental illness since 1887 and served as director of Vienna’s Clinic for Psychiatry and Nervous Diseases in Vienna. But from the end of World War I onward, the *Arbeiterzeitung* and other newspapers had published gruesome personal accounts of soldiers, suffering from war neurosis but accused of malingering and lack of will while tortured in Wagner’s clinic with “faradization” or electrical current to the point of death or suicide. Thus in 1920, the Vienna Commission of Inquiry on Dereliction of Military Duty charged him with the

lethal use of electrotherapy on shell-shocked soldiers. The Commission, sponsored by the governing Social Democratic Party, invited Freud to testify as an expert witness. Freud's testimony was as sociological as psychoanalytic, and interestingly it concerned the complex relationship between human beings and the larger governing social and economic forces. He asked the reader to think about "peacetime neurosis" and its "interesting contrast to the *living conditions* under which the war neuroses develop." He said that electroshock was "a stigma from the very first, a procedure [which] did not aim at the patient's recovery... Here Medicine was serving purposes foreign to its essence." Like the professor he was, Freud did spell out the differences between war neurosis and "malingering," and he explained this variance psychoanalytically by way of the ego's efforts to handle unconscious guilt and intentionality. But he also drew on practical experience such as Karl Abraham's army medical unit. "I completely disregarded all violent therapies as well as hypnosis and other suggestive means," Abraham said. "With a kind of simplified psychoanalysis, I managed to ... achieve comprehensive relaxation and improvement." Two years later, both psychoanalysts and government officials attending the 1918 Fifth Psychoanalytic Congress in Budapest were impressed equally by non-invasive therapy of war neurosis and by Freud's speech on human rights and the "conscience of society." And from there, the first and second generations of psychoanalysts developed community-based clinics throughout Europe where treatment was free of cost, for war neurosis and beyond.

## ***An Assessment of the Existence and Influence of Psychoanalytic Jurisprudence in the 21<sup>st</sup> Century***

David Caudill, *Villanova University School of Law* (caudill@law.villanova.edu)

Based upon my forthcoming chapter on law for the Routledge Handbook of Psychoanalysis in the Social Sciences and Humanities, I briefly survey the history of psychoanalytic jurisprudence in legal contexts and institutions; I then turn to its current status in law, including (i) its association, primarily as a social theory, with Critical Legal Studies (in the US context), and (ii) the influence of Jacques Lacan in the legal academy. I next discuss the standards for scientific expertise in court, including ethical issues for attorneys and the contrast between social and natural science as to admissibility. I conclude that while the future of psychoanalytic jurisprudence does not likely lie in courtroom expertise, there is nevertheless a field of scholarship employing traditional Freudian conceptions to engage interdisciplinary legal studies (political theory; law-and-economics), to intervene in law reform efforts (particularly in criminal law), and to criticize the background assumptions and conventions in contemporary judicial opinions.

## **2. Aboriginal Human Rights Issues in Canada and Australia**

### ***Canadian Aboriginal's Mental Health: A Transgenerational Suffering***

Stéphane Grenier, *Université du Québec en Abitibi-Témiscamingue* (stephane.grenier@uqat.ca)

Mental health with Aboriginal people of Canada is a delicate subject as it cannot be discussed without raising the traumatic issue of Residential Schools and the pain related to that era. This traumatic event has left its mark: loss of cultural benchmarks, deconstruction of social ties. Furthermore, Aboriginals of Canada migrate to the South of the country to flee the difficult living conditions of the North. This migration gives place to adaptive mental health services that are a “band-aid” on the real problem. This presentation will talk about the minority/majority relation of Aboriginals in the mental health services, comments taken from the interviews collected during a study on young aboriginal people and their passage into adulthood (Goyette et al., 2011) and the researchers’ experience in the field. The communication will examine the following questions: 1) Does discrimination have a tangible impact on mental health services for Aboriginals? 2) Should more specific services be offered for Aboriginal people? 3) How should we take into account the Residential School traumatism in the social health services? The communication will end with an overview of the promising solutions that have been put in place.

## ***Residential School Syndrome and the Sentencing of Aboriginal Offenders in Canada***

David Milward, *University of Manitoba* ([milward@cc.umanitoba.ca](mailto:milward@cc.umanitoba.ca))

Section 718.2(e) of Canada's *Criminal Code* mandates that sentencing judges consider: "(e) all available sanctions other than imprisonment that are reasonable in the circumstances... with particular attention to the circumstances of Aboriginal offenders." In *R. v Gladue*, the Supreme Court of Canada stated s. 718.2(e) is a remedial provision designed to address over-incarceration of Aboriginal offenders through the reasonable use of alternatives to incarceration. Many judges have since routinely sentenced Aboriginals accused to prison terms, reserving non-custodial sentences for when a conditional sentence or probation would have been used anyway, Aboriginal or not, and despite repeated reminders from the Supreme Court. Some mental health scholars have developed the concept of "Residential School Syndrome" as a diagnosable mental health disorder with identifiable causes (e.g. intergenerational trauma) and symptoms that strongly resemble Post-Traumatic Stress Disorder. Other case law recognizes that an accused having a mental health disability (including PTSD) means prioritizing rehabilitation over deterrence and retribution during sentencing. The presentation will posit that the Canadian legal system recognizes the Residential School System as a mental disorder for purposes of justifying rehabilitative instead of deterrent or retributive sentencing. Such an analysis could realize the promise of *Gladue* that has gone unfulfilled.

## ***Where do we go from here? Healing from the Indian Residential Schools***

Gwen Villebrun, *Consulting Psychologist, Edmonton, Canada* ([gwen@gwenvillebrun.ca](mailto:gwen@gwenvillebrun.ca))

Kathleen Gorman, *Social Worker, Edmonton, Canada* ([gormanconsultingservices@gmail.com](mailto:gormanconsultingservices@gmail.com))

The Indian Residential Schools operated in Canada up until the 1990's. The schools were developed and operated jointly by the Canadian government and churches with the intention to assimilate Aboriginal people. This policy left a legacy of intergenerational losses and impacts that continue to have a profound effect on Aboriginal people and their communities. The Truth and Reconciliation Commission of Canada was established in 2008 to create an historical record of the Indian Residential Schools. Hearing events provided those impacted by the schools an opportunity to share their truth. In March 2014, the last one of these events took place and now the conclusion of these hearings begs one to question, where do we go from here? As therapists that serve Aboriginal families, we have heard people share that they feel their wounds have been opened and there is need for support and healing. This presentation will blend a review of the literature with professional and personal learning that speaks to this imperative question of what are the next steps.

### ***Breaking the Cycle: The Perspectives of Aboriginal Offenders and the Challenges of Desisting from Crime in Remote Communities***

Glenn Dawes, *James Cook University* (glenn.dawes@jcu.edu.au)

Aboriginal people from Australia are more likely to have interactions with the criminal justice system than other cohorts. Over 70% of Aboriginal people reoffend within two years of their initial crime and are incarcerated in prisons in North Queensland. This paper describes a project focusing on two remote Aboriginal communities in Northern Australia. The research consisted of semi-structured interviews with 30 Aboriginal males who have a history of reoffending and have been incarcerated on at least two occasions. The interview data examined the major causes of reoffending which are linked to drinking illegal alcohol and smoking cannabis which were the catalysts for committing domestic violence on partners. Finally the paper will describe the community based initiatives which will be put in place to divert offenders away from prison such as the introduction of culturally appropriate bush camps for men who return to the community post-detention.

### **3. Aboriginal Offending: Myths and Realities Confronted**

#### ***Transforming Colonialism and Paternalism through Appropriate Dispute Resolution***

Shirley Wales, *Western University, Humber College* (walesonrose@rogers.com)

The Indian Residential Schools Settlement Agreement was created and implemented to counter the detrimental effects of colonialism imposed on the Indigenous Peoples of Canada. The

legislative scheme in Ontario governing mental health disputes was designed and implemented to address paternalism experienced by consumers of mental health services. These systems are examples of appropriate dispute resolution models. Both populations were victims of historical injustice at the hands of the State, which resulted in a power imbalance. The two dispute resolution systems were designed and implemented with the goal of improving the future relationships between the parties. Through empowerment, recognition, and insight, the ongoing relationship between the groups is transformed by the power of the “repeat player effect” to bring about a shift from dispute resolution for individuals to conflict management between groups. A three dimensional model derived from previous two dimensional constructs measures the evaluative, facilitative and transformative aspects of the design and implementation of the two dispute resolution systems. Because each is designed by stakeholders, both dispute resolution systems have the potential to promote reconciliation between the groups.

### ***Indigenous Partner Violence, Indigenous Sentencing Courts, and Pathways to Desistance***

Elena Marchetti, *University of Wollongong* ([elenam@uow.edu.au](mailto:elenam@uow.edu.au))

Kathleen Daly, *Griffith University* ([k.daly@griffith.edu.au](mailto:k.daly@griffith.edu.au))

Indigenous partner violence offenders live complex lives, often interwoven with alcohol and drug abuse, financial problems and complicated extended family commitments. Their intimate partner relationships are caught up with the tensions associated with these problems, making it difficult for changing the ways in which couples interact and manage the risk of violence in their relationship. The processes and penalties used in mainstream sentencing courts do little to change these dynamics and often leave victims in relationships with offenders, who do not understand the consequences of their actions and are unwilling to seek help. With the assistance of respected Elders and Community Representatives, Indigenous sentencing courts aim to create a more meaningful sentencing process that has a deeper impact on Indigenous offenders’ attitudes and ultimately, their behavior. Based on interviews with 30 Indigenous victims and offenders, we explore the ways in which Indigenous sentencing courts can motivate offenders on pathways to desistance.

### ***Indefinite Detention of Indigenous Australians with Disability***

Linda Steele, *University of Wollongong* ([lsteele@uow.edu.au](mailto:lsteele@uow.edu.au))

In March 2014 Australian media exposed the story of Rosie Fulton, a 23-year-old Indigenous Australian woman with cognitive impairments related to fetal alcohol syndrome. Rosie had spent 18 months in a Western Australian prison following a finding of unfitness related to driving offences. The government claimed there were insufficient community disability services to enable Rosie’s release from prison. Rosie’s story reflects a much larger set of issues related to the incarceration of Indigenous Australians with disability, including individuals who have not

been convicted of a criminal offence. These issues have been the subject of public debate with the focus being on the need for appropriate, community-based alternatives to imprisonment. This paper examines the contours of this public debate. It focuses on identifying the extent to which the debate engages with indefinite detention's deeper social, political, legal and historical dimensions, and the relationship of indefinite detention to discrimination and violence. Ultimately, the paper questions whether indefinite detention of Indigenous Australians might be contested in part by advocating for the abolition of the forensic mental health system (including the practice of indefinite detention).

## ***Indigenous-Specific Court Initiatives in Australia, New Zealand, and Canada***

Lorana Bartels, *University of Canberra* ([lorana.bartels@canberra.edu.au](mailto:lorana.bartels@canberra.edu.au))

Indigenous people are significantly over-represented in the Australian, New Zealand and Canadian criminal justice systems as both offenders and victims. This paper will present a cross-jurisdictional analysis of court initiatives designed to assist Indigenous defendants, victims and witnesses. The paper will commence with a summary of the key sentencing principles that take cultural differences into account, including the case of *Bugmy* in the High Court of Australia and *Ipeelee* in Canada. It will then discuss examples of Indigenous sentencing courts, such as the Koori Court in Victoria, Australia, Rangatahi Youth Courts in New Zealand and Gladue Courts in Canada. Other court innovations, such as community justice groups and Aboriginal court support programs, will then be presented. The development of and need for Indigenous-specific judicial education, including information seminars and judicial benchbooks, will also be considered. The paper will then examine issues around language and communication, before concluding with some observations on future directions for a therapeutic approach to Indigenous participants in the criminal justice system.

## **4. Access to Health Care**

### ***Dissonance between the Affordable Care Act and Mental Health Services***

Graham Lindley Spruiell, *Private Practice, Boston, USA* ([gl@analysis.com](mailto:gl@analysis.com))

Whether the Affordable Care Act (ACA; 2010) is maintained in its current form, modified, or repealed, a legal and philosophical transformation of American mental health treatment has already occurred. Various laws—enacted to reduce costs and to improve quality and access for the uninsured—have limited basic freedoms for patients and clinicians. These have included the Medicare Act (1965), the Employee Retirement Income Security Act (ERISA; 1974), and the **Health Insurance Portability and Accountability Act (HIPAA; 1996)**. Most recently, the Supreme Court of the United States has explicitly established in *National Federation of*

*Independent Business v. Sebelius* (2012) that key aspects of the mental health treatment relationship are subordinate to government intervention. The ACA's implementation has been met with many legal and ethical challenges, given its basis in legislation that never received a full majority of political support. This presentation examines the evolving impact of the ACA in terms of shifting conceptions regarding the clinician-patient relationship, the boundaries of professional ethics, and philosophical principles that underlie modern clinical techniques. Practical opportunities for defending the clinician-patient relationship—in particular, the private patient's right to confidentiality in mental health treatment—are examined from legal, psychoanalytic, and forensic psychiatric perspectives.

## ***Denying Refugee Claimants' Access to Public Health Care: The Canadian Experience***

Peter Golden, *Victoria Coalition for Survivors of Torture, Victoria, Canada*  
(petergolden@shaw.ca)

In 2012 the Canadian government cut the Interim Federal Health Program for thousands of refugee claimants who had lawfully sought protection in Canada. Established in 1957, the program provided basic medical care for claimants until they were eligible for provincial health care or left Canada. Led by Canadian Doctors for Refugee Care, public actions mobilized widespread condemnation of the cuts and some provincial jurisdictions stepped in to provide medical care for refugees. In July 2014 the Federal Court of Canada released a decision (*Canadian Doctors for Refugee Care et al. v. Canada*) declaring the cuts to the health program unlawful and unconstitutional. The decision stated that the government “has in this case *intentionally targeted* an admittedly vulnerable, poor, and disadvantaged group for adverse treatment...with the express purpose of inflicting predictable and preventable physical and psychological suffering on many of those seeking the protection of Canada.” The federal government is appealing this decision. This presentation will situate the cuts to the Canadian Federal Interim Health Program in the international context, describe the impact of the cuts on the physical and psychological integrity of refugee claimants, and analyze the key aspects of the community response to the cuts and the Federal Court decision.

## ***Canadian Physicians Rise Up Against Government Cuts to Refugee Health Care***

Philip Berger, *St. Michael's Hospital, Toronto, Canada* (bergerp@smh.ca)

In April, 2012 the Conservative Federal Government of Canada ordered drastic cuts to health coverage for refugee claimants and privately sponsored refugees. The cuts included denial of coverage for life threatening conditions such as heart attacks and for suicidal patients. One email message from an academic family physician about the cuts led to a quickly organized occupation

of a federal cabinet minister's office, a National Day of Action and the founding of Canadian Doctors for Refugee Care - led by a national steering committee composed largely of academic physicians and over time including learners. Since 2012, physicians, learners and other health professionals have been involved in street protests, academic and research projects, publication in peer reviewed medical journals, writing opeds for the lay media, being interviewed by reporters, organizing educational sessions and seminars, coordinating with national medical associations, meeting with legislators and a court challenge to the cuts. The leadership at three Faculties of Medicine facilitated learner attendance at national demonstrations thereby sanctioning learner participation in confronting the state. In this session a power point presentation including videos will be used to demonstrate the chronological template of faculty leadership and learner participation in all aspects of the advocacy efforts against the cuts to refugee health care.

## ***Refugees, Health Care and Human Rights***

Mitchell Goldberg, *Canadian Association of Refugee Lawyers, Montreal, Canada*  
(Mitchell.goldberg@gmail.com)

In June 2012, the Conservative government introduced laws which severely curtail the rights of refugees. Parallel to the refugee laws, the government introduced draconian cuts to health care for privately sponsored refugees, as well as refugees claiming status from inside Canada. All the above changes were strongly opposed by refugee advocates and human rights groups. The medical community, led by the Canadian Doctors for Refugee Care, initiated a public campaign to restore full coverage for all refugees. They teamed up with the Canadian Association of Refugee Lawyers who initiated a legal challenge that mobilized over 100 volunteers and resulted in a stunning July, 2014 legal victory. The Federal Court ruled that the cuts are “unconstitutional”, “cruel and unusual treatment” and “shock the conscience of Canadians.”

This presentation describes the successful and ongoing legal and political tactics that have generated victories in the courts as well as in the hearts and minds of Canadians. The focus will be on the legal strategies employed by the Canadian Association of Refugee Lawyers, as well as the broader human rights and political context.

## ***Comparison of Longitudinal Depression Treatment Outcomes among Older Primary Care Patients in the Enhanced Specialty Referral and Integrated Model of Behavioral Healthcare***

Cynthia Zubritsky, *University of Pennsylvania* ([cdz@upenn.edu](mailto:cdz@upenn.edu))

Depression is the most common mental illness experienced by older adults and is a significant and growing problem that leads to worsening physical health conditions and results in costly healthcare. Co-locating mental health and physical health services in primary care settings is an emerging intervention that has been shown to increase access to and engagement in mental health services in community settings; however, little research exists on the health outcomes in

these models. This presentation will discuss findings from the Primary Care Research in Substance Abuse and Mental Health for Elderly (PRISMe) study, the largest randomized control trial of older adults with behavioral health problems in primary care settings, which investigated depression treatment outcomes among older primary care patients in two models of care delivery. The study used a real-world setting and examined integrated primary care in comparison to enhanced specialty psychiatric treatment. This study was designed to measure the clinical effectiveness of both models and inform future health care reform policy development.

## **5. Addiction (I)**

### ***Criminal Responsibility in Pathological Gambling***

Werner Platz, *Vivantes Forensic Psychiatry, Berlin, Germany* (werner.platz@vivantes.de)

The Federal Court decided in 2005, that Pathological Gambling or “Gambling Addiction“ in itself is not representing a mental disorder or another severe mental dysfunction significantly restricting or excluding criminal responsibility. Only in the case where “gambling addiction” leads to severe personality changes or the offender has suffered heavy withdrawal symptoms in criminal procurement actions, a significant reduction of his impulse control may exceptionally be assumed. The year before the Federal Court also decided that because of “gambling”, a detoxification facility for accommodation is not permitted. After presentation of the criteria for Pathological Gambling according to DSM-5 (312.31) in connection with substance-related dependencies, a change in classification compared to ICD-10 (F 63.0) has taken place. According to ICD-10, Pathological Gambling is seen as a disorder of impulse control, referring to DSM-5 as a behavioral disorder. The reason for this is that gambling activates the brain rewarding system similarly as drug abuse, manifesting in the same behavioral deviations as substance-related abuse. Based on the criteria of DSM-5, the casuistry that led to the decision of the Federal Court in 2005 is to be discussed.

### ***Freedom and Capability to Decide in Addiction***

Icro Maremanni, *University of Pisa* (europad@wftod.org)

The decision to use drugs often stems from a complex set of factors. Among these, the availability of substances, the promotion by the market, environmental and psycho(patho)logical difficulties, which the young can meet, are equally important. Curiosity and psychosocial distress are an explosive mixture that often affects the first contact with substances of abuse. The decision to re-use a drug is very often a voluntary act, motivated by the pleasure experienced in the first experience. As soon as the subject gets sick, searching and taking the primary substance of abuse becomes an automatic impulsive and uncontrolled behaviour. From the clinical point of view, the natural history of dependence leads the individual to move from an initial euphoria to a final hypophoric stage (reward deficiency syndrome). Similarly, from the psychopathological

point of view, the patient passes from the initial voluntary act (habit) to that of an inescapable addictive behaviour (disease). The study of craving and the assessment of its behavioural correlates may help forensic doctors to discriminate substance use as a habit from substance use as a disease.

### ***Delinquency and Gender in Alcohol Abuse and Dependence***

Henriette Walter, *Medical University of Vienna* ([henriette.walter@meduniwien.ac.at](mailto:henriette.walter@meduniwien.ac.at))

An alcohol offence is present in up to 60 % of violent crimes. Personality traits, comorbidity, severity, and also typology show the heterogeneity of alcohol dependence. Lesch types II and III have a high incidence in committed homicides. Using the PC-version ([www.lat-online.at](http://www.lat-online.at)), available in many languages, we assessed 368 men and 140 women, who had contacted a psychiatric outpatient unit. We also rated their criminal development. The interaction between different subgroups in their criminal behaviour will be reported. These results should lead to more tailored therapy offerings. The psychiatric examinations should take these results into consideration.

### ***The Effect of Supervised Heroin Assisted Treatment on Criminal Offence and Imprisonment in Heroin-Dependent Individuals***

Gerhard Wiesbeck, *University of Basel* ([gerhard.wiesbeck@upkbs.ch](mailto:gerhard.wiesbeck@upkbs.ch))

Supervised heroin assisted treatment (SHAT) for long-term refractory heroin-dependent individuals was commenced in Switzerland during the 1990s. Despite international objections and legal concerns several other European countries followed. Today, scientific evidence on SHAT is based on several randomized controlled trials (RCT) including more than 1,500 patients. Some of these studies do not only provide data on health and relapse but also on criminal offences and imprisonments. Does SHAT offer an advantage over traditional methadone maintenance treatment (MMT) referring to criminal offences and imprisonment? This question will be investigated and critically discussed on the basis of the existing data.

## **6. Addiction (II)**

### ***Regulation of Substance of Addiction – Legalisation Process for Medical Use of Marijuana in Czech Republic***

Lenka Teska-Arnostova, *Charles University* ([lenka.teska-arnostova@mzcr.cz](mailto:lenka.teska-arnostova@mzcr.cz))

Discussions regarding the medical use of cannabis have started in the Czech Republic a few years ago. During the first years these discussions were full of conflicts and emotions, among others because of the lack of relevant information about state of art in medicine. After some impulses from NGOs sector and from some medical societies the governmental working group lead by Tomáš Zima under auspices of Parliament was established, including the representatives of relevant medical societies (neurology, dermatology, oncology etc.), police officers and competent ministries (Ministry of Health and Interior). This group suggested how to regulate the medical use of cannabis including the basic parameters for the formulation of a special act. Several issues were important in this context: the discussions about different models of regulation in the different countries (e.g. Canada, Israel or The Netherlands); the price of cannabis for the patients. If we take into account the serious diagnosis and the limited number of patients as well, the payment via health insurance system is the best prevention of self-producing (and self-medication) and of the black market sale. There are other important outputs from 2011, e.g. process of selection producers and importers of cannabis, regulation of prescription, and which difficulties and aspects seemed to be risky for the final implementation of the Act.

### ***Characteristics of Users of Online Self-Help Programs for People with Internet Addiction: Symptoms, Motivation, Negative Consequences and Benefits of Its Restriction***

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Although data from Internet addiction (IA) prevalence studies reported inconsistent occurrence rates of IA, there is no doubt that IA has become a serious public health problem around the world. Estimates of IA prevalence range from 3 to 6 percent of its users worldwide; similar results are also reported in the Czech Republic. IA has been identified in 3.4% of the general population, and another 3.7% are endangered by addictive behavior. The highest prevalence has been found in age groups 12-19 years old, where both categories occurred 7.9%, totally 15.8% addicted or endangered by IA. In 2011 a self-help program for people with Internet addiction posted on the website of the Department of Addictology First Faculty of Medicine at Charles University and General University Hospital in Prague. **Objectives:** to map the most used online applications, symptoms of addictive behavior according to six basic dimensions, motivation to addictive behavior on the Internet, negative consequences of addictive behavior on the Internet and the benefits of its restriction. **Method:** CIAS, qualitative analysis of data obtained from a self-help program. **Participants:** 273 people registered to the self-help program for people with addictive behavior on the Internet during the first 13 months of service. **Results:** The most popular online applications with addictive potential were online social communication applications. Within salience, symptoms have been identified as categories of thought (thoughts on current online events, past and future online events and thoughts of when to be online); behavior ( a lot of time online, with consequences of neglecting duties, lateness, insomnia, neglecting interpersonal relationships and hobbies); feelings (craving, desire to be online, pleasant states online, negative emotions due to the unsuccessful limit of the Internet use, emotions affected by online events). Within the dimension of mood changes, the respondents

frequently described the release/relax, and the excitement/pleasure categories. Tolerance is manifested by excessive time spent online, connectivity anywhere, and setting up new accounts and profiles. Withdrawal symptoms were most frequently identified as categories of restlessness/agitation and anger/irritability. Within interpersonal conflicts were conflicts with loved ones, limiting social contact and lying. Intrapersonal conflicts were manifested in the general conflict of being online and not being online, and in specific conflicts such as working/studying online, or online obligations. Reported time span relapse was from the previous few days to several months. The most common motives of addictive behavior on the Internet were limited social skills and excessive stress. The most frequently mentioned negative consequence of addictive behavior on the Internet was employment and school. From the restriction of addictive behavior on the Internet, respondents promised mostly better study and work benefits and more time for hobbies. **Conclusion:** Internet addiction is a behavioral addiction distorting more psychosocial (work and social) functioning than somatic functioning, which may be the reason why these clients are not often seen in psychiatric addiction services.

### ***Predictors of Treatment History among Justice-Involved Individuals***

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Justice-involved individuals have high rates of mental and substance use disorders, including more than half who have both sets of disorders. Despite the high prevalence of these health disorders, rates of treatment utilization are relatively low in both justice and community settings. However, few studies have examined the mental health and substance abuse treatment histories of justice-involved individuals, and predictors of prior treatment involvement. This presentation will review results from a study involving 18,421 male arrestees who participated in the Arrestee Drug Abuse Monitoring (ADAM) Program from 2007-2010. The ADAM program is operated by U.S. Office of National Drug Control Policy (ONDCP), and collects voluntary drug test and self-reported information from new arrestees to 10 metropolitan jails in the U.S. Data from structured interviews were examined to determine the effects of substance use, criminal history, age, race/ethnicity, education, and marital status on previous involvement in mental health and substance abuse treatment. Findings indicate that the severity of substance use, type of drug use, age, race/ethnicity, and marital status predict prior treatment history among justice-involved individuals.

### ***Do Drugs of Choice and Type of Drug Use Impact Recidivism for Males Released from a Prison-Based Substance Abuse Treatment Program?***

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Leah Daigle, *Georgia State University* ([ldaigle@gsu.edu](mailto:ldaigle@gsu.edu))

There is strong empirical support for the relationship between drug use and offending. A review of the literature, however, calls attention to the need to examine the severity of use and the type of drug used in order to determine how to allocate scarce treatment resources and maximize reductions in recidivism. Meta-analyses have shown that hard drugs (heroin, crack/cocaine, and methamphetamine) have a direct impact on criminal behavior whereas other drugs, such as marijuana, do not appear to have a similar impact. Focusing drug strategies on the relationship between type of drug and type of crime has been offered as a policy recommendation in the criminal justice system. There is less guidance for how these findings could or should affect the provision of treatment services. This research explores the relationship between drug use and recidivism for males released from a prison-based substance abuse treatment program in the United States (n=892). We will examine recidivism outcomes by drug of choice, type of drug use (lifetime use/current use), and current offense in order to further specify the drugs-crime nexus. Implications for treatment services and criminal justice policy will be discussed.

### ***Involuntary Commitment for Substance Abuse Included in or Excluded from Mental Health Commitment Legislation***

Marianne Larsson Lindahl, *Lund University* ([Marianne.larsson\\_lindahl@soch.lu.se](mailto:Marianne.larsson_lindahl@soch.lu.se))

The mission of the Swedish government's National Commission on Substance Abuse was to analyze the access to substance abuse treatment and to clarify the division of responsibilities between health care and social services. As a part of this assignment a special analysis was performed on commitment to involuntary care. Involuntary commitment due to substance abuse has during many years been regulated by a specific legislation, The Care of Substance Abuser's Act and not included in the regular commitment legislation for mental illness. The proposition put forward by the Commission was to terminate this legislation for commitment due to substance abuse and instead use the involuntary legislation for individuals with severe mental illness also for substance use disorder. This presentation will focus on the reasoning behind integrating commitment of people with substance use disorder into the involuntary care legislation for people with severe mental illness. The presentation will also look into the consequences of the proposed change in regard to legislation, patients and institutions.

Tomáš Zima, *Charles University* ([zimatom@cesnet.cz](mailto:zimatom@cesnet.cz)) – Discussant

## **7. Addiction and Mental Health in the Workplace: Opportunities and Challenges**

### ***Workplace Substance Use Testing: What is the State of the Evidence?***

Charl Els, *University of Alberta* ([cels@ualberta.ca](mailto:cels@ualberta.ca))

Workplace drug testing has increased dramatically since the 1980s especially in the US. Random testing does not detect impairment. The cited motivation for continuing with conducting random testing is two-fold: 1) To act as a deterrent, and 2) To improve workplace productivity. There is, however, a lack of empirical evidence in support of either of these indications, thereby calling into question its utility. Current evidence suggests that random drug testing does not reduce substance use per se but it may reduce the frequency of drug use. The most salient question is whether the use of random testing in safety-sensitive positions might be a reasonable exception to these limitations. This session explores the mechanics of testing, the different kinds of testing, and what each test tells us. It offers a comparative analysis of how different countries approach random testing. The overarching question is: How do we balance privacy rights while assuring workplace safety? What does the evidence support for its use in safety sensitive positions, most particularly healthcare?

### ***“Drug Theft Fuelled by Uncontrolled Addiction”: Mapping Popular Discourses of Addiction amongst Nurses***

Diane Kunyk, *University of Alberta* (diane.kunyk@ualberta.ca)

How ought the health professions respond to their members with addiction? This sticky problem threatens self-regulation, public trust, patient safety, and health professionals’ health. Medicine and other health professions lean towards rehabilitation whereas nursing bends to discipline. This raises an important question: How have these standards for nurses come to be constituted? A study opportunity arose when two nurses, both diagnosed with opioid addiction, were disciplined for unprofessional conduct. They appealed to the Alberta Court of Queen’s Bench claiming that as addiction is a disability, discipline for related behaviors violates their human rights. There were vehement responses in the public media dismissing the nurses as immoral agents, likening them to “pedophiles” and “crack addicts living on the streets”. Our critical discourse analysis examined the knowledge and power evidenced in the publicly available literature regarding their cases. We argue that fear and shame are used to control nurses, there is inattention to structural supports and contextual factors for nurses with addiction, and that disease and behavioral conduct are oftentimes conceptualized as mutually exclusive entities. The discursive framings of “addiction as choice” and “addiction as disease” reflect broader binary societal debates regarding whether addiction should be treated through disciplinary or rehabilitative realms.

### ***The Process of Help Seeking by Health Professionals for Their Addiction: Systematic Mixed Studies Review and Theory Development***

Michelle Inness, *University of Alberta* (michelle.inness@ualberta.ca)

When health professionals practice with active and untreated addiction, patient safety and their own health is threatened. Health professionals are highly responsive to addiction treatment. Physician health programs, the “gold standard”, have demonstrated remarkable recovery rates (i.e. 85% after five years). Therefore, the challenge is to engage the larger, predominantly unknown, group of untreated health professionals into addiction treatment. This necessitates understanding the factors that influence their unique situations and decisions to seek (or not) help. Therefore, the purpose of this sequential exploratory mixed studies synthesis is to determine what the data tells us about the help seeking process taken by health professionals for their addiction. We followed the seven standard systematic review steps with 2166 qualitative and 8048 quantitative studies. Through constant comparison and reciprocal translation, synthesis and abstraction, a process of help seeking by health professionals emerged. We argue that health professionals’ contemplation to seek help is influenced by a variety of barriers, facilitators, and contextual factors; many of which are unique to health professionals. A pivotal event ultimately motivates action and initiates the help-seeking process. However, it is the organizational, regulatory and personal responses to this event that determines whether help is finally received.

### ***Cross-Dimensional Evaluations of Addiction: “Hitting Bottom” and the Workplace***

Barry Roth, *Harvard Medical School* (broth@bidmc.harvard.edu)

Recent fitness for duty evaluations and four decades of practice lead to a Substance Use Disorder (SUD) heuristic. While it touches upon drug testing, enforcement, and reviews of large populations; focus on the cross-cutting dimension of “hitting bottom” distinguishes this model. The choice is radical when a person consciously confronts the immediate and unmanageable threat to her/his survival: essentially, change for the better, or die. This watershed choice is the key to psychological management of the physical SUD’s, with legal, moral and spiritual consequences. To recover, the person sick from SUD must create a meaningful life---based in the ties and connections of given and received love of others. Unbiased, objective forensic evaluations require careful attention to interactive realms of evaluatee, public authority, and treatment resources. Sensitive and sophisticated knowledge guides evaluation and requires attention to detail of syndromes and personality, along all Axes I, II (including denial and sociopathy), and III (medical illnesses); and attention to past official records, sanctions and rehabilitation. Even though professional functions that are compromised by SUD’s occur in less-than-perfect settings; the clear forensic statements of certainties (and their limits) can aid professionals and public alike.

### ***Mental Health Information Privacy and Discrimination in the Workplace: Enabling Human Rights for Transformative Justice***

Derek Jones, *McGill University* (djjmt1@sympatico.ca)

Colleen Sheppard, *McGill University* ([colleen.sheppard@mcgill.ca](mailto:colleen.sheppard@mcgill.ca))

Over the last quarter century, mental health in the workplace (MHWP) has emerged as a pressing global issue that defies unidisciplinary analysis and problem-solving. It transcends individual suffering, to touch families and co-workers, managers and institutions. Employees with disabling mental illness suffer undertreatment, misunderstanding and stigma, even as mental health employment disability climbs towards the majority of new claims in nations (\$25+ billion annually in Canada). Facets of the societal challenge have been documented by reports from the US Surgeon General, UN agencies and the OECD. What role(s) should the law play in MHWP? Of five leading ones, we identify a paramount role: articulating human rights, duties and standards towards transformative justice in the workplace.

- Can workplaces require applicants or employees to disclose their mental health status?
- What does the duty not to discriminate affirmatively oblige employers to do?
- Should institutions develop mental health literacy training for managers?

To answer such questions, we urge an enabling human rights framework that weds health privacy and equality principles to compelling workplace needs. If safety or public protection sometimes necessitates disclosures, for instance, strict standards should specify the scope, use and management of mental health information. To illustrate how a framework arbitrates the clash of values endemic in MHWP, we draw on international /national laws and good practices, to present case studies: (i) on pre-employment MH questions for professionals; and (ii) on accommodation standards, duties and limits.

## **8. Addiction, Mental Health and Criminal Behaviour: Intersections of Trajectories and Services Utilization**

### ***A Portrait of Individuals with Detected Substance Abuse Issues***

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The main objective of the study is to analyze the profiles of individuals with substance abuse issues detected in criminal courts and hospital emergency rooms—both services whose primary function is not provision of specialized care to people with addiction problems. A second objective is to analyze the types of services received during the year following detection. The study uses quantitative data collected from 115 individuals whose problematic psychoactive substance use was detected. Participants seen during the first measurement period (T1)

completed three questionnaires that enabled us to provide a portrait of their alcohol and drug use, levels of psychological distress and use of services. Multiple linear regressions were performed to identify the variables associated with severity of psychological distress and use of services prior to T1. The same instruments were used a year later for the second measurement period (T2). Multivariate analyses were carried out to describe changes that occurred between T1 and T2. We will present comparisons between the characteristics and service utilization of individuals who have come into contact with the criminal justice system with those of the other participants.

## ***Characteristics of Addiction and Service Trajectories of Drug-Dependent Adults Recruited in Criminal Court***

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The objective of this presentation consists in presenting the characteristics of the accounts of drug-dependent persons under judicial control regarding their psychoactive substance use trajectories and service use trajectories. Qualitative interviews were conducted with 127 drug-dependent persons recruited in two Quebec regions in three primary intervention settings: hospital emergency rooms, primary health care services and criminal courts. The results presented will pertain more specifically to the characteristics emerging from the perspectives of the persons recruited through the courts (n = 55) regarding: (1) their reasons for substance use and those related to a period of substance use abstinence or reduction; and (2) their experience surrounding referrals, requests for assistance, impacts of the addiction services used, and collaboration between the services received. The thematic content analysis led to results showing notably that: their delinquency and judicial problems are obstacles to a change in their substance use; they are under judicial pressure to undergo treatment and this pressure is a medium- or long-term lever for change; and the accumulation of services is beneficial in their addiction trajectory. The results of our study confirm the feasibility and relevance of the practice, in the judicial network, of detection and referral to addiction services. The results are discussed in relation to current scientific literature and clinical issues.

## ***Limited Access to Addiction Services in Primary Health Care, Mental Health Services, and the Criminal Justice System from the Perspective of Persons with Co-Occurring Mental Health and Substance Abuse Problems (MHSAP)***

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The objective is to identify along the addiction and service trajectories of adults with MHSAP the access barriers to addiction services in the primary health care, mental health services and criminal justice system. 28 persons with MHSAP were selected from the 127-participants sample of a larger study (ARUC). They were recruited at the court, primary health care centers and ERs to participate in semi-structured interviews about their addiction and service trajectories. A thematic analysis was conducted. Most participants reported that their mental health problems were detected before their substance abuse problems. Several were referred to an addiction service long time after they received mental health care and some had to ask themselves for the referral. Conversely, certain participants were not willing to use addiction services due to lack of illness consciousness, fear of stigmatization and/or absence of social support. From their perspective, the main access barriers to addiction services in the primary health care, mental health service and criminal justice system were the lack of integrated interventions and/or that they were not timely made. Individual barriers also limited participants' access to addiction treatment. Identification of access barriers could allow redefining strategies of intervention better adapted to the needs of this population.

### ***Addiction Trajectories, Criminal Behaviours and Mental Health at the Crossroads of the Life Courses of People with Substance Use Problems***

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The objective is to describe and understand addiction trajectories and how they hinge on criminal behaviours and experiences of mental health disorders, from the points of view of substance users. This is a qualitative study based on a phenomenological perspective. Semi-structured interviews were conducted with 127 individuals whose problematic substance use was detected

at one of three entry points: criminal courts, hospital emergency rooms or primary health care services. A first typology of experiences is characterized by unfulfilled needs and shame/fear of stigma along the addiction services trajectory. It is associated with mental health problems and victimization early in life, and multiple health and psychological services utilization. These participants received addiction services several years after the onset of a problematic substance use. In contrast, a second typology of experience reveals another category of emotions: on the one hand, frustration with external pressure to enroll addiction treatment and, on the other hand, frustration when they face closed doors seeking help for their psychological distress. This experience type is associated with an early onset of legal problems and multiple addiction services utilization. Regardless of experience types, only few participants have benefited from a multidisciplinary and integrated treatment approach.

### ***La collaboration entre le milieu judiciaire et les ressources de traitement en dépendance dans l'intervention en toxicomanie: le point de vue des gestionnaires et des intervenants***

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La présentation portera sur les résultats d'une étude ayant pour objectif de mieux comprendre comment les trajectoires addictives et les trajectoires de services de personnes toxicomanes se rencontrent afin de favoriser une meilleure intégration de ces services et ultimement d'en améliorer la qualité et l'efficacité. On s'intéressera plus particulièrement au volet de cette étude qui s'adresse aux personnes toxicomanes judiciairisées. Pour atteindre cet objectif, on a recueilli le point de vue de 43 intervenants et gestionnaires provenant des milieux judiciaire et correctionnel (juges, avocats, agents de probation) et d'organismes de traitement impliqués dans un mécanisme de détection et de référence implanté au tribunal de la ville de Montréal. Une analyse qualitative de leurs propos a permis de connaître leur opinion sur la collaboration qui existe actuellement entre ces acteurs, ainsi qu'avec le réseau de la santé et des services sociaux, et d'identifier les facteurs susceptibles, selon eux, d'améliorer la collaboration de même que ceux qui y font obstacle.

## **9. ADHD**

### ***Physical Exercise and Milmed Co-administration for the Alleviation of ADHD symptoms***

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Manifestations of physical exercise providing health benefits for children and adolescents are evident in healthy and functional muscles, increased strength and endurance, angiogenesis and neurogenesis, the reduced risk for chronic disease, improved self-esteem and psychological well-being, and finally higher levels of subjective and psychological well-being as well as reduced stress, anxiety and depression. The heterogeneous, chronic, and proliferating aspect of attention deficit hyperactivity disorder (ADHD) and the prevailing comorbidities stretches over heritability, cognitive, emotional, motor, and everyday behavioral domains that place individuals presenting the condition at some considerable disadvantage. Disruption of “typical developmental trajectories” in the manifestation of gene-environment interactive predispositions implies that ADHD children and adolescents may continue to perform at defective levels as adults with regard to academic achievement, occupational enterprises, and interpersonal relationships. Physical exercise provides a plethora of beneficial effects against stress, anxiety, depression, negative affect and behavior, poor impulse control, and compulsive behavior concomitant with improved executive functioning, working memory and positive affect, as well as improved conditions for relatives and care-givers. Physical exercise influences cognitive, emotional, learning and neurophysiological domains, both directly and indirect, thereby rendering it essential that this noninvasive, non-pharmacological intervention ought to form a part of children’s and adolescents’ long-term health programs.

### ***ADHD Symptoms across the Life-span in a Population-Based Swedish Sample Aged 65 and Older***

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**Background:** The knowledge is still sparse about the life course symptoms of Attention Deficit Hyperactivity Disorder (ADHD), particularly in later life.

**Method:** Elderly individuals who retrospectively reported symptoms indicating childhood ADHD were identified in a population-based study. In follow-ups, ADHD symptoms across the lifespan were examined by using different scales capturing ADHD symptoms in childhood and currently. Furthermore, problems in daily functioning, past psychiatric history, family psychiatric history, and overall health history were studied.

**Results:** The prevalence rate was 3% among those aged 65-80 in our Swedish population-based sample. Self-reported childhood ADHD symptoms were significantly related to self-reported ADHD symptoms in old age using different scales. Significantly more self-reported problems in daily life across the life span were reported among those who reported more childhood ADHD symptoms. Furthermore, those who exhibited childhood ADHD symptoms also reported more past psychiatric history; depression, anxiety and suicidal thoughts in later life.

**Conclusion:** Significant persistence of ADHD symptoms over the whole lifespan is supported by our studies. The results encourage studies of ADHD using a lifespan perspective, particularly in examining ADHD symptoms in old age also concerning the life conditions and treatment potentials in a person first identified with ADHD in old age

## ***The Relationship between Psychopathology Traits and Neurodevelopmental Disorders in Forensic Populations***

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**Introduction** A paucity of studies has investigated both neurodevelopmental disorders and psychopathy and the possible relationships between the two in forensic populations. **Method** Sample One: 452 15 year old Swedish twins in a sample enriched for neurodevelopmental disorders. Data from the Youth Psychopathy Inventory (YPI) were available for 400 individuals. Sample Two: Adult prison population, all males (18-25 years, n=270) in Sweden convicted of violent or sexual crime were assessed with the Structured Clinical Interview for DSM-IV-Axis I & II and the Psychopathy Checklist—Revised version. **Results** In the group of violent and/or sexual offenders, many were found to have neurodevelopmental disorders. In the offender group, only two of the four Facets, namely, Facet 3 Lifestyle and Facet 4 Antisocial, appear to have more predictive ability for a number of neurodevelopmental disorders. In the adolescent group, all three Facets (Affective, Lifestyle and Interpersonal) demonstrated association with a number of neurodevelopmental disorders. **Conclusion** There is a need to accommodate the individuality of the patient and more studies are needed to further explore the impact, interactions and relationships between the disorders that exist in forensic populations.

## ***Adult ADHD Screening in Patients with Substance Use Disorder and Other Comorbidities Using the Child Behavior Checklist (CBCL; ASEBA) and Adult Self Report (ASR; ASEBA)***

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**Background:** AD/HD is prevalent in substance use disorder and is highly comorbid with other psychiatric syndromes. The diagnosis of AD/HD and comorbid conditions in the presence of substance abuse can be complex and time consuming. There is a need to evaluate the benefits and limits of rating scales in this diagnostic process. The aim of the present study was to assess the psychometric properties and diagnostic validity of two broad band screening instruments – Child Behavior CheckList (CBCL) and Adult Self Report (ASR) for dimensional assessment of internalizing and externalizing psychopathology including AD/HD and substance abuse in Childhood and Adulthood respectively. It is hypothesized that combining CBCL and ASR will increase the diagnostic validity and also give valuable individual information about the stability and change of internalizing and externalizing symptoms from childhood to adulthood in Adults

with comorbid AD/HD and substance use disorder. **Method:** A total of 310 CBCL and ASR protocols from a clinical sample and a community based sample were analysed to test reliability and convergent validity with clinical diagnoses based on MINI-interview, DIVA-interview, neuropsychological testing, and retrospective interviews with parents. **Results:** Preliminary analyses show satisfactory reliability for CBCL and ASR, moderate diagnostic validity for ASR alone, and good diagnostic validity for the combined use of CBCL and ASR. All AD/HD-patients reported high rates of comorbid internalizing and externalizing symptomatology, both in childhood and in adulthood. **Conclusion:** Combining two rating scales with the same factor structure when screening adults with substance abuse for AD/HD and comorbid syndromes in childhood and adulthood respectively appears to give accurate and valuable diagnostic information.

## 10. ADHD, PTSD and Transformative Justice

### *Adult ADHD Symptoms, Comorbidities and Socio-Legal Problems in a Population-Based Canadian Sample*

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**Purpose:** To examine relationships between ADHD symptoms and other psychiatric and socio-legal problems among a representative sample of adults 18 years and older living in Ontario, Canada.

**Method:** The Centre for Addictions and Mental Health Ontario Monitor is an ongoing repeated cross-sectional telephone survey with validated measures for: ADHD screen; distress; antisocial behaviour; psychotropic medication use; substance use and abuse; criminal offence arrests; driving behaviours and socio-demographics.

**Results:** 7035 Ontario residents were sampled between 2011 and 2013. Based on 2011-2012 data, 3.3% screened positively for ADHD (3.0% = male; 3.6% = female). For males, distress, anti-social behaviours, cocaine use, anti-anxiety medication use, anti-depressant medication use and criminal offence arrest were associated with positive ADHD screen. For females, distress, cocaine use, anti-anxiety medication use, anti-depressant medication use, pain medication use and motor vehicle collision in past year were associated with positive ADHD screen. Results will be updated with 2013 data.

**Conclusion:** This study is the first Canadian population-based survey to assess ADHD in a large and representative sample of adults. These results indicate that the prevalence of adults with ADHD symptoms are consistent with other countries. This presentation will provide additional information on symptom clusters and associations with other psychiatric and socio-legal problems.

## ***Post-Traumatic Stress and Adjustment Disorder in Bus Drivers of Sao Paulo City – Brazil: Forensic Expertise***

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The authors studied cases of forensic expertise in bus drivers of Sao Paulo city. The bus drivers were found to be sick and they understood that the problem was their jobs. In those cases, the authors observed important stress responses, with two important mental disorders: post-traumatic stress and adjustment disorders. The forensic expertise observed in eight cases of this study that there was a real problem, or in fact, that the bus drivers were sick. It was also noted that bus drivers experienced in their jobs different kinds of stress, such as frequent assaults, risk of dying, more than 16 working hours per day, congested traffic, low salary, discussions with passengers, and usually passengers (gangs) using the buses for their own interest (i.e. using fire guns). The expertise concluded in all cases that the bus drivers were sick, there was a relationship between work and further developed disease, they were unable to work as bus drivers, and this incapacity was permanent for this kind of job.

The authors also discuss other developments observed in these expert reviews.

## ***The Breivik Case: How Could We Choose between the Two Divergent Psychiatric Reports?***

Luiz Carlos Aiex Alves, *Associação Paulista de Medicina – São Paulo, SP, Brazil*  
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Anders Breivik, the Norwegian who, on July 22, 2011, perpetrated two attacks in Oslo, Norway, killing 77 people, underwent two psychiatric forensic evaluations. Separated by an interval of six months, these evaluations were discordant about the diagnosis and the criminal responsibility. At first, the diagnosis was schizophrenia, paranoid type, with the completion of criminal irresponsibility. In the second, the opinion was that the symptoms were related to a narcissistic personality disorder and Breivik was not in a psychotic state at the time of the attacks, and was

therefore legally responsible for their actions. These differences emphasize some aspects of the complexity inherent in the reports of forensic psychiatrists. This complexity involves issues such as the relationship between psychiatric illness and criminal responsibility, the diversity of clinical presentations of mental illness, the circumstances in which the evaluation is carried out, the impact of the case on public opinion, political pressure and the dominant ideological confrontations in the middle social, beyond the inevitable subjectivity of the psychiatrist, including his own conception of human existence. With this in mind, how could we choose between the two divergent reports?

### ***The Limits of Mental Capacity***

Eduardo Teixeira, *Pontifical Catholic University of Campinas* (eht@uol.com.br)

Every Brazilian citizen over 18 years old is able for all acts of the civil life. Therefore, he can manage his own money, get married, buy real estate, keep custody of children, make donations, etc. However, due to some mental illnesses, he can lose discernment for some of these acts. In this situation, a family member or a public prosecutor can request a person interdiction. Along the interdiction process it is necessary that a medical evaluation be carried on by a forensic psychiatrist to determine if this person has a mental disorder and is eventually unable to take responsibility for his acts. If he is unable, a legally responsible person will be assigned to represent this person on life's civil actions. The disability can be partial or total. The author discusses a case in which a person claims his elderly father is unable to take care of himself because he is spending a large amount of his own money. Has a citizen the right to spend all of his money throughout his old-age? And what if he is diagnosed to have a mild cognitive deficit?

### ***Cancer Patients and Their Ability to Work, Despite the Disease: Reflections for a Better Understanding***

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Several countries have laws to meet the needs of cancer patients. In Brazil and other jurisdictions, they do not collect income tax, have tax exemption when buying automatic cars etc. What is the reason for these benefits? Would it be the psychological trauma following the diagnosis? The trauma for what might happen? The needs the treatment brings, given that it requires a great investment of time and could potentially interfere with serious health side effects? Or would it be for the physical and psychological damage? Some react to their

diagnoses with depression, either from the beginning, during the treatment or in advanced stages, when it is certain there is no complete cure achievable. States of depression can vary between sadness, crying, developing into feelings of abandonment, with hypobulia and even apathy. In the meantime, for many patients who we followed, there was no change for worse and they were not unable to work. Therefore, it is important to understand how the patient faces the disease - not how we think he must face it. So, in a forensic examination, cancer diagnosis should not be a diagnosis of incapacity to work as it only applies when there is objective disability.

## **11. Advance Care Planning across a Life-Span: Legal, Medical, Cultural and Social Perspectives**

### ***Advance Care Planning and the Law: Supported Decision-Making and the Capacity Trap***

Penelope Weller, *RMIT University* ([Penelope.weller@rmit.edu.au](mailto:Penelope.weller@rmit.edu.au))

This presentation provides an overview of the legal issues raised by advance care planning in mental health. Advance care planning developed as a response to the ‘treatment imperative.’ It is based on the legal proposition that individuals, being autonomously self-determining, are entitled to make decisions about their health care including health care that might be required at a time in the future when they are no longer able to make decision for themselves. The model assumes: (a) a rational, independent and self-interested decision maker; and (b) a binary division between those who retain capacity and those who do not. In practice, individuals making health decisions may be cognitively compromised or may make decisions in a collaborative or relational context, thereby undermining the utility and legitimacy of the capacity /incapacity binary. Moreover, the CRPD Committee for the Rights of Persons with Disabilities has made it clear in General Comment 1 (2014) that mental capacity cannot displace legal capacity. CRPD perspectives therefore pose a serious challenge to legal rationales or structures that are based on capacity/incapacity dichotomy. This presentation argues that CRPD perspectives strengthen the legal basis for advance care planning in mental health provided a CRPD compatible rationale is developed.

### ***Advance Directives in the UN CRPD Era: The Introduction of a Legal Framework in Ireland***

Fiona Morrissey, *NUI Galway* ([fionamorrissey35@gmail.com](mailto:fionamorrissey35@gmail.com))

The UN Convention on the Rights of Persons with Disabilities (CRPD) requires us to engage in new approaches to mental health decision-making and to develop a range of support strategies. Advance directives are considered to be appropriate measures for supporting legal capacity by

enabling the person to clearly state his/her 'will and preferences' in a legal document and to appoint a trusted decision-maker to communicate these wishes. The CRPD provides an opportunity to redefine advance directives and reduce barriers to implementation. The presumption of capacity under Article 12 necessitates the development of directives, which are designed to communicate wishes during mental health crises while retaining legal capacity. This form of directive does not categorise a person as 'legally incapable' or represent a judgment on his/her cognitive abilities. The re-conceptualisation of advance directives views them as vehicles for building capacity to make decisions, supporting the articulation of preferences and recovery tools. Ireland currently lacks a legislative framework for ADs, but it is proposed to incorporate them into new capacity legislation (Assisted Decision-Making (Capacity) Bill 2013) in the near future. This is viewed as a key step towards Irish ratification of the CRPD. The legal framework provides an opportunity to implement new forms of CRPD compliant advance directives in mental health decision-making and to reduce barriers to implementation. The requirements for the implementation of a legal framework for advance directives will be considered with a specific focus on the views and preferences of Irish service users and consultant psychiatrists. The empirical study is the first national survey exploring the views and preferences of Irish stakeholders towards the introduction of advance directives for mental health decisions in Ireland. The article makes recommendations for the introduction and implementation of an appropriate legal framework for advance directives in Ireland and other jurisdictions in the UN CRPD era.

## ***Subjective and Objective Guilt and Moral Dilemmas***

Dennis Cooley, *North Dakota State University* (dennis.cooley@ndsu.edu)

Making end of life decisions for another person or moral subject is not an easy task. Not only is there a struggle by surrogates to figure out which criteria they should use to make such a momentous decision for another person or moral subject, the emotional reactions to the decisions can be psychologically harmful. Even when a surrogate believes that she has chosen rightly, for instance, she often feels overwhelming guilt for what she has done. I contend that surrogates have not done anything wrong when they select death for others, yet guilty feelings may indeed be appropriate for the surrogates to have. I will limit my investigation to subjective and objective guilt. The former is based on what the agent chooses to feel, whereas the latter is based upon absolute, universal principles. The guilty feelings involved in moral dilemmas, therefore, are justified only on subjective grounds and not on objective grounds. Therefore, surrogates can be justified in thinking that they have done the right thing, while simultaneously being justified in feeling guilty for doing it.

## ***The Court of Protection and the Production of 'Independent' Subjects***

Lucy Series, *Cardiff University* (seriesl@cardiff.ac.uk)

As understood by the disabled people's movement, 'independent living' means choices equal to others of where and with whom one lives, and being in control of support to facilitate everyday life and participation in the community. This understanding is enshrined in Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD). However, 'independence' can also be interpreted by reference to discourses that emphasise minimising dependence and support from others. I consider how the Court of Protection - a new court, established by the Mental Capacity Act 2005 (MCA) of England and Wales, to adjudicate on matters relating to mental capacity and best interests – has used and interpreted 'independence' and 'independent living' in its judgments. I show that it has not interpreted these concepts by reference to understandings developed by the disabled people's movement, but by in terms of the acquisition of skills that reduce reliance on support, separating disabled people from relationships that are regarded as excessively interdependent and as a conditional form of freedom that comes at a very high price. The 'discursive struggle' for the meaning of independent living is discussed in the context of the UN CRPD and its impact upon domestic laws.

## ***Advance Decisions to Refuse Treatment: Promises, Promotion and Pitfalls***

Tom Hayes, *Cardiff University* (hayestp@cardiff.ac.uk)

Advance decisions to refuse medical treatment (ADRTs) are an integral part of Advance Care Planning (ACP), which have been promoted at local, national and supranational levels. This promotion is largely based on the premise that ACPs offer patients a greater level of control over future treatment than they might otherwise expect, especially when combined with ADRTs which lend legal force to treatment decisions. Indeed valid and applicable ADRTs have the same legal force as contemporaneous refusals of treatment. However, some recent case law in England and Wales sounds a caution against investing too much faith in ADRTs as legal instruments which can reliably safeguard individual choice. With reference to the recent case law, I will highlight some of the ways in which ADRTs may be avoided and will suggest that this ought to effect the way in which ADRTs are promoted.

## **12. Advances in Neuroethics: Positive Forces for Law and Mental Health**

### ***The Guilty Brain: Criminal Punishment or Treatment for Mental Illness?***

Bernard Baertschi, *Geneva University* (bernard.baertschi@unige.ch)

In Robert Musil's novel *The Man without Qualities*, we read the following short dialogue: "My husband is now impolitely asserting that I'm pathological, a neuropath or something like that," Agathe went on. And thereupon Lindner exclaimed sarcastically: "You don't say! How pleased people are today when moral tasks can apparently be reduced to medical ones! But I can't make things that comfortable for you!" Brain data could indicate illnesses or vices. Our attitude in the face of these flaws is, socially and legally, very different. It is for the reason that medicine focuses primarily on "caused" phenomena, and ethics on "chosen" ones. If a vice is a condition we should reform and punish, illness is a condition we should heal. If a criminal – to pass to the legal side of the normative question – is a person who should make amends and is released after some years, a sick person should recover and may never be released if the cure does not succeed. The medicalisation of immoral and illegal behaviours is a major trend, which is fostered by recent progress in neuroscience. However, how could immorality be a disease? In my presentation, I will try to answer this question, illustrating it by the case hotly debated now of psychopaths.

### ***Refusal of Dangerousness Assessment: A Clinical and Legal Quandary***

Samia Hurst, *Geneva University* ([samia.hurst@unige.ch](mailto:samia.hurst@unige.ch))

Legally mandated therapeutic measures for mentally ill persons who have committed crimes aim to decrease dangerousity and protect public security. The assessment of dangerousity is therefore central to the goals of therapy and to decisions regarding the duration of the measures. When patients refuse assessment of dangerousity, measures can be prolonged on precautionary grounds without the possibility to evaluate effectiveness or assess the justification of continued treatment. This has two concerning consequences. Patients remain in treatment without evaluation of the main clinical goal. In the case of mandatory inpatient therapy, persons remain deprived of freedom without a clear manner of revisiting the justification of their internment. Incompetent patients who refuse assessment can be particularly vulnerable in such situations. This means that they can be at increased risk of being wronged, but the wrongs involved will vary with the specifics of their situation. In this presentation, I will evaluate the competing moral claims arising in two hypothetical cases: strategic refusal of assessment by a competent patient, and distrustful refusal of assessment by an incompetent patient with paranoid traits.

### ***Combining Scientific Evidence and Rights-Based Litigation to Advance Harm Reduction Interventions for People Who Use Illicit Drugs***

Elaine Hyshka, *University of Alberta* ([elaine.hyshka@ualberta.ca](mailto:elaine.hyshka@ualberta.ca))

Harm reduction interventions are health services designed to: (1) prevent morbidity and mortality associated with illicit drug use without requiring abstinence; and (2) connect people experiencing problematic substance use with treatment and other health and social services. A large international literature demonstrates that harm reduction services are cost-effective, prevent HIV incidence and overdose mortality, and successfully connect people who use illicit drugs with broader service systems. Despite these benefits, harm reduction remains controversial in many parts of the world, and implementing new services can precipitate moral debates over the legitimacy of providing non-abstinence-based health services to people who use illicit drugs. In countries where harm reduction is contested, public health advocates have countered normative claims through an emphasis on human rights and the epidemiological and neuroscientific evidence on substance use and addiction. Legal challenges are often central to these efforts. In this presentation, I discuss the use of rights-based litigation to advance harm reduction services and evaluate the advantages and limitations of this strategy for achieving policy reform and promoting the health of people who use drugs.

## ***Neuroscience in the Courtroom: From Responsibility to Dangerousness***

Georgia Martha Gkotsi, *Centre Hospitalier Universitaire Vaudois (CHUV), Institut de Psychiatrie légale, Université de Lausanne* (georgiamartha.gkotsi@unil.ch)

Neuroscientific evidence is increasingly being used in criminal trials as part of psychiatric testimony. Up to now, “Neurolaw” literature remained focused on the use of neuroscience for assessments of criminal responsibility. However, in the field of forensic psychiatry, responsibility assessments are progressively being weakened, whereas dangerousness assessments gain increasing importance. In this paper, we argue that the introduction of neuroscientific data by forensic experts in criminal trials will be mostly be used in the future as an indication of an offender’s dangerousness, rather than their responsibility. Judges, confronted with the pressure to ensure public security may tend to interpret neuroscientific knowledge and data as an objective and reliable way of evaluating one’s risk of reoffending. On a theoretical level, the current tendency in criminal policies to focus on prognostics of dangerousness seems to be “justified” by a utilitarian approach to punishment, supposedly revealed by new neuroscientific discoveries that challenge the notions of free will and responsibility. Although often promoted as progressive and humane, we believe that this approach could lead to an instrumentalisation of neuroscience in the interest of public safety, and give rise to interventions which could entail ethical caveats and run counter to the interests of the offenders.

## ***The Regulation of Psychosurgery in the Age of Deep Brain Stimulation***

Jennifer Chandler, *Université d’Ottawa* (jennifer.chandler@uottawa.ca)

Canadian lawmakers reacted to the mid-20<sup>th</sup> century prefrontal lobotomy by enacting strict legislative controls on psychosurgery. The legislative definition of psychosurgery encompasses deep brain stimulation for psychiatric or behavioural problems. The law prohibits the application of psychosurgery in various situations, including in all cases involving patients incapable of giving first-person consent. A similar reaction to the history of eugenic sterilization can be seen in Canadian law, where the Supreme Court has prohibited non-therapeutic sterilization for patients incapable of giving first-person consent. In both cases, these forms of treatment cannot be accessed by patients incapable of giving their own consent because substitute consent is not accepted. This method of protecting the vulnerable from abuse – by foreclosing their access to these forms of treatment while making them available to competent patients – may have downsides. If emerging forms of treatment, such as deep brain stimulation, turn out to be safe and effective forms of treatment for the most serious and intractable forms of mental illness, does the legal prohibition on access still strike the right balance between protection of the vulnerable and access to treatment?

### **13. American Constitutional History during the Revolutionary and Post-Revolutionary Periods**

#### ***Taking Adams off the Couch: Why We Should Take John Adams's Constitutional Vision Seriously***

R.B. Bernstein, *Colin Powell School for Civic and Global Leadership, City College of New York*  
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This paper challenges a prevailing convention of historical and biographical scholarship dealing with John Adams (1735-1826), a key signer of the Declaration of Independence and the first vice president and second president of the United States. Many previous scholars have ignored the substance of Adams's constitutional vision, which he advocated not just for the more than three decades of his political career but also for the remaining twenty-five years of his life. They view Adams's argument about constitutionalism psychologically, as an attempt to confront his inner demons in the political arena. In the process, they dismiss Adams's mining and synthesizing of the Western political tradition, and his effort to educate his contemporaries and posterity about the lessons that he derived from that tradition. This paper, by contrast, recovers Adams's constitutional vision – in particular, his defense of separation of powers and checks and balances and his identification of aristocracy as the major problem facing any attempt to create a sound constitutional system. Recovering that constitutional vision, its grounding in classical political thought, and its focus on aristocracy, this paper concludes that Adams's ideas and arguments usefully complement the rival constitutional vision offered by James Madison, which stressed the extended republic, the inevitability of faction, and the regulation of those clashing and conflicting interests. Rather than making a false choice between Adams and Madison, this paper argues that we must heed both Adams and Madison, especially in an era when improved technologies of transportation and communication have eroded the safeguards inherent in

Madison's conception of the extended republic and made aristocracy and faction the leading problems facing constitutional government today.

## ***The Disestablishment of Religion in Early National America***

Sarah Barringer Gordon, *University of Pennsylvania* (sbgordon@law.upenn.edu)

This paper probes the treatment of the King's church in the Revolutionary era and beyond, focusing especially on seizure of churches and other buildings, land, and other valuables. At the outset of the American Revolution in 1776, several new states immediately declared that they were now officially disestablished polities. Over the next 25 years, others followed them. After the Treaty of Paris (1783) formally ended the Revolution, two states continued to seize religious property, and others sharply limited the capacity of religious organizations to acquire land and monetary wealth. In other instances, mobs took less formal measures, but with similar results. Disestablishment, then, was in its first incarnation often understood to mean that property identified with the former sovereign was now vested in the new American states. This treatment, it is clear, is a far cry from the deference given to religious organizations today.

## ***Congress' Inherent Sovereign Power: an Overlooked Theory of American Constitutionalism***

Robert Kaczorowski, *Fordham University* (rkaczorowski@law.fordham.edu)

In this paper I show that Chief Justice John Marshall asserted for a unanimous Supreme Court a theory of Congress's inherent sovereign powers, and other powers broadly implied from enumerated powers, in upholding Congress's constitutional authority to charter the Second Bank of the United States (2 BUS) in 1816 in *McCulloch v. Maryland* (1819). Marshall concluded that Congress possesses the legislative powers of any sovereign government, although limited to achieving the objects, ends, and purposes that the Constitution delegates to the federal government. He also interpreted the Constitution as a dynamically-evolving, power-enhancing framework of government whose scope and meaning are defined primarily by Congress. Many US legislators and executive officials also asserted these constitutional theories in support of Congress's creation of the First Bank of the US (1 BUS) in 1791 and the 2 BUS. These banks functioned as depositories of the federal government, as sources of a sound, uniform paper currency, and as private commercial banks in promoting US economic development. This paper presents a corrective to contemporary conservatives who insist on diminishing the constitutional powers of the federal government and restoring a libertarian "free enterprise" system which they insist reflect the original understanding of US constitutionalism and economic policy.

## ***The Diverse Origins of the American Revolution***

William Nelson, *New York University* ([William.nelson@nyu.edu](mailto:William.nelson@nyu.edu))

Older scholarship attributed the American Revolution to economic causes: Americans rebelled, it was suggested, because Britain restricted their economic liberty and capacity for economic growth. In his prize-winning 1967 book, *Ideological Origins of the American Revolution*, Bernard Bailyn challenged the claim of economic causation and attributed the Revolution to ideology: Americans, according to Bailyn, had assimilated an understanding of British liberty that was threatened by Parliamentary taxation and regulation in the 1760s and 1770s. Subsequently, in his four-volume, *Constitutional History of the American Revolution*, John Phillip Reid argued that the ideology was constitutional and legal in nature. I have been working for 15 years on a legal history of colonial America. As a result of my research, I am convinced, and my talk will argue that colonial Americans developed habits of local self-rule, which, in turn, protected their economic and constitutional liberty and produced their peculiar political ideology. They rebelled in 1775-76, I claim, to preserve all of the above. Different elements had differing weight in various colonies. But the preservation of local power mattered everywhere and led Americans to join together to protect the varied elements of constitutional, economic, and other liberty.

### ***Ballots for Bullets? Disabled Civil War Veterans and the Right to Vote***

Rabia Belt, *Stanford Law School* ([rabiabelt@gmail.com](mailto:rabiabelt@gmail.com))

Over 100,000 veterans lived in government-funded homes after the Civil War. Although these veterans sacrificed their bodies for the preservation of the nation, they ultimately lost the right to vote. This presentation is derived from the first scholarly treatment of the systematic disfranchisement of Civil War veterans living in soldiers' homes. Their disfranchisement challenges the conventional wisdom that disabled veterans occupied a privileged position in society, politics, and law. In fact, state laws equated veterans' disabilities and reliance on public funds with dependence. They rendered them placeless and vote-less citizens as a result. Their disfranchisement is part of a long-standing distaste for people considered dependent. Scholars tend to assume that the concern about dependency ended when property requirements were removed from state constitutions during the antebellum period. At that time, though, lunatics, idiots, and residents of charitable institutions were all disfranchised using the same ethos. Civil War veterans were caught up in this new era of dependency.

## **14. An Update on Stalkers and Their Victims**

### ***Classification of Stalking***

Britta Ostermeyer, *University of Oklahoma* ([britta-ostermeyer@ouhsc.edu](mailto:britta-ostermeyer@ouhsc.edu))

Stalking is a highly concerning and complex behavioral phenomenon that warrants further investigation and understanding. Different classifications of stalking have been proposed since the criminalization of stalking in the 1990s. The three most known typologies are the Zona's stalker victim types, the Mullen's typology on stalkers and their victims, and the RECON stalker typology. Zona's group established a typology focusing on the prior relationship the stalker and his victim have had. The Mullan typology classifies stalking by the stalker's motivation that led to stalking and the apparent function that the behavior fulfills for the stalker. The most recent RECON (relationship and context-based; RE for relationship and CON for context) classification by Mohandie, et al, separates stalkers based on the nature of the prior relationship of the stalker and the victim and the context in which this relationship/stalking behavior was formed, as they relate to predicting the risk of violence. In the context of presenting these three typological classifications, this presentation will also provide helpful stalking treatment and risk management insights and recommendations.

## ***Female Stalkers***

Susan Hatters Friedman, *University of Auckland* (susanhfmd@hotmail.com)

Traditionally, stalkers are considered to be men. However, depending on the study, 9-32% of stalkers are women. A male stalking victim may experience difficulties in reporting. Yet, films and even popular music have examples of female stalkers. Mental health professionals may be stalked by women. Both similarities and differences between male and female stalkers will be highlighted in this presentation, including psychiatric diagnoses, criminal sophistication, motivation for stalking, relationship with victim, methods of stalking, and violence risk.

## ***Juvenile Stalkers***

Renee Sorrentino, *Harvard University* (rsorrentino@mgh.partners.edu)

The onset of stalking behavior may occur as early as adolescence. During this developmental period it is important to discern between age appropriate behavior and antecedents to stalking. Although less is known about juvenile stalkers and their victims, it is important to identify those behaviors which pose a risk of danger. This presentation will next discuss the juvenile as both the offender and the victim, as well as the long term consequences of stalking.

## ***Stalking of Mental Health Care Professionals***

Brad Booth, *University of Ottawa* (brad.booth@theroyal.ca)

In addition to providing treatment to both stalkers and their victims as a mental health care professional, much concern has been raised about health care providers themselves becoming a stalking victim. The topic of stalking of medical professionals in the health care settings is vital to all practitioners. In particular, mental health care providers should be familiar with the characteristics of such stalking in the health care setting. This presentation will focus on the mental health professional as a victim of stalking behavior. The talk will also include the presentation of warning signs of and potential solutions to stalking behavior manifested by patients. In addition, specific case examples will be reviewed for discussion.

## **15. Applied Research in Criminal Justice and Mental Health**

### ***Evaluation of the Washington State Criminal Justice Training Commission's "Warriors to Guardians" Model***

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In January 2013 the Washington State Criminal Justice Training Commission (WSCJTC) implemented a cultural shift away from the classic, quasi-military, "warrior" model to a protection-oriented, "guardian" approach to law enforcement. This shift included several key components designed to shift the focus of peace officers from an enforcement driven approach to one that teaches officers that their primary responsibility is to serve as the guardians of democracy, protecting life and property AND civil rights. In addition to environmental changes, this shift included a change in the approach of trainers from a military model to one of coaching, incorporating the LEED model – "listen, explain, equity and dignity" emphasizing listening and social skills to gain respect rather than through alienation and punishment, elimination of the quasi-military, training environment, and implementation of targeted training components to reinforce the guardian approach. Such a shift is representative of a growing trend in law enforcement standards and training, the effect of which is not yet fully understood with respect to implications for procedural justice. This paper introduces the history and implementation of the Warriors to Guardians model at the WSCJTC and reports results from an evaluation of the WSCJTC Warriors to Guardians model including evaluation of Blue Courage train the trainers and Crisis Intervention Training. A holistic, mixed-methods approach involving a cohort design utilizing pre-post evaluation is utilized to determine the nature of the shift decision-making of recruits who complete the Guardian model of training in comparison with those who have completed the warrior model. The research includes a baseline study in which a comparison group will be surveyed, a comparison group will be selected from CY 2012 BLEA graduates and will have received training under the Warrior model, and an experimental group selected from ongoing 2014 training sessions. The research represents an unprecedented window into police behavior and a cutting edge approach toward a science based approach to police training.

Implications for future improvements to the WSCJTC's ability to measure performance and improve training are discussed.

## ***Scenario-Based Evaluation of Crisis Intervention Training at the Washington State Criminal Justice Training Commission***

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The Washington State Criminal Justice Training Commission (WSCJTC) is responsible for state-wide training in Crisis Intervention as part of basic academy training (BLEA) and a specialized Crisis Intervention Training (CIT). The CIT component in BLEA is an 8-hour segment that all officers receive as part of their basic academy training. The CIT is a 40-Hour training that is voluntary. Officers who complete the 40-Hour CIT curriculum are designated “CIT” officers within their agencies upon completion of the program. The CIT curriculum is part of the broader cultural shift away from the classic, quasi-military, “warrior” model to a protection-oriented, “guardian” approach to law enforcement at the WSCJTC. This shift includes several key components designed to shift the focus of peace officers from an enforcement driven approach to one that teaches officers that their primary responsibility is to serve as the guardians of democracy, protecting life and property AND civil rights. In addition to environmental changes, this shift included a change in the approach of trainers from a military model to one of coaching, incorporating the LEED model – “listen, explain, equity and dignity” emphasizing listening and social skills to gain respect rather than through alienation and punishment, elimination of the quasi-military, training environment, and implementation of targeted training components to reinforce the guardian approach. Such a shift is representative of a growing trend in law enforcement standards and training, the effect of which is not yet fully understood. This paper reports results from an evaluation of the evaluation of the WSCJTC CIT curriculum. Methods include administration of pre-post scenario-based surveys of WSCJTC cadets who complete the CIT curriculum from September 2014-June 2014. Implications for improvement of curriculum and effectiveness of training on CIT-trained officer behavior in incidents involving persons with mental illness and individuals in behavioral crisis are discussed.

## ***Primitive Defenses and Techniques of Neutralization in Law Enforcement***

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Until recently the study of primitive defenses has been primarily associated with the pathological, this study seeks to understand their role in law enforcement. The researchers obtained, under confidential research agreement, 1240 use of force statements from a major west coast, metropolitan police department. These cases were reviewed individually and analyzed for evidence of primitive defenses (Kernberg, 2004): splitting, primitive idealization, projective identification, omnipotence and devaluation (denial was omitted). This data was then compared with an earlier study examining use of force justification from the same dataset (Hickman & Atherley, 2012). The researchers hypothesized that evidence of primitive defenses would be present in the cases and highly correlative with incidents of diminishing reasonable justification under *Graham v. Connor* (1989). Additionally, it is theorized that these primitive defenses originate in the early phases of training in which cognitive scripts are imprinted, specifically, for the desired effect.

Implications for policy and practice are discussed.

### ***Critical Keys to Successful Offender Reentry: Getting a Handle on Substance Abuse and Mental Health Issues***

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Over the past several decades, all facets of corrections have been growing from institutional populations to offenders serving community corrections sentences. This growth has resulted in a greater number of ex-offenders reentering society. While research has emerged on reentry, there has not been a concerted effort to pinpoint the factors that promote ex-offender reentry success. Interviews of 40 ex-offenders and community corrections officers were conducted in Washington State to pinpoint what is needed to assist ex-offenders as they reenter society—particularly as it relates to substance abuse and mental health treatment. Results from interviews revealed that ex-offenders need assistance to address substance abuse and mental health issues both while incarcerated and in the community. Further, results from interviews indicated that there often was a lack of access to treatment providers or quality treatment providers to assist ex-offenders. Policy implications of the results are provided.

### ***“If Someone Would Have Told Me It Was OK to Hurt”: An Analysis of the Role of Mental Health in the Pathway to Prison in the Narratives of Incarcerated Women***

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This paper presents findings from an analysis of over 100 essays completed by incarcerated women who participated in the Seattle Police Department's "IF" Project, responding to the question: "If there was something someone could have said or done to change the path that led you here, what would it have been? Qualitative data analysis was conducted using Atlas.ti software. Using the framework of the constructivist approach to grounded theory, an inductive approach was used to develop analytic codes from the data. In this paper, findings related to mental health themes are presented. These themes reflect the intersection between abuse and trauma; feelings articulated as pain, loneliness, guilt, and shame; and subsequent self-medication through drug and alcohol use. Implications for development and an extension of scholarship on trajectories of offending, including factors revealing individual-environment interactions influencing criminal behavior patterns, are discussed.

## **16. Areas of Conflict: Human Rights and Sexuality (Abusive and Consensual) in Custodial Settings**

### ***Developing Countries and Public Health: Sexuality and Sexual Violence against Prisoners in Thailand***

Thomas Barth, *Universitätsmedizin Berlin* ([Thomas.barth@jvkb.berlin.de](mailto:Thomas.barth@jvkb.berlin.de))

Although most developing countries are still trying to respond to basic prisoner-needs such as food or clothing, raising awareness of the public and an increasing number of international studies regarding sexuality and sexual abuse in prisons is an essential condition for a developing country as Thailand in order to develop more effective policies which can lead to better health of prisoners. Findings of a survey by Kuo, Cuvelier & Huang (2014) which explored risk factors of sexual victimization in Taiwan's prison system were generally consistent with findings in western literature, as individual variables – e.g. conviction as a sex offender are seen as a strong predictor of victimization in prison – the study revealed some differences in comparison of environmental characteristics of correctional facilities in the Western hemisphere to an Asian country, where in the latter crowding as an environmental factor was not significantly associated with a risk of victimization. A systematic literature review of sexual violence against inmates in the correctional system of Thailand revealed four narrative studies of sexuality of Thai prisoners and will be presented to demonstrate the need for profound research on sexual violence in Thailand's prison system.

### ***Emergent Legal Issues on Rights on LGBTQI Prisoners in the United States***

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While there is swift development of legal norms related to the rights of LGBTQI individuals in the community, determining the appropriate treatment for LGBTQI individuals in custody has been challenging. This presentation will review emerging issues and legal norms in the U.S. related to medical and mental health treatment, housing, searches, provision of commissary items, protection from abuse, and protection from aversive therapies aimed at changing gender expression or identity. The presentation will discuss several key developments in policy and law related to LGBTI individuals in custody: (1) implementation of the Prison Rape Elimination Act and U.S. Department of Justice standards that relate to treatment of LGBTI people in custody; (2) emerging law on the right to treatment and services while imprisoned for gender dysphoria; (3) promising practices related to classification, housing and services for LGBTI prisoners; and (4) the impact of changes in legal norms in the community on the treatment of LGBTI individuals in custodial settings.

### ***Applying Emerging Human Rights Standards on Sexuality and Reproduction to Conditions of the Prison System***

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Do sexual and reproductive rights apply in detention? Providing a broad overview of the complex issues relating to sex and reproduction in detention settings around the world, this presentation will identify key legal developments that have shaped and tested them as rights issues. The presentation will examine the extent to which our conceptual understanding of human rights and health issues in detention has – and has not – approached sex and reproduction. Similarly, it will examine the extent to which those working on sexual and reproductive rights have addressed issues in detention. In response, it will propose ways in which sex and reproduction can be approached within a comprehensive understanding of rights in detention, and ways of strengthening protection and implementation of relevant human rights.

### ***Gender Inequality among Families of Children and Adolescents: Mental Health Services in Sao Paulo, Brazil***

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The concept of gender points to social inequalities among men and women that can influence the care toward children and adolescents with mental disorders. This paper aims to discuss, using gender identity theories, the role of family members and their responsibility to provide physical and emotional care, as well as financial support for children and adolescents who are treated in mental health services. A descriptive cross sectional study was conducted in 19 psychosocial health centers for children and adolescents in the State of São Paulo-Brazil (2009). The data were collected from a sample of 921 patients' records which underwent a descriptive statistical analysis. When the data were cross-checked, it was found that women had the main responsibility for child care and financial support. Despite the fact that in Brazil, there exists legislation confirming the equality between men and women, including responsibilities for financial support of the home and in the provision of child care, the data collected reveal the greater importance on mothers and women in the daily care of children and adolescents and the emphasis on the role played by females in care. This reality may represent a symbolic gender violence, since women are overloaded in responsibility for children and adolescents with mental health problems.

## **17. Art and Criminology**

### ***Drawings Used as Testimony and Evidence of Human Rights Violations***

Birgit Koch, *Hemayat, Organization for support of Survivors of Torture and War, Vienna, Austria* ([birgit.koch@hemayat.org](mailto:birgit.koch@hemayat.org))

Very often survivors of torture and war crimes can't speak about what happened to them or others. But they can express it and their emotions in drawings. The artwork itself as a testimony without words can also be used in documentation and investigation of torture as outlined by the Istanbul Protocol. A good example are the drawings from Darfur collected by Waging Peace which were accepted by the International Criminal Court as contextual evidence of the crimes committed in Darfur in November 2007. Nevertheless difficulties amongst others are the credibility if used as evidence in war crime trials or in asylum procedures. Therefore member centres of IRCT were asked about their experiences regarding the use of drawings of refugees . The results of the survey will be presented and some practical recommendations will also be offered.

### ***Identifying Sexually Abused Children through their Art***

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Melissa Deller, *University of Wisconsin-Whitewater* ([dellerm@uww.edu](mailto:dellerm@uww.edu))

Substation rates for sexual abuse in the Midwest U.S. are abysmal. Children who come forward asking for help with their abuse are denied help seventy-five percent of the time, simply because they cannot articulate their abuse. The Midwestern U.S. needs to develop additional methods to increase substation rates.

For many years, art therapists have used the art drawn by sexually abused children as therapy. We researched the indicators from art therapy and designed and tested a method for identifying abused children through their art. Additionally, we looked at art work from children from the third and fourth grades because most art experts believe the art of younger children does not stand by its own merit. We developed a pamphlet that we have distributed to law enforcement, daycares, teachers, and counselors for the last two years. Recently, we have been receiving requests from across the U.S. for help on child sexual abuse cases. The majority of these requests are on children from three to six years old. We have collected art from school districts and daycares across Wisconsin, categorized the children's art, and conducted a random sampling of the art deemed identifiable, including pictures of children known to have been sexual abused. We have also been training and testing students at UW-Whitewater on their ability to identify sexual abused children through their drawings. Our initial success rate with the older children is eighty-six percent, and our current success rate with younger children is seventy-two percent.

### ***The Artistic Temperament and Fitness to Stand Trial: Ezra Pound and His Treason Trial***

Ian Freckelton, *University of Melbourne* (i.freckelton@vicbar.com.au)

The famous United States poet and literary figure Ezra Pound (1885-1972) was indicted for treason in the District of Columbia after being extradited from Italy after participation during the Second World War in propaganda broadcasts on behalf of the Italian dictator, Benito Mussolini. With his life at risk, he successfully pleaded that he was unfit to stand trial by reason of mental impairment. A review of the evidence given by the four psychiatrists and of the judge's charge to the jury raises the question of whether Pound's condition was "merely" offensive eccentricity and the affectations of an "artistic mind". Emerging evidence casts doubt on the claim that the trial was politically directed to ensure that Pound was not executed. However, later diagnoses from St Elizabeth's Hospital in Washington, where he was detained for 12 years, and thereafter when he returned to Italy, suggest that his principal impairment may have been a personality disorder, perhaps with cyclothymic or bipolar traits, raising the issue of whether such a diagnosis should be sufficient for a finding of unfitness to stand trial.

## **18. Assessment and Management of Risk Behaviours in Psychiatric Settings across Lifespan in Canada**

### ***Assessing Adolescent Protective Factors in Both Criminal Justice and Inpatient Forensic Samples***

Robert Rowe, *Hotel Dieu Hospital, Kingston, Canada* (rower@hdh.kari.net)

The literature has been clear in identifying the most important risk factors for both male and female young offenders. There is, however, a growing body of theoretical work that offers a conceptual framework for the assessment of protective factors and how they should be incorporated into risk management strategies. It has been argued that identifying protective factors enhances the prediction of negative outcomes as well as aids in the development of meaningful interventions. The current research examined a sample of 120 youth either ordered to undergo a psychological assessment by the courts or referred to an adolescent psychiatric unit primarily due to antisocial conduct. Approximately half of both samples were female. In addition to measures of general risk/needs, violence risk, and psychopathy being implemented, two instruments designed to assess protective factors in youth were administered. Preliminary results indicate significant differences in the assessment of protective factors across gender as well as referral type. The findings have direct implications for the assessment of both young offenders and inpatient clients as well as gender specific intervention policies. The utility of using instruments designed to assess protective factors for adolescents will be discussed.

### ***Attachment, Emotional Neglect and Violence in Young Children – A Case Presentation***

Yuhuan Xie, *Hotel Dieu Hospital, Kingston, Canada* (xiey@hdh.kari.net)

The case of a nine-year-old girl who was seen in an acute psychiatric facility after nearly strangling her step-brother with a telephone cord will be presented, despite claiming that she loved him and took good care of him when her mother was away. Although she showed few problems at school, she was demanding and angry at home. The findings, assessment, and treatment of this unique case will be discussed. Developmental mechanisms relevant to the case regarding conduct and antisocial behaviors in young children will be discussed with the following focuses: (1) early attachments and antisocial trajectories; (2) psychological effects of emotional neglect; (3) intergenerational transmission of behaviors between mothers and daughters; and (4) recent research on neurobiological mechanisms of conduct behaviors in young children.

### ***Managing Risk in the Community in Patients with Severe Mental Illness***

Tariq Munshi, *Queen's University* (munshit@providencecare.ca)

The current trend is managing high risk patients with severe mental illness in the community since the days of deinstitutionalization are essentially over. This translates into coming up with

alternative resources and legislations applicable in the community to enable these individuals to adjust in the society. There are some individuals that require tertiary care. These are characterized by aggressiveness, noncompliance with medication and dangerousness. This tertiary care can be delivered by various models of community mental health teams. Additionally, there are legislative interventions, such as disposition orders, probation/parole orders in Ontario, and section 41 of the *Mental Health Act* in the United Kingdom, which are put in place in an attempt to reduce recidivism. There are also risk assessment tools like HCR 20, which in a recent study suggested that particularly the C-subscale items assessing impulsivity (item C4) and the patient's response to treatment (item C5) may be able to predict aggressive behaviour fairly accurately in a particular department. There is finally an obligation to protect the public as well as use the least restrictive means in order to ensure that these individuals' basic human rights are protected.

### ***Interaction between Personality Disorders and Justice System: Discussion of Two High Profile Cases***

Sarah Penfold, *Queen's University* ([sarah.penfold@queensu.ca](mailto:sarah.penfold@queensu.ca))

Personality disorder invites dysfunction, and often chaos, into individual lives and relationships. In extreme cases, the chaos extends far beyond the individual, impacting mental health, forensic and political systems. This presentation will re-examine two high profile forensic cases involving personality disorder. The British case of convicted murderer Michael Stone, a man diagnosed as a psychopath, sparked national debate over what can and should be done to protect the public from individuals with dangerous and severe personality disorder (DSPD). Resulting political pressures lead to the development of a DSPD service in the UK. Consider also the case of Ashley Smith, a young woman diagnosed with borderline personality disorder. Her self-inflicted strangulation in a Canadian prison was ruled a homicide. The inquest into her death recommended sweeping changes in how the correctional system deals with mentally ill offenders. These cases are drawn from two countries, highlight two diagnoses and lead to different outcomes. The common thread is that each made international headlines, emphasized the unique challenges that go along with treating personality disorders, and underscored the need for a better understanding into how to assess and manage risk in this population.

### **19. Awareness of Environmental Change, PTSD and Emotional Well-Being**

#### ***Digging for Victory: Horticultural Therapy with Veterans for Post-Traumatic Growth***

Joanna Wise, *City University, London* ([joannathewise1@gmail.com](mailto:joannathewise1@gmail.com))

The UK Armed Forces Covenant 2011 sets out the legal obligations our nation and government have towards veterans, currently defined as anyone who has served a day in the Armed Forces. Thankfully, most British veterans transition successfully to civilian life. However, traditional masculine norms and stigma are implicated as significant barriers delaying or preventing help-seeking, so that less than half of veterans who do need mental healthcare actually receive treatment. For example, veterans with a range of complex, chronic psychiatric disorders delayed presenting to the charity Combat Stress on average 14.3 years after leaving the Armed Forces. Of these referrals, 75% are estimated to have PTSD, of which 62% are comorbid, most often with depression and alcohol misuse. Recent recommendations highlight an urgent need therefore to adapt existing mental healthcare services to honour our legal and moral obligations by combining psychological interventions with non-stigmatising outdoor, communal activities in order to reduce barriers to male help-seeking. Horticultural Therapy is defined as ‘a professionally-conducted, client-centred treatment... that utilizes horticultural activities to meet specific therapeutic or rehabilitative goals of participants. The focus is to maximise social, cognitive, physical and psychological functioning and enhance general health and well-being’. *Digging for Victory: Horticultural Therapy with Veterans for Post-Traumatic Growth* reviews the evidence base for this deceptively simple, accessible, yet effective treatment approach, including data from a 2-year PHA-funded Horticultural Therapy project for veterans with PTSD in Belfast, Northern Ireland.

## ***Toxic Knowledge: the Function of Hope Emotional Experience of Environmental Degradation for Those Working in Conservation Science***

John Fraser, *New Knowledge Organization LTD, New York, USA* (jfraser@newknowledge.org)

Environmental work is emotionally laden as ethical positions and the daily experience of loss builds frustration. This presentation discusses results from an eleven year study that sought to better explore this phenomenon through a trauma-based framework that remarkably maps against the clinical diagnosis and treatment of acute stress disorder and post-traumatic stress disorder. The presentation will report on three studies about the emotional experience of environmentalists, conservationists, and environmental educators working with profound awareness of how current human behavior is degrading the environment, some would say beyond recovery. It will explore mitigation strategies through promotion of communities of practice that acknowledge the emotional toll, and consider how to support environmentally aware workers who may suffer from this proposed sub-type of acute stress disorder and its post-traumatic sequelae. The results of the latest round of research consider the role of structured conversation and overt attention within a community of practice to the shared emotional experience. This presentation will explore how indicators of depression, anxiety, and enervation are significantly elevated in those arguably most needed to help society come to terms with environmental problems and the self-destructive high risk behaviors witnessed in these studies.

## ***After 50 Years' Travel on Spaceship Earth, Whither Global Mental Health?***

John Young, *Yale University* (John.young@yale.edu)

Until the revelations of the splendid photographs of Earth taken during the December 1968 flight of Apollo VIII, most of us had no reason not to expect that Earth seen from the moon would appear as a larger version of the moon seen from Earth. However three years earlier, Ambassador Adlai Stevenson had spoken in Geneva of our planet as a little spaceship on which we are journeying together. We depend on a thin crust and a gaseous envelope for our survival. Their quality shapes our health, mental and physical. Caring for our environment constitutes caring for our mental health.

Stevenson's vision inspired many of his hearers fifty years ago. Some have since reacted with doomsday writings, contemplating an earth shrinking as quarrels mounted over scarce resources; others sought ways to outsmart one another in pursuit of dominance. Still others seem to follow instead an optimistic or creative approach. Thanks to the passage of time we can now undertake an evaluation of their effectiveness with particular attention to any mental health consequences. And we may draw some useful conclusions for improving the mental health of Spaceship Earth's passengers.

## ***Stances to War and Forms of Rationality***

John Langan, *Georgetown University* (langanj@georgetown.edu)

War is often regarded simply as an irrational and pathological expression of ignorance and intense emotion. It is also an activity engaged in by advanced societies using modern forms of organization and technology. The question I propose to address is how to deal with this paradox and to increase our understanding of how to assess different types of war, since rationality is a primary criterion for moral judgment. The major stances to war which I will examine are: militarism, realism, holy war, just war, and pacifism. These rely on appeals to different forms of rationality: formal/historical, utilitarian/egotistic, excluding or including religion, dependent on social context/universalist. My hope is to provide the outlines of a conceptual map for delineating the role and limits of rationality in modern war and to suggest some contemporary practical applications of this map.

## **20. Behavioural Epigenetics: Clinical, Legal and Ethical Implications**

### ***Overview of Modern Behavioural Genetics with Focus on Epigenetics***

Tracy Gunter, *Indiana University* (tdgunter@iupui.edu)

For decades the debate raged about whether nature or nurture accounted for the greatest portion of the variance in human behaviors. Increasingly scientific advances have demonstrated that it is the interaction of nature and nurture that give rise to behavioral variation. While variation in gene structure may account for some of this variation, it is apparent that gene function is dependent upon factors apart from DNA sequencing. Epigenetics represents one possible mechanism by which environmental factors such as stress, diet, toxin exposure and substance ingestion may influence the expression of genes. This paper will provide an overview of recent work in this area.

### ***Genetic and Epigenetic Mechanisms in the Development and Treatment of Traumatic Memories***

Sarah Wilker, *Ulm University* (sarah.wilker@uni-ulm.de)

Posttraumatic stress disorder (PTSD) is a common mental health disorder in the aftermath of traumatic stress. PTSD is characterized by the development of intense and highly distressing memories of the experienced trauma. The strength of the traumatic memories depends on the number and types of traumatic events experienced, but also on individual genetic and epigenetic factors. Similarly, the effectiveness of the modification of traumatic memories by trauma-focused therapy strongly varies between individuals, and initial evidence points towards an influence of genetic and epigenetic factors on therapeutic outcome. We present data on the influence of genetic and epigenetic factors on PTSD development from two large and independent samples from African conflict regions (survivors of the Rwandan genocide and survivors of the rebel war in Northern Uganda). Our results indicate that genetic and epigenetic factors involved in processes of learning and memory also contribute to the risk of PTSD development in survivors of multiple traumatic events. Finally, we provide data on genetic influences of psychotherapeutic outcome. Taken together, our results highlight the central role of memory processes in PTSD and imply the need for the development of individualized PTSD treatments depending on the genetic and epigenetic makeup of a person.

### ***Epigenetic Diagnostics in Substance Use Disorders as a Measure of Current Use and Lifetime Load***

Robert Philibert, *University of Iowa* (Robert-philibert@uiowa.edu)

For the past two decades, the ascertainment of substance use has relied on self-report or direct detection of the substance in blood, breath, urine or saliva. These assessments are limited by the reliability of self-report and the window of time in which substances can be detected. In the past

two years, our academic-corporate consortium has introduced a new method for detecting alcohol, cannabis or tobacco exposure that is both quantitative and not dependent on time of ingestion. Herein, we review the status and discuss their potential roles in civil and forensic applications.

## ***Ethical Issues Raised by Epigenetic Data***

Cheryl Erwin, *Texas Tech University* (Cheryl.erwin@ttuhsc.edu)

We know that genetic discrimination is a widespread concern among individuals at risk for genetically linked behavioral and neurological disorders. The risk for genetic discrimination raises issues of privacy and confidentiality, which extend to epigenetics. Additional ethical issues raised by epigenetics include environmental justice and protection of individuals from environmentally induced epigenetic changes and manifest disorders. Ethical question may also include the following issues. As we become able to identify epigenetic changes, who should bear the cost of the testing and early intervention to ameliorate genetic damage? What obligations do humans have to protect future generations from toxic exposures? When are the epigenetic changes sufficient to require restitution for damages suffered? What is the obligation of individuals to assess epigenetic changes and mitigate damages?

## ***Epigenetic Data and Health Information in the Legal Space***

Nicolas Terry, *Indiana University* (npterr@iupui.edu)

To an extent the legal system has been waiting for an explosion of epigenetic issues in public health, environmental regulation and litigation. So far that explosion has been muted. While there may be interpretative problems with some legislation by failing to include the nurture as well as the nature in their definitions, broader questions do not seem to have matured for determination. In terms of protecting epigenetic information (in, say, data protection or anti-discrimination regimes) the question has been raised whether such information is less stigmatizing and so should be afforded lesser protection. For now, however, epigenetics and genetics seem to occupy the same legal space. Notwithstanding, this is a space that is itself legally interesting. For example, although the US made major progress in combating genetic discrimination with the GINA statute, it did not address the question of discrimination based on manifestation of a disease or disorder. This has now been addressed by the Affordable Care Act's "guaranteed issue" provision. In data protection law one of the most controversial topics is whether it is possible to protect the privacy of genetic information given the potential for re-identification using public databases or "big data." Finally, how has the consumerization of genetic testing stumbled after the FDA warned 23andMe, Inc. concerning a lack of clinical validation for its intended uses.

## **21. Bioethics, Healthcare, and the Police**

### ***A Theory of the New Universality in American Healthcare***

Nicole Huberfeld, *University of Kentucky* (Nicole.huberfeld@uky.edu)

For decades, health care in the United States has been an exclusive enterprise. Patients without the means to pay, and patients with chronic or other undesirable medical conditions, have experienced years of limited or no access to medical care. The Patient Protection and Affordable Care Act of 2010 fundamentally altered the historically exclusionary nature of health care in the United States and adopted a philosophy of universality. Although universality is subsumed within a complex, public/private, multi-layered insurance architecture, this new philosophy is transformative. Universality is important for public health and for the health of individuals who have been treated as undesirables, including people with mental health care needs (who have been long excluded from insurance coverage and thus consistent care). The ACA's requirement for covering "essential health benefits" in both private insurance and in Medicaid, and its expansion of Medicaid to everyone making less than 133% of the federal poverty level, are important evidence of this universality. Not only does this universality represent a shift in the American approach to health care, but it militates toward federal rather than state governance in health care – also an important shift ushered in by the ACA. I will explore this important shift to universality and federal governance in my talk.

### ***The Path of Health Care Expenditures in the United States: Smooth Landing or Fiery Crash?***

Neil Buchanan, *George Washington University* (neilhbuchanan@gmail.com)

The conventional wisdom among U.S. budget analysts has long been that the federal budget is on an unsustainable long-run path. Although most mainstream forecasts do show that the likely trends would lead toward disaster, those forecasts rest entirely on the assumed future course of health care costs. No other element of the government's budget – not Social Security, not defense, not interest on the debt, and certainly not "welfare" or foreign aid – is projected to rise unsustainably. The entire forecast of disaster rises and falls on assumptions about the future of health care cost inflation. This paper reviews the available forecasts, shows that health care costs are the only long-run budget item relevant to fiscal sustainability, and assesses analysts' assumptions regarding the long-run trend of health care costs. The paper then critically examines the reliability of such assumptions and forecasts, as well as the consequences of being wrong in either direction. The bottom line is that the consensus that the U.S. faces a long-run crisis is almost certainly going to turn out to be incorrect, making calls to cut costs elsewhere in the budget today to avoid disaster in the future needless and counter-productive.

## ***(Mis)Understanding Privacy – Social Media, Ethics and the Manufacture of Mineable Data***

Richard Robeson, *Wake Forest University* ([robesor@wfu.edu](mailto:robesor@wfu.edu))

In June 2014 news reports revealed that Facebook manipulated content seen by its members in order to study “massive-scale emotional contagion.” In some respects, this seems a logical consequence of an ethos of commodification combined with Facebook’s well-established disdain for users’ privacy. Judging from Facebook’s success, however, it would appear that the vast majority of Facebook users are equally unconcerned about privacy. Or perhaps their understanding of privacy isn’t as deep as their need to connect —“network” — with others (as the careers of some former politicians can attest). Even so, the study, published in *Proceedings of the National Academy of Sciences*, seems to have moved Facebook into mental health research, with attendant bioethics (and fiduciary) implications. One of the principal concerns of bioethics is the imperative to understand and highlight distinctions between biomedical research, product research and market research, as the goals — and norms — are vastly different from one another. Deception and willful emotional manipulation, for instance, are regarded quite differently in marketing than in healthcare. This paper situates the Facebook emotional contagion experiment in the overarching context of the public’s willing sacrifice (or misunderstanding) of privacy, and asks if the experiment was not only inevitable but a breach of trust.

## ***Criminalization of Homelessness in Canada – What Happens When We Use Policing as a Strategic Response to Youth Homelessness?***

Stephen Gaetz, *York University* ([sgaetz@edu.yorku.ca](mailto:sgaetz@edu.yorku.ca))

While many people think about charitable services such as emergency shelters and drop-ins as central to the response to homelessness, this often goes hand in hand with the use of law enforcement. Many jurisdictions in Canada have adopted measures intended to restrict the rights of homeless people to occupy and inhabit public spaces such as street corners and parks, and which prohibit behaviours such as sleeping in public, or earning money through panhandling. This use of policing and the criminal justice system as central features of our response to homelessness is what we refer to as the criminalization of homelessness. In this presentation, the history and logic of some of these measures are addressed, as well as the outcomes including the impact of policing on homeless youth through ticketing, surveillance and arrest are addressed. It is argued that the use of law enforcement as a response to homelessness can be counter-productive, have a profoundly negative impact on the health and well-being of homeless youth, and become a barrier to their moving forward with their lives. Some alternatives to criminalization of homelessness are explored.

## ***Psychological and Behavioural Factors Implicated in Homelessness: Theory, Research and Evidence***

Nick Maguire, *University of Southampton* ([nick.maguire@soton.ac.uk](mailto:nick.maguire@soton.ac.uk))

Homelessness is still a significant 21<sup>st</sup> Century social ill, which co-varies with societal factors such as economic austerity and poverty. As an issue it is often a political football, used by both left and right political wings to argue or reinforce economic and social policies. This is often simplified into an argument about whether the issue is due to ‘society’ (macro factors) or ‘the individual’ (micro factors). This talk presents a psychological approach, which addresses this unsatisfactory polemic by expressing homelessness as an interaction between the individual and their environment. For a number of years at Southampton we have been working with people living in hostels and on the street, researching psychological factors which seem to be implicated in the behaviours which lead to homelessness. This process research has highlighted significant cognitive and emotional factors which for many are associated with traumatic experience in childhood, and has led to a modified therapy making use of cognitive behavioural and dialectical behavioural concepts and interventions. Data on these variables will be presented, as well as findings of a feasibility quasi-randomised control trial treating people living in homelessness hostels.

## **22. Brain Death, Personhood, and Bodily Integrity: Ethical and Legal Considerations in Vital Organ Transplantation**

Gail Van Norman, *University of Washington* ([gvn@uw.edu](mailto:gvn@uw.edu)) – Moderator

Vital organ transplantation was facilitated by the development of the concept of brain death. Yet significant confusion and controversy still exists regarding definitions of brain death and ethical reasoning behind acceptance of brain death as a concept. Further, changing definitions of brain death in Western countries (including the concepts of "whole brain" versus "brainstem" death) add to confusion, creating a complex ethical, legal and cultural landscape. Exactly what is brain death, and is it even a rational concept? How do legal and ethical issues in the concept of brain death affect organ transplantation in the United States and Europe? When is it legitimate to use a body or its components as a resource for others? How do concepts of the integrity of the body potentially affect laws and public acceptance of organ transplantation? This panel will discuss various aspects of controversies concerning brain death and body integrity.

## ***The Evolution of the Definition of Brain Death***

Michael Souter, *Harborview Medical Centre, Seattle, USA* ([msouter@uw.edu](mailto:msouter@uw.edu))

While successful organ transplantation was initiated by the use of living donors, its subsequent development was facilitated by the designation of the ‘brain dead’ patient. A consequence of (then) new technologies in intensive care medicine, these neurologically defunct but cardiovascularly intact patients provided significantly increased opportunity for organ procurement – dependent upon the rationalization of a permanent loss of neurological function as being equivalent to death of the organism. Aims of this talk include discussion of:

- The biological and philosophical premise for that equivalency
- Its subsequent ethical rationalization and legal codification
- The variation in definition and subsequent declaration of ‘death by neurologic criteria’ across the developed world and through modern history
- Persistent areas of uncertainty requiring especial consideration

## ***Ethical Aspects of Brain Death and Personhood***

Samia Hurst, *University of Geneva* ([samia.hurst@unige.ch](mailto:samia.hurst@unige.ch))

We accept a definition of death that does not require the failure of all organ systems, but we do require complete biological failure of the brain? The classic reason for this is that brain death implies the death of the person, rather than implying the death of the entire body. If we accept this, however, it becomes important to examine the following questions: are there varying degrees of dysfunction of the brain such that the individual no longer meets requirements as a person with "rights" in society? Is loss of brain stem function, the target of clinical testing for brain death, such a dysfunction at all? Is loss of "personhood" an adequate condition to define death in the first place? This lecture will discuss various aspects of "personhood." What is personhood? How are different versions of it associated with definitions of death? What are the ramifications of accepting loss of different forms of personhood as conditions to define death? Finally, how does this affect decisions which are sometimes predicated on death, such as the withdrawal of life-sustaining therapy or the removal of organs for transplantation?

## ***Regret and Organ Donation: What Do We Know about the Effect of Organ Donation Decisions on Living Organ Donors and on Families of Dead Donors? Is the News All Positive?***

Gail Van Norman, *University of Washington* ([gvn@uw.edu](mailto:gvn@uw.edu))

Evidence suggests that the psychological impact of families of organ donors experience significant psychological benefits. However, the literature is scant regarding “regret” following decisions (both positive and negative) regarding organ donation. Further, methods of requesting organ donation may impact later psychological impact of decisions regarding organ donation. What do we know about how the decision to donate or not donate organs affects the

bereavement process in the families of dead donors? This presentation will discuss some of the ramifications of organ donation decisions and the affect of regret.

Erhard Suess, *University of Vienna* ([erhard.suess@meduniwien.ac.at](mailto:erhard.suess@meduniwien.ac.at)) – Discussant

## **23. Brain Injury and Disability**

### ***Brain Imaging and Mental Privacy***

Nada Gligorov, *Icahn School of Medicine at Mount Sinai* ([nada.gligorov@mssm.edu](mailto:nada.gligorov@mssm.edu))

Technological advances in neuroscience have made inroads on the localization of identifiable brain states, in some instances purporting the individuation of particular thoughts. These uses of brain imaging technology have raised what seem to be novel ethical issues. One of the most widely discussed future uses of functional neuroimaging technology is its introduction into the interrogation room via mind reading and lie detection. Part of the moral discomfort with mind reading comes from the conflation of the right-to-privacy, the ethical principle, and mental privacy, as a view of the nature of mental states. The right-to-privacy of one's mental content does not derive from any particular view about the mind; it is a result of a social agreement that our mental and bodily states ought to be disclosed only with our permission. The view about mental privacy is that the contents of mental states are inaccessible by any other method besides introspection. If that view is correct, no developments within brain science will affect the intrinsic privacy of mental states. I conclude that neuroimaging does not raise novel challenges for informational privacy, but is a recapitulation of traditional moral issues in a novel context.

### ***Practical Approaches to Individual Resilience***

Robert Aurbach, *Prinicpal Consultant/CEO Uncommon Approach, Melbourne, Australia* ([rob@uncommonapproach.com](mailto:rob@uncommonapproach.com))

"Resilience" is the opposite of learned helplessness. It is been described by its effects, rather than as an understandable psychosocial mechanism that can be meaningfully influenced by specific interventions. Most of the advice available in the literature for the fostering of resilience is general in nature and "one size fits all" in specificity. This advice does little to give injured people, or those who would intervene to assist them, practical assistance.

Through a powerful new conceptual model of individual neuroplastic response to the circumstances of injury and recovery it is possible to understand the mechanism of the adoption of the *persona* of disability. This model subsumes the available research on the correlates of good and bad outcomes for injured people. It also leads to a definition of resilience that that describes the mechanism by which resilience impacts disability. The model of resilience that follows is consistent with observed individual differences in "coping" behaviour. A person's

individual mix of the four discernable "styles" of resilience can be assessed and specific interventions that enhance the injured person's existing individual style provided. The potential for both preventative and remedial applications to direct psychological injury and secondary psychological overlay to physical harm are significant.

## ***How Does Trauma Affect Treatment Compliance in those with Psychosis?***

Alicia Spidel, *Université de Montréal* (aliciaspidel@aim.com)

Despite the fact that research has found a strong link between trauma history and psychosis, little research has actually investigated treatments that consider both experiences (Mueser, Rosenberg, Goodman, & Trumbetta, 2000). It has been suggested that treatments that look only at one of these variables in individuals with both these concerns is problematic (Read, van Os, Morrison, & Ross, 2005) and that it may be this that impact treatment compliance. Some studies have tried to understand reasons for non-compliance in this population, though few have also considered engagement in services. The current study's objectives were: (1) to investigate the prevalence of childhood abuse, violence, and substance abuse; and (2) to determine the best predictors of treatment compliance in a sample of first episodes with psychosis. One-hundred-seventeen first episode individuals were assessed using multiple constructs (symptoms, childhood trauma, and violence) suggested in the literature as potentially linked to compliance. It was found that 42.7% of the sample had a history of physical aggression and 61.5% had a history of verbal aggression. In order to determine the strongest associations of service engagement, a step-wise linear regression was performed and revealed that childhood physical abuse was the strongest predictor of poor service engagement ( $\beta=0.22$ ,  $p<0.05$ ). Higher scores on the SRP-II was the second strongest predictor of service engagement ( $\beta=0.22$ ,  $p=0.05$ ) followed by a history of physical violence ( $\beta=1.36$ ,  $p<0.05$ ). More data will be presented and the results will be discussed in light of the existing literature and clinical implications.

## ***Who Should You Trust? Discriminating Genuine from Deceptive Eyewitness Accounts***

Charles Morgan III, *University of New Haven* (camorgan3rd@gmail.com)

In this study we tested whether modified cognitive interviewing (MCI) is a valid method for distinguishing between genuine and deceptive human eyewitness accounts. 102 healthy military personnel were the participants of this study. 54 were assigned to a manual task condition and 48 to a cognitive task condition. Of the 54 assigned to the manual task, 17 truly performed the task and were truthful when interviewed about their activities; 18 performed the task and, when interviewed denied having performed the task; 19 read the instructions regarding the manual task

and when interviewed falsely claimed to have performed the task. Of the 48 participants assigned to the cognitive task, 20 performed the task and reported truthfully about their activities; 13 performed the task and denied having participated in the task; 15 read the instructions about the cognitive task and when interviewed claimed to have actually performed the task. The transcripts of interviews were rated by individuals trained in cognitive interviewing; forensic speech variables (response length, unique word count and type-token ratio (TTR)) were coded from transcripts. Human rater judgments and computer-based speech analysis performed better than chance; computer based judgments were superior to the human judgments (i.e., 80% vs. 62%, respectively). Speech content variables derived from MCI differed significantly, and in different ways, between the truthful and false claimant participants and also between the truthful and denial type participants. MCI derived statement analysis methods are a scientifically valid method that can be used by professionals tasked with distinguishing between true claims, false claims and denials.

## **24. Broadcasts from Broadmoor: Advances in Working with High Risk Mentally Disordered Offenders**

### ***Measuring Victim Empathy among Mentally Disordered Offenders: A Validation of the VERA-2***

Gisli Gudjonsson, *King's College London* (gisli.gudjonsson@kcl.ac.uk)

There is an absence of valid victim-specific situation empathy measures available to use with mentally disordered offenders. Recently Professor Susan Young and colleagues validated the Victim Empathy Response Assessment (VERA-2) tool with mentally disordered offenders. The VERA-2 is a victim-specific situation empathy measurement and is comprised of five empathy provoking vignettes. It assesses both cognitive and affective empathy using a video paradigm. The current presentation describes the results of the first validation of the VERA-2. The participants were 55 mentally disordered in-patients residing in a maximum security hospital in England. The results from the VERA-2 were correlated with measures of antisocial personality traits, global affective empathy, violent cognitions, and reported remorse for the index offence. The cognitive and affective empathy VERA-2 scales correlated negatively with antisocial personality traits and violent cognitions, and positively with rating of remorse for the index offence. Global affective empathy, measured by the Eysenck IVE scale, correlated positively with VERA-2 affective empathy only. Participants who had a history of sexual offending obtained significantly higher cognitive empathy than other offenders. Hierarchical regressions showed that acceptance of violence and remorse for the index offence were the best predictors of both cognitive and affective empathy. The VERA-2 is a valid instrument for measuring victim empathy among mentally disordered offenders and will be useful in the context of future risk assessment and outcomes in offender populations.

## ***The Effectiveness of Olanzapine Pamoate Depot Injection in Seriously Violent Men with Schizophrenia or Co-Morbid Personality Disorder in a UK High-Security Hospital***

Mrigendra Das, *Broadmoor High Secure Hospital, West Berkshire, UK*  
(mrigendra.das@wlmht.nhs.uk)

A significant proportion of mentally disordered offenders treated within high secure hospitals in the United Kingdom suffer from schizophrenia which is treatment resistant with poor insight and treatment compliance. Depot antipsychotic medication plays a role in the treatment of this patient group. We report a naturalistic, observational open-label study evaluating the clinical efficacy of olanzapine pamoate depot including its effects on violence and risk reduction. Anonymized patient records were used to identify outcomes of clinical global improvement, and secondary measures (seclusion hours, risk of violence, incidents, engagement in therapeutic work and side effects). The majority of patients showed improvement in symptoms, and overall reduction of key risk areas, and improvement in domains of antisocial personality pathology with decrease in violence in all patients. Half of the patients had associated decrease in seclusion hours and improvement in therapeutic engagement. The findings of this study are important in showing that all patients who responded to olanzapine pamoate also showed a decrease in violent behaviour. The potential anti-aggression effects of depot olanzapine pamoate may represent a very promising area for further work. A depot antipsychotic medication that reduces violence could have significant implications for management of high-security patients.

## ***Treatment Effectiveness of the R&R2 (Reasoning and Rehabilitation) Cognitive Skills Programme in a UK High-Security Hospital***

Susan Young, *Imperial College London* (susan.young1@imperial.ac.uk)

Treatment effectiveness of the R&R2 (Reasoning and Rehabilitation) cognitive skills programme in a UK high-security hospital. The growing popularity of offending behavior programs has led to the interest of whether such programs are effective with mentally disordered offenders. We evaluated the effectiveness of the R&R2 programmes in high risk patients detained at Broadmoor Hospital using (1) R&R2MHP which was adapted for those with antisocial behavior and severe mental illness and (2) R&R2ADHD which was adapted for those with antisocial behavior and symptoms of ADHD. Patients detained in the high secure hospital attended one of these programmes and completed questionnaires at baseline and post treatment to assess violent attitudes, symptoms, emotions, coping processes and social problem-solving. Staff also completed a measure of social and psychological functioning, including disruptive behavior, at the same time. The data of patients who participated in the group condition were compared using intention to treat analysis with waiting list controls, who received treatment as usual. Treatment completion was good with 80% of participants completed R&R2MHP and 76% R&R2ADHD. In contrast to controls, significant medium-large treatment effects were found at outcome for

both programmes. The findings suggest that R&R2 programmes are effective in treating cognitive skills in high risk patients. Future research should use a randomized controlled design.

## ***Predictors of Treatment Outcome in High-Secure Hospital***

Ottilie Sedgwick, *King's College London* (ottilie.sedgwick@kcl.ac.uk)

Outcomes in forensic mental health services are varied and often poor, characterised by lengthy admissions and relatively high rates of reoffending. This talk will explore predictors of outcome in such services. Evidence from a systematic review of objective predictors of outcome will be presented, incorporating demographic, neuropsychological and biological markers. In addition, preliminary data from an ongoing project will be presented, focusing on static, clinical predictors (such as psychopathy level, history of childhood abuse) and the association with outcome in a sample of high-risk mentally disordered offenders. Future directions for research of this nature will also be discussed.

## ***Mental Health Tribunals within a High Secure Environment – Are the National Mental Health Review Tribunals Medical Report Directions Being Followed?***

Michelle Speakman, *Broadmoor High Secure Hospital, West Berkshire, United Kingdom*  
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Fintan Larkin, *Broadmoor High Secure Hospital, West Berkshire, United Kingdom*  
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Broadmoor high secure hospital accommodates 210 male patients detained under the UK Mental Health Act. In 2011 an audit examining Medical Mental Health Review Tribunal (MHRT) Reports demonstrated poor compliance with the guidelines provided by the Judiciary Service. This audit assesses compliance with the National Tribunal Directions (Oct 2013). We selected the first 50 patients with a report written from 6 months after the publication of the Directions and the reports were assessed according to all points described. A significant improvement in compliance was found in this audit period. The structure and presentation of the reports was clearer, more consistent and the content more comprehensive. Some authors used the wording of the Directions as a template, which produced 100% concordance with the guidelines. Since 2011 there has been an increased awareness of the existence of National Guidelines and their use in everyday practice of writing MHRT Reports at Broadmoor Hospital providing clear, well-structured and consistent reports. The current Directions are legally binding yet compliance remained under 100%. To continue with the improvement it is proposed that a MHRT Reports checklist be provided which is signed and attached to the completed report. In addition suggestions are made for future National Directions.

## **25. Bullying**

### ***Sticks and Stones May Break My Bones, and Names DO Hurt Me! A Look at Bullying of Children, Adolescents and Adults Including Both the Clinical and Legal Consequences***

Meryl Sosa, *Illinois Psychiatric Society, Chicago, USA* (msosa@ilpsych.org)

More and more children who have experienced intense bullying are being seen in in-patient psychiatric units and therapeutic schools as a result of intense cyber bullying. Those are the lucky ones. Others commit suicide because they feel so hopeless and alone due to the bullying. Due to the advent of cyberbullying, bullying has become so pervasive that children feel that there is no escape. Home is no longer the protective sanctuary it once was. In the past, children and adolescents were told to ignore the bully. Based on recent studies, it is now acknowledged that children who are bullied—and especially those who are frequently bullied—continue to be at risk for a wide range of poor social, health, and economic outcomes. Interventions need to reduce bullying exposure in childhood and minimize long-term effects on victims' well-being. The panel will also include a presentation on the Health Promotion in Elementary Schools (Health PIES) program which is a cost-effective approach to supporting children's mental health. Designed to focus on children's strengths and build their mental and physical health capacity, Health PIES includes a series of interactive classroom presentations, all of which are based in a philosophy consistent with that of the Comprehensive School Health Framework.

### ***Mental Health Promotion in Elementary Schools: A Comprehensive, Cost-Effective Example***

Mary Louise Batty, *University of New Brunswick* (mbatty@unb.ca)

Health Promotion in Elementary Schools (Health PIES) is a cost-effective approach to supporting children's mental health. Designed to focus on children's strengths and build their mental and physical health capacity, Health PIES includes a series of interactive classroom presentations, all of which are based in a philosophy consistent with that of the Comprehensive School Health Framework. Presentations meet Provincial Health Outcomes, are evidence-informed, and inclusive of culture, gender, learning style, and more. The connections between mind and body, health and learning are repeatedly reinforced. Concepts like social justice and an awareness of global health issues that unite children are gradually introduced. Presentations are structured so that facilitators are able to build relationships with the children, role-model kindness and respect, and create positive learning environments. Although originally designed for implementation by senior nursing students, Health PIES was piloted with success by experienced classroom teachers and approved by NB Anglophone West School District in April

2014 as a resource. The 2014/15 School Year will entail facilitator training opportunities for staff in the same district, which is one of the largest school districts in the Province of New Brunswick. Health PIES could be beneficial for students and practitioners of psychology or other disciplines.

## **26. Capacity and Advance Directives**

### ***Sterilisation as Self-Governance in Mental Health Law: Moving beyond Full and Informed Consent?***

Andreas Dimopoulos, *Brunel University* ([andreas.dimopoulos@brunel.ac.uk](mailto:andreas.dimopoulos@brunel.ac.uk))

This presentation will discuss the recent WHO Interagency Statement on Eliminating Forced, Coercive and Otherwise Involuntary Sterilisation. The presentation will argue that many of the propositions put forward by this Statement constitute a real advancement in how to protect individuals from such interventions. However, placing an emphasis on full and informed consent is problematic. This presentation will go beyond the liberalist discussion of free and informed consent as the bare minimum of protection afforded by human rights law. The presentation argues that sterilisation of persons with mental disabilities for control of fertility is closely linked to self-governance. As such, consent to sterilisation cannot be cut off from the social (or socio-medical) context within which it is carried out. The presentation draws from the analysis of feminist writers on autonomy, such as Oshana, to argue that sterilisation for control of fertility may be seen as perpetuating the structural oppression of persons with mental disabilities. Mental health law and practice should pay attention to the context in which such procedures take place and formulate policies which outlaw sterilisation in certain contexts.

### ***Strict Ethics Regulation without Appropriate Institutional Implementaion Won't Protect Decisionally Incapacitated Research Subjects: Lessons from Sweden***

Linus Broström, *Lund University* ([linus.brostrom@med.lu.se](mailto:linus.brostrom@med.lu.se))

Mats Johansson, *Lund University* ([mats.johansson@med.lu.se](mailto:mats.johansson@med.lu.se))

The standard requirement of informed consent cannot be met when potential research subjects are decisionally incapacitated due to e.g. dementia, intellectual disabilities, or other mental health problems. Such research subjects are generally recognized as being in need of special protection, particularly when the relevant research cannot be expected to benefit the participating individuals themselves. Consequently international regulation and guidelines, such as the European Council's *Convention on Human Rights and Biomedicine* or the *Declaration of Helsinki*, as well as national legislation in many countries, allow for research enrollment of the decisionally incapacitated only under certain (seemingly) strict conditions. However, the protection of

vulnerable research subjects is not stronger than the weakest link in the legal and institutional chain. In this presentation we shall illustrate this worry with findings from an ongoing study on how Ethical Review Boards in Sweden have handled issues about decisional capacity, risk-benefit analyses, surrogate decision-making and more. We end with a few suggestions on how efforts to strengthen the protection of incapacitated research subjects should target the *implementation* of protective provisions.

## ***Supporting the Introduction of Advance Statements in Victoria, Australia***

Lisa Brophy, *University of Melbourne* ([lbrophy@unimelb.edu.au](mailto:lbrophy@unimelb.edu.au))

Erandathie Jayakody, *Mind Australia* ([Erandathie.Jayakody@mindaustralia.org.au](mailto:Erandathie.Jayakody@mindaustralia.org.au))

The Victorian Mental Health Act, 2014, introduced Advance Statements (AS), a process to facilitate the writing of a document that enables a person to detail their treatment preferences in the event that they require compulsory mental health treatment. The Victorian Government has funded researchers from Respecting Patient Choices® (Austin Health) and Mind Australia to promote the implementation of AS in the Australian state of Victoria. The project team consulted extensively with key mental health stakeholders, service providers, consumers, carers and the mental health workforce, to develop resources for consumers and carers, a best practice guide and training materials for staff. Consultation findings confirmed ‘in principle’ support for AS and identified many potential challenges to the uptake of AS and achieving the goal of improving patient choice and control. This paper will focus on how these challenges may be overcome through system change, information and training of staff and providing education and support for people with mental illness and their family and carers in the context of a shift to supported decision making and recovery oriented practice. AS will be available to all people accessing Victorian mental health services, not just those requiring compulsory mental health treatment.

## **27. Capacity and Decision-making**

### ***Deep Brain stimulation for Parkinson’s Disease, Impulse Control Disorders, and Decision-Making Capacity***

Tommaso Bruni, *University of Western Ontario* ([tbruni2@uwo.ca](mailto:tbruni2@uwo.ca))

This paper examines the decision-making capacity of some Parkinson’s Disease (PD) patients that are treated through Deep Brain Stimulation (DBS) and in which Impulse Control Disorders (ICD), such as hypersexuality and compulsive gambling, are present. DBS for PD can cause side-effects, among which ICDs. ICDs and other changes in the patients’ emotional outlook following DBS, together with the importance of emotions in decision-making, should make us

wary of these patients' ability to express informed consent to medical procedures while under stimulation. Even though most of these patients are normally taken to be competent according to standardized assessment tools such as the MacCAT-T, I argue that current tools underestimate the importance of emotions and self-control. In particular, decision-making capacity should not be seen as equal for all kinds of decisions. Patients with DBS-induced ICDs should be seen as competent to make some decisions and as incompetent to make other decisions, for instance those relating to the object of their compulsions. DBS should be adjusted whenever possible by varying electrode position and stimulation parameters in order to reduce ICDs. Furthermore, physicians should have a more important say about whether patients can take decisions requiring informed consent while under stimulation.

## ***Substituted Decision-Making, Deprivation of Liberty and Human Rights***

Colin McKay, *Mental Welfare Commission for Scotland, UK* (colin.mckay@mwscot.org.uk)

Scotland has a widely respected mental health and incapacity regime, based on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003. It faces a potential crisis, following the UK Supreme Court decision in the *Cheshire West* case. The court took a broad approach to the definition of 'deprivation of liberty' in ECHR Article 5, finding that the test was the same, regardless of the degree of disability, turning on whether the person is 'under continuous supervision and control'.

This ruling means that thousands of informal care placements may be unlawful – possibly even if authorised by a legal guardian. The Scottish Law Commission is shortly to respond, and the paper will consider how far its proposals are practical, and resolve tensions between the principle of 'least restrictive alternative' and the need for judicial protection against deprivation of liberty. The paper will also consider the General Comment on Article 12 of the UN *Convention on the Rights of Disabled Persons*, which calls for substituted decision making and forcible treatment to be abolished.

## ***Decision-Making Capacity as a Criterion for Involuntary Psychiatric Treatment***

Manne Sjöstrand, *Karolinska Institute, Stockholm, Sweden* (manne.sjostrand@ki.se)

In line with the principle of respect for autonomy, it is often assumed that autonomous (or competent) decisions should be respected in healthcare, whereas non-autonomous decisions may justifiably be overridden for the sake of a patient's own good. In somatic healthcare, standards for competence, or decision-making capacity, typically focus on patients' abilities for reasoning, understanding, appreciation and communication. However, laws concerning involuntary treatment in psychiatry typically focus on patients' need of care and potential danger to

themselves or others, not on whether they are able to make autonomous decisions regarding their treatment. The presentation will discuss differences between laws and ethical frameworks in psychiatric and somatic care, focusing on the issue of whether lack of decisional capacity should be a requirement for involuntary treatment in psychiatry. It will also discuss challenges to this idea that have been advanced in recent bioethical debate. Most importantly: the problem of self-destructive wants in patients whose treatment refusals would pass as competent according to standard criteria for decision-making capacity.

## ***The Role of Social Workers in Supported and Substitute Decision Making in the UK: A Comparison of Law, Policy and Practice***

Jim Campbell, *Goldsmiths, University of London* (j.campbell@gold.ac.uk)

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

Gillian MacIntyre, *University of Strathclyde, Glasgow* (gillian.macintyre@strath.ac.uk)

A variety of laws and policies have been introduced across the UK which have established frameworks for supported and substitute decision-making for people whose decision-making ability is impaired. As a result professional interventions must consider issues of mental health, mental capacity, adult protection and consent. International developments also have implications for these frameworks, notably the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD) and the *European Convention on Human Rights*. In particular, there is ongoing debate about whether these frameworks are, or can be, compliant with Article 12 of the CRPD. This presentation will provide an overview and critical analysis of the current legal and policy frameworks in England/Wales, Scotland and Northern Ireland with a particular focus on the social work role. It will outline the different perspectives on Article 12 and how these relate to the jurisdictions within the UK. Issues for practice will also be identified and the international research literature will be used to explore how these important supports and safeguards can be further developed.

## **28. Capacity Assessment**

### ***Assessing Testamentary Capacity – Who Does It Better, Lawyers or Doctors?***

Kelly Purser, *Queensland University of Technology* (k.purser@qut.edu.au)

Evelyn Abadines, *Lawyer, Queensland, Australia* ([eabadines@mcw.com.au](mailto:eabadines@mcw.com.au))

The effects of mentally disabling conditions on legal capacity are escalating, particularly given the ageing Australian demographic. Wills, enduring powers of attorney, and advance health directives are coming to the fore as a means of ensuring that the wishes of people with regard to

their property, finances and health care needs are respected should they become legally incapable of making their own decisions. Assessing when a person has lost legal capacity in this context is an ever-increasing concern facing society as a whole but, in particular, the legal and medical professionals conducting the assessments. Empirical and doctrinal research has been undertaken which canvassed legal and medical opinions about the relationship between members of these professions when assessing legal capacity. This research supports the hypothesis that tensions exist when assessing capacity, especially testamentary capacity. One source of tension is the effect of conflicting evidence about the loss of legal capacity given by legal and medical professionals in court, which raises questions such as: which evidence is, and should be, preferred; and who should be responsible? The exploration of these issues will be conducted with reference to the empirical data collected, and a review of the relevant Australian case law.

### ***Physicians as Legal Actors in End of Life Decisions for Adults who Lack Capacity: an Empirical Study about Their Knowledge of and Compliance with the Law***

Lindy Willmott, *Queensland Univeristy of Technology* (l.willmott@qut.edu)

Physicians play an important legal role when decisions are made about withholding or withdrawing treatment at the end of life. This role includes determining if the patient has capacity, and if not, who is the substitute decision-maker, and whether an advance directive refusing treatment must be followed. Yet, until now, little has been known about the extent of physicians' knowledge of the law in this field, or the importance of law in the decision-making process of physicians. Empirical research involving specialists in Intensive Care, Emergency Medicine, Palliative Medicine, Medical Oncology, Respiratory Medicine, Renal Medicine and Geriatric Medicine, conducted over a three year period, sheds light on both of these important issues. The aim of this research, funded by the Australian Research Council and the seven guardianship bodies in three Australian States (Queensland, New South Wales and Victoria), was to explore the knowledge and practice of physicians in those jurisdictions. Specialists were asked to complete a survey which was designed to measure their understanding of a range of guardianship law issues including the validity and enforceability of advance directives and the powers of substitute decision-makers. This presentation will have three components: it will outline the legal role that is played by doctors in this context; the findings of the study about the level of knowledge of physicians who are making these decisions; and the findings about the weight that the law is given in clinical decision-making.

### ***Deathbed Instructions and the Assessment of Capacity – a Practical Perspective***

Evelyn Abadines, *Barrister-at-law, Queensland, Australia* (eabadines@mcw.com.au)

The assessment of capacity in the context of wills and advance care planning is a challenging task for modern practitioners with the increase in mentally disabling conditions, such as acquired brain injury. This challenge is only heightened in the situation where the assessment occurs at the client's deathbed as there are the added elements of urgency, and emotional upheaval at the impending death of a loved one. This situation poses a minefield of problems a legal practitioner should be aware of, involving not only the assessment process but also potential professional liability issues. This presentation will address the practical considerations a legal professional should take into account when in this situation. The focus will be on two discrete situations and the issues arising from them. First, where there has been an acquired brain injury and legal capacity is in question. Second, where a spinal injury has occurred which does not affect capacity, rather results in the inability to use conventional forms of communication to communicate his/her instructions. We will examine these case studies with a view to proposing a best practice model for legal practitioners when assessing capacity in this context.

## ***Capacity Assessment for Supported Decision-Making: The Road to Article 12 of the CRPD***

Carmelle Peisah, *University of New South Wales* ([cpeisah62@bigpond.com](mailto:cpeisah62@bigpond.com))

Article 12 of the *United Nations Convention on the Rights of Persons with Disabilities* (CORPD) recommends signatory parties take appropriate measures to provide access by persons with disabilities to the support they require in exercising their legal capacity. Notwithstanding the right to presumption of capacity for all, when that resumption is rebutted and triggers exist for the assessment of capacity, the highest order priority of such assessment must be to maximize opportunities for supported decision-making. Previous discourse on supported decision-making has proposed an inclusionary model of supported decision-making founded in ethical and human rights frameworks. Captured by the acronym ASK ME, the model recommends a step wise approach to assessment and support based on a positive, relational concept of autonomy, involving: (i) assessing strengths and deficits; (ii) simplifying the task; (iii) knowing the person; (iv) maximizing the ability to understand; and (v) enabling participation in the discussion [1]. This presentation will address practical applications of this model in health, finance and legal settings which actualize the goals of Article 12.

## **29. Child Abuse (I)**

Yolisha Singh, *University of New South Wales* ([yolisha@yahoo.com](mailto:yolisha@yahoo.com)) – Moderator

## ***Raising the Age of Criminal Responsibility by the “Back Door”?***

Heather Keating, *University of Sussex* ([h.m.keating@sussex.ac.uk](mailto:h.m.keating@sussex.ac.uk))

As the law stands in England and Wales, children are criminally responsible for their harmful behaviour from the age of ten, an age well below that of many other European countries. This means that although provisions do exist to divert children from formal court processes, children who are charged with serious offences will be tried in the Crown Court with relatively few concessions made for their youth. On what basis is an English ten-year-old deemed ‘responsible enough’ to be tried in a criminal court when his or her Scottish or Austrian or Belgian counterpart apparently is not? This presentation examines the concepts of childhood and responsibility and goes on to explore, against the backdrop of our obligations under the *United Nations Convention on the Rights of the Child*, how the law ought to respond to our growing understanding of childhood development in terms of the age of criminal responsibility, fitness to plead and possible defences such as developmental immaturity.

### ***Child Abuse, Drug Addiction and Mental Health Problems of Incarcerated Women in Israel***

Gila Chen, *Ashkelon Academic College* ([chengila6@gmail.com](mailto:chengila6@gmail.com))

Keren Gueta, *Bar-Ilan University* ([keren@gueta.com](mailto:keren@gueta.com))

The mental health problems and pathways to drug addiction and crime among female inmates have long been of interest to researchers and practitioners. The purpose of the current study was to examine the possible association between multiple types of childhood abuse, mental health problems, and drug addiction and the incarceration of 50 Israeli women in prison. The findings indicated that female inmates come from risky families with a high prevalence of family mental health problems, parental drug addiction and crime, and sibling drug addiction and crime. Furthermore, they revealed that incarcerated women from risky families were victims of multiple types of childhood abuse and neglect by their parents, as well as their siblings. Overall, the results suggest that the adverse consequences of a family's mental health problems are much more dramatic than we assumed to date, and that women are more likely than men to be the victims of multiple types of childhood abuse and neglect, as well as suffering more severe psychiatric problems, depression, and drug addiction. The implications of these findings are discussed.

### ***“I Found This Site by Googling ‘Borderline B\*tch’”: Constructing Borderline Personality Disorder in Popular Family Law Advice for Men***

Ruth Cain, *University of Kent* ([servalan73@gmail.com](mailto:servalan73@gmail.com))

In recent years a considerable body of online support and discussion forums surrounding legal issues have emerged. With the withdrawal of legal aid for most private law disputes in the UK

and the corresponding increase in number of litigants in person, these are likely to increase in number and influence. This paper discusses online advice for men handling divorce and child custody issues. A clear construction of a high-conflict, deceitful ex-wife, often also a possessive or 'gate-keeping' mother, emerges in these forums. She is often labelled 'borderline' in these discussions, sometimes by advisers claiming psychiatric qualifications. This image emerges increasingly in popular and legal constructions of the 'borderline' ex who acts out her personality disorder in the courts with apparent impunity, deploying stereotypes of the abused, suffering woman. Men's and father's rights groups argue that the courts offer too much power and credence to 'vindictive' women. The 'borderline bitch' thus intersects with established legal constructions implicating women in the failure of 'fair' post-divorce child arrangements, such as the 'implacably hostile' or 'alienating' mother. I outline here ways in which these intersections occur, how popular discourse about 'personality disorder' might affect perceptions of gender and family justice, and how the 'borderline woman' label reifies of women as possessive, deceitful, entitled and indulged by 'feminised' family courts.

### ***Child Murder by Mothers and Evolution***

Susan Hatters Friedman, *University of Auckland* ([susanhfmd@hotmail.com](mailto:susanhfmd@hotmail.com))

Child murder by mothers has occurred across time and culture. Motives conceptualized by Resnick (1969) include murder due to fatal abuse or neglect, unwanted children, Medea syndrome, altruistic motives, and acutely psychotic reasons. Neonaticide is the murder of an infant in the first day of life, and common characteristics are noted in many cases. In order to understand this complex occurrence, evolutionary theory has been proposed as a framework through which we can meaningfully appreciate the literature about child murder by parents. In this talk, the recent literature about filicide as well as our findings in a current New Zealand study, will be described, and considered in light of evolutionary psychology.

### ***Familial-Related Violence of Pregnant Women in France: One Death or Two?***

Philippe Charlier, *UFR of Health Sciences, Montigny-le-Bretonneux, France*  
([philippe.charlier@uvsq.fr](mailto:philippe.charlier@uvsq.fr))

Jehanne Marchaut, *UFR of Health Sciences, Montigny-le-Bretonneux, France*  
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Christian Hervé, *EA 4569 Paris-Descartes, Paris, France*  
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Forensic pathologists are key-practitioners at the service of the Justice, but autopsy data may be particularly useful to societal and scientific (global health) purposes. We recently analyzed 162

cases of fatal familial-related violence on female individuals from the West suburbs of Paris between 1992 and 2012 (retrospective analysis of autopsy reports). A total of three homicides of pregnant women were found (1.85%), all in the first trimester of pregnancy. As a matter of fact, should the French law be changed for the death of a fetus following a trauma on a pregnant woman? Indeed, according to the actual French law, the death of an embryo/fetus is considered as an aggravating circumstance, but is not yet characterized in legal term as a homicide. A change in the law taking into account the additional fetus as a supernumerary homicide victim for assaulted pregnant women may be proposed. It should not question the local legitimacy of legal abortion (“IVG”) if this crime characterization concerns only the fetuses over 14 weeks of amenorrhea. Such a redefinition of the law would imply much severe sanctions for the perpetrator, and improve its direct responsibility. This is much more a public health than a legal problem, defending the human rights of the child to be born, and the mother.

### **30. Child Abuse (II)**

#### ***A review of the reintegration programme of adolescents in conflict with the law into the mainstream community in the Republic of South Africa: A Case Study***

Dorothy Sekhukhune, *Mental Health Review Board, Gauteng, South Africa*  
(Dorothy.sekhukhune@gmail.com)

This longitudinal study commenced in 2011 when the position of children and adolescents who were HIV/AIDS orphans and in conflict with the law were investigated. This study suggested a reintegration/rehabilitative framework, having due regard to relevant legislation, within which the youngsters can be educated and empowered with coping mechanisms to avoid recidivism. The purpose of this study was to investigate the effectiveness of the community reintegration/rehabilitation program whilst living in the community post their release from the juvenile center. Human rights issues were also considered. Interviews were conducted with all adolescents who were released from a juvenile centre in Gauteng between 2012-2014 and went through the program for a period of a year or more. The focus here is on their experiences and coping mechanisms that would assist them in being reintegrated into the community. The results revealed that there is a need to continue to assist these youths post their release so that they can settle back in the community and further to continue to strengthen coping mechanism programs for them to deal with peer group problems such as bullying, teasing, and stigmatization so as prevent the reoccurrence of similar offences.

#### ***Child Protection Cases Involving Parents with Disabilities***

Joshua Kay, *University of Michigan* (jbkay@umich.edu)

Parents with disabilities are more likely than other parents to become involved in the child protection system, and once involved, their cases are more likely to end in termination of parental rights. Despite the goal in most child protection cases being family reunification, certain vulnerabilities, biases, and assumptions come into play against parents with disabilities, contributing to their disproportionate involvement in the child protection system and the poor outcomes of their cases. Once a child protection case begins, parents with disabilities face special challenges, including a lack of disability awareness among child welfare agencies, courts, human service professionals, and lawyers; poor availability of services designed to accommodate their disabilities; and assumptions that they cannot benefit from assistance sufficiently to safely parent their children. This presentation will cover the prevalence of disability among parents, statistics about the involvement of parents with disabilities in child protection cases, the types of challenges faced by these parents in their cases, and suggestions for improvements in policy, law, and legal practice so that these parents can avoid child protection involvement and have a better chance of resolving their cases successfully while keeping their children safe.

### ***Psychotropic Medication for Mentally-Ill Children: Where is the Child's Voice in Consenting to Medication? An Empirical Study***

Donald Stone, *University of Baltimore* (dstone@ubalt.edu)

When a child with a mental illness is being prescribed psychotropic medication, who decides whether the child should take the medication – the parent or the child? Prior to administering psychotropic medication, what specific information should be provided to the person authorized to consent on behalf of the child? Should children be permitted to refuse psychotropic medications? What procedures should be put in place to forcibly medicate a child with psychotropic medication? I will examine the use of psychotropic medication on children, from the viewpoint of psychiatrists, pediatricians, parents, and children (emphasis on foster care children). Next I will explore the reasons why foster children receive psychotropic medications at a higher rate than children under their parents' care. In addition, I will provide an explanation of the consent procedures for children, and a critical inquiry into the manner psychiatrists and psychiatric hospitals undertake to address a minor's refusal to take psychotropic medication. Additionally, I offer recommendations for a model consent form to be utilized by psychiatrists and in-patient psychiatric hospitals. It will present the rights of children to refuse psychotropic medication as recommended and the procedure for overriding such refusal. Finally, the empirical data will analyze a survey of psychiatrists and pediatricians on the use of psychotropic medications to understand the existing consent procedures governing a minor's refusal to take psychotropic medications. The analysis will highlight the best practices and offer recommendations that provide for a state reporting and monitoring system.

## **31. Child Abuse and Domestic Violence**

## ***The Adversarial Legal System and Child Protection: Comparing the Irish and Dutch Legal Systems in the Context of Therapeutic Jurisprudence***

Kieran McGrath, *Child Welfare Consultant, Dublin, Ireland* (kmacg@eircom.net)

This paper contrasts the Irish and Dutch legal systems in relation to their approach to legal proceedings regarding children at risk of abuse or neglect. The Irish legal system is a classically adversarial system, coming as it does from the Anglo-Saxon tradition. The Dutch system, on the other hand is a quintessentially inquisitorial system which approaches child care legal proceedings in an altogether different way. The presenter will present his research comparing both, which highlights the therapeutic benefits of the Dutch system, over its Irish counterpart. This research found that, in spite of the highly contentious nature of the proceedings (the potential removal of a child from its parents) the Dutch system relied much less on conflict in its deliberations. In this context, the presenter links this to Wexler's case for "mainstreaming" Therapeutic Jurisprudential principles in practical settings. Wexler argues for a friendlier legal landscape that infuses formal structures with therapeutic concepts from other disciplines like Psychology and Social Work. Thus, the legal discourse is enriched by allowing for practices that fully meet legally rigor but, at the same time, allow for a regime that encourages all parties, litigants, lawyers and the judiciary to operate in more therapeutic ways.

## ***Strength-Based Treatment for Domestically Violent Men***

Nicola Graham-Kevan, *University of Central Lancashire* (ngramham-kevan@uclan.ac.uk)

Traditional approaches to working with male perpetrators of domestic violence have used deficit models and a psychoeducational approach to treatment. These approaches have typically had high programme attrition and low or no impact on behaviour. The current paper presents preliminary results from a new strength based programme for male domestic violence offenders called Inner Strength. Using a positive psychological approach and attending to responsivity factors this programme has proved itself effective in engaging its participants, as evidenced by therapist and participant report as well as zero attrition rates. The programme also had positive impacts upon resilience, emotional regulation and coping behaviours. Since the programme's launch in 2012 there has been no proven reoffending, domestic abuse related or other types of offending. These findings are explored in relation to the desistance literature. Implications for the treatment of offenders generally and domestically violent offenders specifically are discussed in relation to current US & European zeitgeist of blame based deficit models of male family violence.

## ***MEGA – The Paradigm Changer in Risk Assessment: An Outcome Measure that Simultaneously Assesses Risk and Protective Factors for Sexually Abusive Youth***

L.C. Miccio-Fonseca, *Clinic for the Sexualities, San Diego, USA* (lcmf@cox.net)

There is a growing need for evidenced-based risk assessment tools for sexually abusive youth. Available tools (i.e., J-SOAP-II, JSORRAT-II, ERASOR) are primarily applicable to adjudicated adolescent males, neglecting developmental aspects, gender differences or differences in intellectual functioning. They often do not adequately differentiate according to severity of risk (i.e., identifying dangerous, violent youthful sex offenders) nor allow for ongoing follow-up and monitoring. Most risk assessment tools were not constructed on large representative samples (i.e., over 500 youth), did not provide normative data, thus lacking generalizability to diverse cultural groups. MEGA<sup>f</sup>, a new contribution to the field of risk assessment, established four levels of risk (Low, Moderate, High, and Very High), making it more applicable for assessing the most dangerous, sexually violent, predatory offenders. The tool demonstrated predictive validity, establishing normative data, with cut-off scores according to gender and age. Cross-validation studies were on an international sample (USA, Canada, Scotland, and England) of over 2200 males and females, ages 4-19, including youth with low intellectual functioning. MEGA<sup>f</sup> is an outcome measure measuring changes in risk and protective factors every 6 months. Accurate risk assessment reduces redundant services, thus resulting in considerable cost savings for agencies, programs, and community at large.

## ***A Longitudinal Study of Intimate Partner Violence Arrest Rates***

Eve Buzawa, *University of Massachusetts - Lowell* (eve\_buzawa@uml.edu)

This research draws upon 2000 through 2009 National Incident Based Reporting System (including sexual assault and homicide) data to determine the relative impact of various incident, offender, and victim variables on the likelihood of arrest. The FBI's NIBRS is an incident-based, hierarchical, nested data structure providing 53 unique data elements with details on the incident, offense(s), property, victim(s), offender(s) and arrestees. This structure provides the opportunity for examining multiple dynamics between offenders and victims within criminal incidents such as sexual and non-sexual assaults. Unlike the summary level UCR data, the intent of the NIBRS is to provide a more comprehensive summary of criminal incidents reported to the police. In this paper the authors conduct a longitudinal study of intimate partner violence arrest rates. Of particular interest is the impact of the legal structure under which the jurisdiction operates and the varying impact of that structure over time. The policy implications of the findings are discussed.

## ***Recalled Child Maltreatment, Alexithymia and PTSD among Sex Workers***

Annelies Daalder, *WODC, The Netherlands* (a.daalder@minvenj.nl)

The objective of this study is to examine the interrelationship between recalled child maltreatment, alexithymia and PTSD. Questionnaires were completed by 94 sex workers and 95 women in a comparison group. The questionnaires encompassed the Child Trauma Questionnaire (CTQ), the Toronto Alexithymia Scale-20 (TAS-20) and the Self-Rating Inventory for PTSD (SRIP). The prevalence of the subscales of child maltreatment, alexithymia and PTSD will be discussed for both groups. Next, mean differences between both groups on the subscales of alexithymia, child maltreatment, and PTSD will be computed and logistic regression analysis will be used to examine the predictive contribution of those three factors to sex work. Finally, we examine the moderating effect of the three clusters of alexithymia (difficulty describing feelings, identifying feelings and external oriented thinking) on the relationship between overall child maltreatment and overall PTSD within the group of sex workers.

## **32. Children and Divorce**

### ***The Texas Approach to Mitigation of Family Conflict: Child Custody and Visitation by Statutory Prescription***

John Sampson, *University of Texas* (jsampson@law.utexas.edu)

Professor (later Dean and then Judge) Guido Calabresi wrote the following summary of the thesis of his widely cited *A Common Law for the Age of Statutes* (1982):

The last fifty to eighty years have seen a fundamental change in American law. In this time we have gone from a legal system dominated by the common law, divined by courts, to one in which statutes, enacted by legislatures, have become the primary source of law. The consequences of this “orgy of statute making” are just beginning to be recognized.... The “statutorification” of American law ... [may often result in] the problem of legal obsolescence.”

This presentation describes the twists and turns of Texas legislation from 1973 until today regarding child custody and visitation. That process certainly fits the description identified above, and can be summarized as follows by its short epochs:

- (a) 1973: Primitive beginnings, highlighted by judicial malfeasance and “winner take all” outcomes.
- (b) 1975-85: Statutory regulation increased, triggering extended gender wars.
- (c) 1987-93: Joint custody arrives, engenders controversy, and develops.
- (d) 1995-2013: Resolution by a presumption of joint custody, culminating in the virtually universal application of a presumed the standard order.

## ***New Ways for Families: A Paradigm Shift for Managing High-Conflict Divorce***

William A. Eddy, *High Conflict Institute* ([billeddy@highconflictinstitute.com](mailto:billeddy@highconflictinstitute.com))

*New Ways for Families* is a new method for managing high-conflict families engaged in divorce, custody and visitation disputes. It is currently operating in four Family Court systems, two in the United States and two in Canada. It is based on principles for cognitive-behavioral treatment of people with personality disorders. It involves six individual counseling sessions for each parent, with a structured workbook teaching how to write emails, how to make proposals, how to manage upset emotions and other skills, followed by three sessions of *conjoint* parent-child counseling, in which each parent separately teaches the children the same basic skills. All professionals, including judges, attorneys and counselors, teach and reinforce four basic *conflict-reducing skills* before major decisions are made. Preliminary results indicate that up to seventy percent of "high-conflict" families are able to make their own decisions, rather than returning to court. After the program there is less need for police interventions and child welfare involvement, saving communities approximately \$9 for each \$1 invested in the program. Parents report greater cooperation and the children are doing better at school, having fewer stomachaches and are sleeping better. This presentation will briefly explain how *New Ways for Families* works and three-year research results.

## ***Individual and Relational Dynamics Characteristics of Divorced Families in which a Child Rejects a Parent***

Anna Lubrano Lavadera, *University of Rome Sapienza* ([anna.lubrano@uniroma1.it](mailto:anna.lubrano@uniroma1.it))

Michela Criscuolo, *University of Rome Sapienza* ([michela\\_criscuolo@yahoo.it](mailto:michela_criscuolo@yahoo.it))

Recent studies reported that different factors can determine children's "unjustified" rejection toward a parent in divorced families: parents' psychological characteristics; children's pre-existing vulnerability; dysfunctional family relationships and conflict management. Through multimethod and cross-sectional study, we paired two cohorts of 30 families undergoing legal separation: in the target group at least one child rejected a parent unreasonably. The study has been performed in accordance with ethical principles. Participants were informed about the aim of the study. Data were analyzed with respect of privacy statements.

Parents' personality was investigated with Rorschach's test, MMPI-2 and MCMI-II. Children's temperament was evaluated through QUIT. Children adjustment was investigated through CBCL 6-18. Family coordination was investigated through LTP procedure. Parents' adjustment to divorce was evaluated through SAS, and their conflict management through SCG. Some differences emerged between the two cohorts. In the target group, we found specific personality characteristics in the involved parents, dysfunctional conflict management and a prevalence of

low family coordination. These results have elucidated hypothesis useful to design effective interventions.

### ***Forensic Child Sexual Abuse Evaluations: Estimating Judgment Accuracy in the Absence of a Gold Standard***

Steve Herman, *University of Hawaii at Hilo* (drsteveherman@gmail.com)

A new method for analyzing self-report data from human subjects is used to estimate the accuracy of real-world judgments by child abuse professionals and nonprofessionals about the veracity of allegations of child sexual abuse (CSA). In the real world, the ground truth about whether or not any specific CSA allegation is true or false is often impossible to obtain. The method used in this study does not require access to the ground truth for evaluating the accuracy of judgments. Furthermore, the new method used in this study has little in common with latent class analysis and other prior approaches. The analysis uses data collected in survey studies of child abuse professionals (n = 106) and nonprofessionals (undergraduate college students, n = 313). The estimated overall, false positive, and false negative error rates for the professionals' real-world judgments were .22 (95% CI .21 - .29), .29, and .18, respectively. For the nonprofessionals, the estimated error rates were .23, .38, and .14, respectively. These estimates include many judgments about unambiguous, strongly corroborated CSA allegations. For professionals' judgments about ambiguous, mostly uncorroborated, CSA allegations—about 40% of all real-world cases—the estimated error rates were considerably higher: .37, .38, and .37, respectively. These findings, consistent with findings from earlier studies, cast severe doubt on the currently widespread practice of making life-altering legal interventions in the lives of children and adults on the basis of professional or lay judgments about the veracity of uncorroborated allegations of CSA. The method used in this study could be used to estimate the accuracy of judgments in other domains in which gold standards are not available.

### **33. Children's Participation in Legal Processes: A Human Rights Approach**

#### ***Psychological Testing to Assist in the Court's Determination of the Rights of a Child***

Allan Posthuma, *Private Practice, Vancouver, Canada* (drposthuma@shaw.ca)

One of the major challenges to the Court in family matters is the determination of the child's ability to express his or her own opinion independent of parental or adult influence. This presentation will describe the development of performance based psychological testing which can assist the Court in this determination. These tests are based on two important constructs with

extensive research support: executive function (EF) and emotional intelligence (EI). Research provides clear evidence EF increases social problem solving and confidence and is related to specific parenting skills. EI is distinct from EF. EI refers to the effectiveness in understanding one's emotions and of others, the effectiveness in managing these emotions in relationships, and being able to facilitate the emotional and cognitive demands of the situation effectively. Research has demonstrated the importance of EI in determining the social maturity and effectiveness of children. The challenge in family evaluations is meeting the legal hurdles requiring research support for the validity and reliability of expert evidence. This is particularly problematic in the use of self-report psychological tests. This presentation will describe performance or ability evaluation of these constructs which avoid the biases and limitations of self report psychological tests.

### ***Human Dignity and the Child's Right to be Heard: Implementing Article 12 of the UNCRC before the Courts in Canada and Elsewhere***

Christian Whalen, *Office of the Child and Youth Advocate, Fredericton, Canada*  
([Christian.whelen@gnb.ca](mailto:Christian.whelen@gnb.ca))

The Child's right to be heard in Article 12 is a foundational principle of the UN Convention on the Rights of the Child. The formulation of this right gives the lie to the adage that children should be seen and not heard, but twenty-five years into the Convention's implementation it is timely to assess the impact of this principle. The legal representation of children in Canada is a patchwork of approaches and could be improved significantly. Domestic law approaches have proven insufficient to meet the promise of Article 12 and international recourse under the 3rd protocol is in its infancy. Local bar associations struggle with defining the lawyer's task and professional conduct obligations in relation to a child client. Judges are reluctant to have children testify, more reluctant still to interview them in chambers and uncertain as to what weight the child's voice should be afforded in any context. More generally, child and youth participation in public policy debates and public engagement processes is lacking. This presentation will consider best practices and global measures of child participation and explore ways to improve access to justice for Canadian children in fulfillment of their right to be heard.

### ***Kids Have a Life, Too***

Mark Burdick, *Private Practice, Los Angeles, USA* ([drburdick@gmail.com](mailto:drburdick@gmail.com))

The child's voice is an important consideration in the separating and divorcing families; however, what does that mean in pragmatics? The right to an appropriate and individualized education is both pragmatic and fundamental to the intellectual, social, and developmental growth of a child. In fact, the schooling of the child is likely a volatile subject for parting families to consider. Article 12 of the UN CRC intends to support the child when legal "best interests" are being determined. This presentation will review the US / UK presenter's

experience in family court as a forensic educational psychologist and the important considerations in recommending appropriate educational paths. Collaborative venues with mediators, custody evaluators, parenting coordinators, teachers, and special educators are highlighted in this presentation with legal backgrounds referenced to provide and summarize social science research benefits and cautions in listening to children's and adolescents' voices. These methods will help court participants in bettering the lives of children and adolescents.

## **34. Children's Welfare and the Law: Legal Challenges**

### ***Child Neglect: Competing Definitions***

Nettie Flaherty, *Centre for Remote Health, Alice Springs, Australia*  
(Annette.flaherty@flinders.edu.au)

Defining child neglect in research and practice has proved difficult. Whilst there is general consensus that child neglect is involved with failing to attend to the basic needs of children and young people, we struggle to formulate a clear definition to describe the point at which deficits in care can be described as child neglect (Daniel 2005). Ambiguity about definitions influences the way child neglect is operationalized in practice by child protection workers. This presentation outlines findings from a qualitative study conducted with child protection workers in the Northern Territory which explored how they operationalized child neglect in their day to day practice. In this jurisdiction, the child protection agency is criticised by media and the judiciary for worker failure to 'see' cases of child neglect. Both the Coroner and the Chief Magistrate in this jurisdiction suggested that cultural relativism prevented child protection workers from naming care situations as neglectful, and criticised workers for waiting to see harm before seeking statutory intervention. This presentation juxtaposes published comments from the judiciary with quotes from the practitioners to explore the difficulties in applying the concept of child neglect in practice.

### ***Parental Corporal Punishment of Children: Still a Defence to Assault despite Twenty-Five Years of the UN Convention on the Rights of the Child (1989)***

Bernadette Saunders, *Monash University* (Bernadette.saunders@monash.edu)

In 2015, it will have been over a quarter of a century since children's rights were recognized in the UNCRC (1989), and thirty-six years since Sweden became the first country in the world to introduce legislation that prohibited the corporal punishment of children in all settings. However, in many countries physical punishment continues to be considered a lawful and reasonable means of disciplining children. This presentation overviews world progress towards recognition of every child's right to physical integrity and to protection from humiliating and degrading

treatment, and reflects upon reasons for the continuing tolerance of corporal punishment of children, particularly in English-speaking countries. The current research on corporal punishment is presented, with an emphasis on research that has enabled children and young people to shed light on their experiences and perspectives. Children, it is argued, are entitled to live in environments that nurture and promote their optimal development, whenever this is possible. Corporal punishment may adversely impact children's physical and mental well-being. It unnecessarily jeopardizes children's optimal development, and should no longer be justified or tolerated.

### ***Evaluating the Introduction of a Trauma Informed Approach to a Youth Justice Custodial Care Facility***

Margarita Frederico, *LaTrobe University* ([m.frederico@latrobe.edu.au](mailto:m.frederico@latrobe.edu.au))

Carly Black, *Take Two, Berry Street, Melbourne, Australia* ([carlinab@VACCA.ORG](mailto:carlinab@VACCA.ORG))

Care of young people in the youth justice custodial system is a complex and challenging task. The majority of young people have experienced major trauma in their lives and present with challenging behavior. This presentation reports on an evaluation which examined the impact of the implementation of a trauma informed approach in a youth justice custodial setting on outcomes for young people, the understanding and response to young people by staff and the organisational culture and climate. The evaluation utilised a mixed methods design to explore the process of implementation and the outcomes for young people and the organisation. The Essen Climate Evaluation Schema (EssenCES) was used to provide an indication of staff perceptions of the extent to which the workplace is therapeutic. Young people were also invited to complete the survey. The findings of the evaluation were that although the programme could not be fully implemented there were positive outcomes for a number of young people and an impact on the care provided. The data showed that changes in behaviour were noted in some of the young people and whilst young people were in temporary Intensive Treatment Units there were no violent episodes.

### ***A Response to the Ongoing Impact of Past Practices and Legislation on Adults Who As Children Experience Out-of-Home Care***

Maureen Long, *LaTrobe University* ([m.long@latrobe.edu.au](mailto:m.long@latrobe.edu.au))

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In recent years there has been growing acknowledgment internationally of the impact of the placement of children in out- of-home care from the 1920s through to the late 1980s. The impact children who are now adults has been felt across all aspects of their lives. The Australian Government in 2003 established a Senate Committee to inquire into the experience of the

estimated 500,000 Australian children known as ‘Forgotten Australians’ who had been placed in out-of-home-care during this period. The Inquiry found that many of the children and young people placed in care had not been provided with care and protection but exposed to abuse as well as neglect perpetrated by those mandated to provide care and protection. In 2009, the Australian Prime Minister apologized in Parliament to ‘Forgotten Australians.’ This presentation reports on a mixed methods evaluation of a state-wide service established to address the needs of ‘Forgotten Australians’, examining in depth the experience of ‘being forgotten’ by Governments for many years.

## **35. Clinical Engagement in Hard to Reach Places**

### ***Confidentiality and Consent: Helping or Hindering Services for At-Risk Youth?***

Carolyn Greene, *Athabasca University* ([carolyng@athabascau.ca](mailto:carolyng@athabascau.ca))

Dale Dewhurst, *Athabasca University* ([daled@athabascau.ca](mailto:daled@athabascau.ca))

Assurances of confidentiality and acquiring consent for psychological services can be challenging when addressing the service needs of at-risk youth, specifically homeless youth. These concerns are complicated by considerations involving the youth’s age of majority, status as an emancipated minor, and requests for assessment and counselling services and requests in cases of emergency. Standards of Practice for psychologists typically require written parental consent or that of a legal guardian before the provision of psychological services to a minor. Yet, many at-risk youth may have strained relationships with their parents or legal guardians making legal consent a more difficult, if not impossible, requirement for youth to attain in order to receive psychological services. This issue is particularly important for service providers working with at-risk youth as it can determine the extent to which psychologists work with and serve this at-risk population. Beyond this, the requirement may also have the unintended consequence of further alienating a population in need of service. This paper seeks to explore the relationship between the legal requirements of consent and the provision of psychological services for at-risk youth as well as the impact such requirements have on these young people and the psychologists that serve them.

### ***Legal and Ethical Implications of Knowing When the Therapeutic Moment/Therapy Emerges in Mental Health Work with High-Risk/Street Involved Youth***

Roger Ogden, *iHuman Youth Society, Edmonton, Canada* ([ogdencahe@gmail.com](mailto:ogdencahe@gmail.com))

When does therapy begin in the process of building a therapeutic alliance with a high-risk, street-involved youth? The prevalence of attachment trauma and other concurrent disorders in this demographic usually necessitates a large investment in relationship-building. This is often initiated by the mental health professional in non-clinical settings without the client's awareness of potential, therapeutic objectives. The settings may range from crisis to anywhere in which the therapist and client can both feel safe, and in which client anxieties will not be triggered. Confidentiality may be compromised by the presence of others. Clients in this demographic must feel that the therapeutic alliance is authentic and safe before they will move to participating in explicit, mental health oriented activities. Poorly timed attempts to negotiate therapeutic objectives and agreements can prove destructive. This presentation draws from current research to discuss when therapy emerges in the therapeutic alliance, and to explore the challenges of upholding legal and ethical practice principles in the unique circumstances of working with high-risk, street-involved youth.

### ***Self-Regulation, Executive Functioning and Change for Participants in a Program to Reduce Intimate Interpersonal Violence***

Brendon Pratt, *University of Alberta* ([bjpratt@ualberta.ca](mailto:bjpratt@ualberta.ca))

Domestic violence continues to be a significant social concern, and several models have been developed to treat offenders. Evaluations of typical treatment models, including Duluth and CBT, have shown these models have limited impact in reducing re-offense. Preliminary research into the effectiveness of the Good Lives model when applied to domestic violence treatment has shown that re-offense has been reduced, and that treatment gains have been maintained over time. Further, this research suggests that shifts in self-regulation and executive functioning (EF) have been a significant part in maintaining clinical changes and reducing violence. This presentation will explore current research on executive functioning, identify the specific EF changes that support the shift to non-violence, and explore how therapists applying a Good Lives model approach support these changes in EF. Therapeutic strategies that can further support positive shifts in EF and reduction or elimination of violence will be explored.

### ***Client Goal-Setting within a Domestic Violence Prevention Program***

Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada* ([annmarie.valerian@shaw.ca](mailto:annmarie.valerian@shaw.ca))

A client's subjective experience of therapy is a critical aspect of therapeutic success. Shared goals between the therapist and client are an important aspect of therapy. Self-determined goals and goal agreement with the therapist was related to lower recidivism rates among men who batter. This finding is consistent with the foundational principles of the Good Lives Model (GLM) of offender rehabilitation. Approximately 150 men in the Reaching for a Good Life program were asked to clarify their personal goals by completing a rating task at five points

during the sixteen-week program. They rated their satisfaction with the ten areas of life typically discussed within the GLM (i.e., life, knowledge, excellence, decision-making, inner peace, relationships, community, spirituality, happiness and creativity) then to identify the three areas of life that they wanted to specifically focus upon during the program and specifically within the next four-session period. The quantitative and qualitative findings related to life satisfaction, treatment gains, and completion of the program will be presented. Correlations between self-reported changes in life satisfaction, changes in anxiety and depression ratings and executive function skills will be discussed.

### **36. Clinicians and Service Users Working Collaboratively: The ComQuol Study**

This project assessed the effect of a Structured Communication Approach (SCA) on the quality of life of service users in secure mental health settings (ComQuol) using an intervention developed by the above team. It utilised a structured communication approach placing service users' perspective of their care at the heart of discussions between service users and clinicians. The SCA intervention consists of two elements: a computer mediated discussion on patient's quality of life and their satisfaction with treatment (DIALOG) and non-directive counselling based on Solution Focused Therapy. In previous research completed in community based psychiatric services this has been found to be an effective method of developing users' involvement in their treatment. A multisite randomised controlled trial in 6 medium secure units in England was used to explore the effectiveness of a psychosocial intervention based on the structured communication approach in forensic mental health settings. The presentations in the session will highlight the findings from the six sites participation in the study and the implications of presented results in relation to use of quality of life and other outcomes will be discussed.

#### ***A Pilot Study Assessing the Effect of a Structured Communication Approach on the Quality of Life of Service Users in Mental Health Settings (ComQuol)***

Jacqueline Mansfield, *Kent and Medway NHS and Social Care Partnership Trust, Maidstone, UK* ([jacqueline.mansfield@canterbury.ac.uk](mailto:jacqueline.mansfield@canterbury.ac.uk))

This presentation will outline the methods used to assess the effect of the Structured Communication Approach (SCA) intervention in forensic mental health settings. There will also be a brief description of the main demographic results obtained, as well as detailing the recruitment and dropout rates. Out of the sites taking part in the trial, 112 patients and ninety-one primary nurses were allocated to DIALOG or to treatment as usual. Every month for a period of six months, service users met with their allocated nurse to rate their satisfaction with

quality of life and treatment to identify areas where additional help was needed. Their responses were displayed on the screen, compared with previous ratings and discussed. The primary outcome was quality of life. The latter part of the presentation will focus on describing and showing how the SCA intervention was used in the study. This will be through the use of a simulated video session demonstrating the use of the intervention and with the addition of audio recording of actual sessions.

## ***The Role of a Mental Health Nurse in the ComQuol Project: Their Perspective and Involvement***

Catherine Kinane, *Kent and Medway NHS and Social Care Partnership Trust, Maidstone, UK*  
(Catherine.kinane@kmpt.nhs.uk)

Nursing in the UK is going through a major period of uncertainty after a number of inquiries and reports (i.e. Winterbourne Review, 2012; Keogh Report, 2013). The outcomes from these reports highlight recommendation and training need in the area of nursing. As forensic mental health patient can be difficult to engage therapeutically due to severe and enduring mental health needs, nurses are at a greater risk of suffering from occupational stress and burn out. This presentation will focus on how the introduction of ComQuol helped to provide nurses with a set of skills to develop therapeutic relationships, and how these skills were supervised throughout the running of the intervention. Monthly consultation throughout the intervention and their views and opinions of the Structured Communication Approach and their own thoughts about their skills were discussed. The main aim of this presentation will be to examine how the intervention affected the nurses throughout its duration, with a focus on the practical feedback which helped to develop the intervention further and for future sites. Both qualitative data from support session, and quantitative data obtain from Maslach Burn-Out Inventory taken a three time-point (baseline, after intervention, six-month after intervention) will be examined. Conclusions will be drawn on how best to implement the findings into developing standard practices.

## ***Forensic Mental Health Service User Perceptions of the ComQuol Approach***

Ian Marsh, *Canterbury Christ Church University* (ian.marsh@canterbury.ac.uk)

It has been reported that forensic mental health services have largely ignored examining patients' views on the nature of the services offered to them (MacInnes et al, 2012). The ComQuol study was designed as a thirty-six month pilot trial to assess the effect of a structured communication approach (SCA) on the quality of life of service users in secure settings. A key study aim was to place the patient's perspective on their care at the heart of the discussions between patients and clinicians using the SCA detailed in an earlier presentation. This presentation reports on the

findings from the focus groups conducted in the three intervention sites following the completion of the intervention exploring the participants' attitudes, feelings, beliefs and experiences in relation to SCA. The project had service user involvement in all aspects of the trial, from trial design, through to co-running the focus groups and analysis of the data to dissemination of the findings. The research approach adopted in this study embraced the concept of 'patient involvement' in two different ways: the involvement of patient is seen as an important factor influencing patient's quality of life, and as an important aspect of all research procedures. This process and some of the challenges involved in developing a collaborative approach to service user involvement in forensic mental health research will be discussed.

### ***A Pilot Trial Assessing the Effect of Structured Communication Approach on Quality of Life in Secure Mental Health Setting (ComQuol) – User Focused Outcomes***

Janet Parrott, *Oxleas NHS Foundation Trust, Dartford, UK* (janet.parrott@oxleas.nhs.uk)

This presentation will focus on the user focused evaluations that were carried out as part of the ComQuol study. The three areas are: (1) quality of Life (which was the primary outcome); (2) recovery; and (3) therapeutic relationships. There will be an overview of literature examining some of the main principles underpinning these concepts with the concepts being clearly defined, their relevance in terms of mental health care noted, as well as looking at the ways in which they have been used to examine care and treatment in mental health settings, and finally how they have been used in forensic mental health settings. There will also be a brief description of the measures used to assess these outcomes involved in this study. The outcomes recorded for each of the outcomes at baseline, immediately post intervention and six months post intervention will be detailed. There will be a discussion of the meaning and significance of the results and how they correspond to other studies detailing similar outcomes in forensic mental health settings. There will then be a brief examination of the potential implications of these findings regarding the efficacy of the SCA intervention and the impact on research and practice in forensic mental health care.

### ***A Pilot Trial Assessing the Effect of Structured Communication Approach on Quality of Life in Secure Mental Health Settings (ComQuol) – Ward and Service Focused Measures***

Douglas MacInnes, *Canterbury Christ Church University* (douglas.macinnes@canterbury.ac.uk)

This presentation is a companion presentation to the previous one and will focus those measures centred on evaluating the impact of the intervention on the ward and overall service outcomes carried out as part of the ComQuol study. The four areas are: (1) ward environment; (2)

satisfaction with services; (3) levels of disturbance; and (4) health economics evaluation. There will be an overview of literature examining some of the main principles underpinning these concepts with the concepts being clearly defined, their relevance in terms of mental health care noted, as well as looking at the ways in which they have been used to examine care and treatment in mental health settings, and finally how they have been used in forensic mental health settings. There will also be a brief description of the measures used to assess these outcomes involved in this study. The outcomes recorded for each of the outcomes at baseline, immediately post intervention and six months post intervention will be detailed. There will be a discussion of the meaning and significance of the results and how they correspond to other studies detailing similar outcomes in forensic mental health settings. There will then be a brief examination of the potential implications of these findings regarding the efficacy of the SCA intervention and the impact on research and practice in forensic mental health care.

## **37. Community Treatment and Involuntary Care**

### ***The ‘Harper’ Process circa 2015***

Sohrab Zahedi, *University of Connecticut* (zahedi@uchc.edu)

Since *Washington v. Harper* was decided in 1990, many correctional facilities within the United States modeled the process of involuntary medication of a mentally ill inmate based on the one established by the prison system of the State of Washington. *Harper* found a distinct administrative procedure through which a mentally ill inmate who is dangerous or gravely disabled could be treated involuntarily to meet constitutional standards. This procedure places the determination of involuntary treatment squarely in the hands of correctional medical professionals—in contrast, judicial proceedings are required in a civil setting for the involuntary treatment of an individual with mental illness who is hospitalized, is dangerous and who refuses treatment. In this lecture, the Harper case will be reviewed and the composition of the panel, its procedural steps & substantive requirements will be discussed.

### ***Designing Solutions to Equalize Access to Mental Health Experts through Social Innovations and Systems Analysis***

Nicole Aylwin, *York University* ([naylwin@osgoode.yorku.ca](mailto:naylwin@osgoode.yorku.ca))

Emma Barz, *Legal Aid Ontario, Toronto, Canada* ([barze@lao.on.ca](mailto:barze@lao.on.ca))

Ryan Fritsch, *Legal Aid Ontario, Toronto, Canada* ([fritschr@lao.on.ca](mailto:fritschr@lao.on.ca))

Jayne Mallin, *Legal Aid Ontario, Toronto, Canada* ([mallinj@lao.on.ca](mailto:mallinj@lao.on.ca))

Can social innovation help improve access to justice for mental health communities? This presentation outlines findings from a recently launched pilot project that uses social innovation to help improve how legal aid clients with mental health issues access mental health experts.

This unique project, run as a partnership between Legal Aid Ontario and the Winkler Institute for Dispute Resolution, has been designed to experiment with a collaborative, multi-disciplinary problem solving approach that places end users, such as clients with mental health issues, at the center of the justice innovation design process. This pilot project responds to both a recent shift in the Canadian access to justice policy landscape that calls for a “culture shift” towards a justice system that is more “people-centered” and Legal Aid Ontario’s ongoing commitment to developing a comprehensive, interdisciplinary mental health strategy. Ultimately, the “lessons learned” and best practices for using social innovation to solve roadblocks that often prevent legal aid clients with mental health issues from obtaining access to justice will be shared.

### ***Forensic Community Treatment Orders: a Waste of Time or an Exciting New Provision?***

Sarah-Jane Spencer, *Justice Health, New South Wales, Australia*  
(sarah.spencer@justicehealth.nsw.gov.au)

Over recent years, NSW forensic mental health legislation has been the subject of substantial reform. In 2009, the *Mental Health Legislation Amendment (Forensic Provisions) Act 2008* came into force, resulting in the renaming of the *Mental Health (Criminal Procedure) Act 1990I*, which included a number of important changes. One of the key additions was the forensic Community Treatment Order (fCTO) enabling compulsory treatment in correctional centres. Despite the apparent support of the Mental Health Review Tribunal only a handful of applications for fCTOs have been made. The equivalence of care for prisoners is recognized internationally as a fundamental goal but difficult to achieve, not least due to the complex health problems of those detained. It could be argued that the addition of the fCTO provides equivalent safeguards and treatment to often the most complex mentally disordered offenders but yet to date, its use has not been embraced by mental health professionals in NSW.

### ***Nursing Staff Factors Contributing to Seclusion in Acute Mental Health Care: A Prospective Cohort Study***

Paul Doedens, *Academic Medical Centre, Amsterdam, The Netherlands* (p.doedens@amc.uva.nl)

Seclusion is a controversial intervention with no proven therapeutic effect. The justification of seclusion is mostly aggressive behaviour causing safety hazards on psychiatric wards. Previous studies indicate that nursing staff factors and unit characteristics may be predictors for seclusion, although methodological issues possibly led to equivocal results. We present the results of a prospective study to determine whether nursing staff and unit characteristics are associated with seclusion in adult inpatients on a closed psychiatric ward. We studied the association between nurses’ characteristics and seclusion in every shift. Analyses were done by multiple logistic regression analysis. We found no significant associations with unit characteristics. Univariate

analysis showed a borderline significant association between seclusion and gender (women), OR = 5.27;  $p = .053$  and large physical stature, OR = 0.21;  $p = .010$ . After correction for physical stature and patient characteristics the gender effect was no longer significant effect, OR<sub>adjusted</sub> = 2.71;  $p = .283$ . Large physical stature seemed a more solid effect, OR<sub>adjusted</sub> = 0.27;  $p = .058$ . Nurses' gender may be a predictor for seclusion, but the pathway through physical stature explains the majority of the effect. Other staff factors and unit characteristics need to be explored in further research.

## ***You Don't Want to Leave? Regret, Re-Traumatization and Hopelessness as Barriers to Discharge***

Victoria Dreisbach, *Yale University* (Victoria.dreisbach@yale.edu)

Treatment for mentally disordered patients acquitted of violent crimes and treated in high security hospital settings incorporates psychiatric and psychological interventions to control symptoms, promote mental health and reduce the risk for violence. The trajectory of treatment, recovery, and discharge is variable. For some it takes years, and for others, decades. The process of recovery, community reintegration and discharge includes the development and evolution of a cohesive personal narrative that includes self-acceptance, incorporation of the mental disorder and act that led to hospitalization, and hope for the future. Factors influencing each of these components may foster or hinder recovery and readiness for discharge. One factor is the emotional and psychological impact of the offense on the patient. A small but consistent body of literature has indicated that roughly 40-50% of acquittees whose crime was violent may suffer from significant trauma symptoms specific to the offense and that these symptoms can impact the trajectory of recovery from the primary psychiatric illness. A discussion of patients whose recovery has been prolonged by incomplete grief of matricide; the re-emergence of offense-related post-traumatic stress symptoms when considering care in a less restrictive setting and hopelessness will be reviewed, with recommendations for future treatment programs.

## **38. Community Treatment Orders (CTOs) (I)**

### ***New Approach to Dealing with CTOs by Mental Health Tribunals in England***

Phillip Sycamore, *Courts and Tribunals Judiciary, Manchester, United Kingdom*  
(hhjudge.sycamore@judiciary.gsi.gov.uk)

Mark Hinchliffe, *Courts and Tribunals Judiciary, Manchester, United Kingdom*  
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In England, a community patient must be referred to the tribunal 6 months after first detention unless, during that period, an application or a reference to the tribunal is made. Thereafter, the

patient must be referred if more than three years (or, if the patient is under the age of 18, one year) has elapsed since the patient's case was last considered. Until April 2012, references for community patients had to be dealt with by an oral hearing. However, following the rule changes, the panel may now make a decision on a community patient reference by reading the papers, without a hearing, so long as the patient is over 18 and either:

- the patient has stated in writing that he does not wish to attend or be represented at a hearing (and the tribunal is satisfied that the patient has the capacity to make that decision); or
- the patient's representative has stated in writing that the patient does not wish to attend or be represented at a hearing.

Three years after these developments, we will discuss how the changes were implemented, what the difficulties and advantages have been, and what further procedural improvements may be considered in the future.

## ***Caregivers' Perspective of the Relative's Admission***

Veronica Ranieri, *Trinity College Dublin* ([ranieriv@tcd.ie](mailto:ranieriv@tcd.ie))

Whilst knowledge on the service user's perspective of admission to psychiatric hospital has improved substantially in the last decade, we are less informed of the perspectives of caregivers. This study examined the caregiver's perception of coercion, pressures and procedural justice experienced by service users during their admission to an acute psychiatric in-patient unit. These perspectives were then compared to the service users'. Both involuntarily and voluntarily admitted service users and their caregivers were sampled from five psychiatric hospitals in Ireland. The MacArthur Admission Experience Survey (AES) was adapted to measure levels of perceived coercion, perceived pressures and procedural justice in caregivers. A total of 66 caregivers and service users participated in this study. 71% of our sample of service users was admitted involuntarily. This study found that caregivers of involuntarily admitted individuals perceived the service users' admission as less coercive than reported by the service users themselves. Similarly, caregivers also perceived a higher level of procedural justice during the admission in comparison to the level reported by service users. Allowing both caregivers and service users to clarify their viewpoints and discuss preferences for future admissions may help bridge this disparity of thought.

## ***Coercion, Informed Consent, and Assisted Decision-Making: What Will Be Germany's Way?***

Margret Osterfeld, *Aktion Psychisch Kranke* ([osterfeld.mar@apk-ev.de](mailto:osterfeld.mar@apk-ev.de))

Linda Mische, *Aktion Psychisch Kranke* ([mische@apk-ev.de](mailto:mische@apk-ev.de))

The ratification of CRPD (2009) should have been a catalyst of reforming the German psychiatric system. Deprivation of liberty, medical treatment without informed consent or coercive medication and fixation, however, are still common. The psychiatric diagnosis in itself often is basis to deny patients capacity to consent. Conduct to supported decision making has not reached professional routine yet. The concluding observations of the CRPD in response to the current audit of Germany's report of the implementation of rights of persons with disabilities will be commented on. Examples of improvements, which are led by avoidance of enforced treatment and reception of informed consent due to supported decision making, are highlighted. Research suggests that many cases of enforced treatment in dementia or acute psychosis could potentially be avoided. Alas, caring institutions, hospitals as well as social homes, still falling short of human rights standards of 21st century. Despite some precautionary measures (visiting commissions, national preventive mechanism etc.) paucity of effective monitoring and controlling of coercive measures and deprivation of liberty on psychiatric purposes is well known. Research in this highly sensitive field of human rights is scarce. A quality devoted psychiatric system should be transparent about its coercive measures.

### ***The Offender Personality Disorder Pathway: Risking Rehabilitation?***

Leon McRae, *University of Birmingham* (l.mcrae@bham.ac.uk)

Following over a decade of treatment refusal among offenders preventively detained in Dangerous and Severe Personality Disorder (DSPD) hospital and prison units, the Coalition government in England now aims to improve treatment engagement in high secure prisons by clarifying pathways out of detention. This paper asks whether the reconfiguration will end reliance upon preventive detention for public protection. Drawing on eleven original in-depth interviews with male offenders with severe personality disorder detained in a secure psychiatric hospital, twelve interviews with medical practitioners treating them and perusal of patients' medical records, comprising thirty-four files, it is argued they will not. The Coalition government appears innocent of the fact that offenders with 'severe personality disorder' (SPD) typically engage with treatment only if it increases their chances of achieving expedited parole. Hitherto, this incentive was provided by the Indeterminate Sentence for Public Protection (IPP); its replacement with determinate sentences under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 will worsen treatment engagement, because determinate sentences offenders are given a prison release date. The troubling result may be increased use of the Mental Health Act 1983 by government to transfer offenders due for prison release to psychiatric hospitals for public protection.

### **39. Community Treatment Orders (CTOs) (II)**

***Mapping the disconnect: Tracing the Disjunctures in Community Mental Health Order Legislation, Policy, and Practice***

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

In Canada, mental health law is based on five dimensions: public safety; therapeutics; individual autonomy; social welfare; and human rights. Creating legislation that is reflective of the breadth of these dimensions is intensive. The result of mental health legislation revision in Newfoundland and Labrador (NL) was the inclusion of Community Treatment Orders (CTOs) in the *Mental Health Care and Treatment Act* (2006) to mandate community treatment for individuals who have severe, persistent mental illnesses with repeated hospital admissions. Unfortunately, CTO use has been marred with confusion and challenge, some of which can be traced to issues in the process of creating the legislation. This presentation will highlight selected findings from a study examining the use of CTOs in NL. It will focus on legislation development from its roots in myriad social issues impacting community mental health care to the drafting of the law and its translation into policy and practice. Despite the considerable effort invested, this legislation is not being used according to the expectations of those involved in its creation or those who use it in practice. It is anticipated the results of this study will aid in fostering insight into creating meaningful legislation that is reflective of everyday actualities.

### ***The Ethical Paradox of Community Treatment Orders***

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

Community Treatment Orders are legal orders requiring patients with mental disorders to accept psychiatric intervention. Although different legal paradigms exist they all act to enforce psychiatric treatment on a patient who may not otherwise agree to it. In order to do this a legally defined mental disorder and risk are usually required. This creates the potential for ethical paradoxes for treating doctors. To enforce treatment may require a breach of autonomy to refuse treatment in the face of the capacity to refuse it. Similarly a failure to fulfil the requirement of a CTO may mean a patient who requires treatment may not receive it. These paradoxes, and possible remedies will be discussed.

### ***Are Community Treatment Orders Really Necessary for Patients on ACT Teams?***

Richard O'Reilly, *Western University* (roreilly@uwo.ca)

Opponents of community treatment orders (CTOs) suggest that they would be unnecessary if mental health services were better resourced. Assertive community treatment (ACT) teams are the most resource rich community service. Therefore, if adequate resources alone are sufficient to ensure appropriate healthcare, patients on ACT teams should not require CTOs. London,

Ontario Canada, has developed a comprehensive database of all individuals who have been placed on a CTO since their introduction in December 2000. Between December 2000 and December 2013 a total of 190 individuals had been on a CTO while receiving service from one of the area's five ACT teams. At the end of December 2013, 17% of patients served by the area's ACT teams had an active CTO. Using chart review, questionnaires completed by physicians who initiated the CTOs and focus groups (with CTO subjects, their relatives and clinicians), we studied why these patients were placed on a CTO and assessed whether CTO use was justified. 57% of patients had been on ACT services alone before a CTO was introduced. Persistent patient refusal of treatment and patient unavailability for follow-up was a primary reason why ACT alone failed.

### ***Outpatient Compulsory Care for Substance Abuse and for Severe Mental Disorder in Sweden***

Therese Reitan, *National Board of Institutional Care, Stockholm, Sweden* (therese.reitan@stat-inst.se)

In Sweden, a person with severe substance abuse or a severe mental disorder may be committed to care according to two legislations. Both acts include an option of providing involuntary care outside the premises of an institution – Care in other forms (COF) and Compulsory community care (CCC), respectively. As these services partly target the same individuals the structures of both legislations and their provisions for compulsory care in the community are scrutinized and compared. Based on a distinction between “least restrictive” or “preventative” schemes the paper compares COF and CCC in order to determine whether they serve different purposes. The analysis shows that COF and CCC both share the same avowed aims of reducing time spent in confinement and facilitating transition to voluntary care and the community. But they also serve different purposes, something which is reflected in disparate scopes, eligibility criteria, rules, and practices. Overall, COF was found to be a more “least restrictive” and CCC a more “preventative” scheme. The distinction is associated with COF being an established part of legislation on compulsory care for substance abuse with a universal scope and CCC being a recent addition to compulsory psychiatric care legislation with a selective character.

### ***An Evaluation of the Functional Outcome of Clients with Severe Mental Disorders Living in Different Community Settings***

Felicia Iftene, *Queen's University* (iftenef@providencecare.ca)

Our study, involving clients with severe mental disorders, living in Homes for Special Care, is built as a peer support recovery oriented model. Clients followed by Community Treatment Teams (n=30), living in group homes; Caregivers (n=15). Control group: outpatient clients who are living independently in the Community (n=20). We noted a statistically significant symptom

reduction post intervention on The Brief Psychiatric Rating Scale for five items of the scale for study group and for only 2 items for control. For The Quality of Life Enjoyment and Satisfaction Questionnaire: there was an improvement in all areas, statistically significant for 7 from 14 items of the scale for study group and for 9 items for control group (including work and family relationships). The difference between the 2 groups is partially related to the initial higher severity of the symptoms on BPS for our clients living in homes for special care, by the semi-institutionalized life of people living in homes for special care and from the different picture of their socio demographic background, making them lower functioning.

## **40. Compensation, Psychiatry and Post-Traumatic Pain Syndromes**

### ***Compensation, Psychiatry and Post-Traumatic Pain Syndromes***

George Mendelson, *Monash University* ([george.mendelson@monash.edu](mailto:george.mendelson@monash.edu))

One of the most contentious matters in personal injury litigation following accidental injury involves disputes related to claims of chronic pain where there is either no objectively demonstrable organic abnormality that can explain the pain complained of by the plaintiff, or the complaints of pain and alleged resultant disability is far in excess of demonstrable abnormalities. In this situation it might be claimed that the plaintiff is malingering, and that finalisation of litigation will result in a “cure”. It is often not appreciated by lawyers and medical practitioners alike that pain is not only a sensory but also an emotional experience, and that there are recognised clinical presentations of what has been termed “post-traumatic pain” where changes within the nervous system lead to persistent pain and that specialised clinical assessment, testing and investigations are required to demonstrate such changes.

This session will be presented by a legal practitioner who is a specialist in personal injury and insurance law and specialist pain medicine physicians, who will discuss the legal aspects of claims for chronic pain where there is a lack of objectively demonstrable organic abnormalities that could explain the plaintiff’s complaints, and also briefly review the organic and psychiatric aspects of post-traumatic pain syndromes such as chronic low back pain, “whiplash”, complex regional pain syndrome, post-traumatic headache, “post-traumatic fibromyalgia” and chronic neuropathic pain following electrocution.

### ***The Challenge of Validating Post-Traumatic Pain Syndromes***

Carolyn Arnold, *Monash University* ([c.arnold@cgmc.org.au](mailto:c.arnold@cgmc.org.au))

A number of post traumatic pain syndromes seen in personal injury claims pose challenges in terms of determining causation and the extent of associated disability. Examples include post traumatic fibromyalgia (FM) also called chronic widespread pain (CWP), complex regional pain syndromes (CRPS) and chronic neck pain associated with whiplash injury/whiplash associated disorder (WAD). Best practice for treating these conditions uses a multifaceted rehabilitative

approach, of biological interventions combined with physical and psychosocial approaches and patient education for self- management, all directed towards restoring function, even if pain is persisting. Single therapies (\* monotherapies) are rarely effective for treatment. In contrast, in the legal context, the clinician may be called to "explain the pain" and "unpack" the various components, in order to assist the court to understand these conditions which may lack clear objective signs and investigations findings. This presentation will aim to briefly outline current knowledge about diagnosis, the associated changes in the nervous system currently held responsible for these conditions, the prognosis and how we can validate the patients' conditions now, and in the future.

### ***“Persistent Neuropathic Pain”: What’s in a Name?***

Robert Helme, *University of Melbourne* ([rhelme@bigpond.net.au](mailto:rhelme@bigpond.net.au))

The problem of understanding “my” pain extends from the patient, to healthcare professionals, and, on occasion, to the courts. The most widely accepted definition proposed by the International Association for the Study of Pain is that pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. It is a perception that needs to be accurately communicated but its various domains cannot be subject to precise measurement. Neuropathic pain is pain arising as a consequence of a lesion or disease affecting the somatosensory nervous system. Neuropathic pain has recently been graded as possible, probable or definite on the basis of positive and negative sensory examination findings and/or investigations that assess the presence of disease, but not pain. These are always subjective associations, but do allow an expert clinician to form a confident opinion as to whether the presumed nerve injuries are confined to a known innervation territory. Sometimes, however, investigations are normal and the pattern of the signs uninterpretable, especially in situations of presumed central sensitisation (eg fibromyalgia) and following unusual diffuse injuries (eg electrocution). The challenge to the clinician in the court environment is to be aware of the limitations to knowledge as it pertains to humans vis a vis the experimental literature in these situations.

### ***The Concept of ‘Pain and Suffering’ in Law: Why Are ‘Pain and Suffering’ Compensated?***

Danuta Mendelson, *Deakin University* ([danuta.mendelson@deakin.edu.au](mailto:danuta.mendelson@deakin.edu.au))

“Pain and suffering” is one of the traditionally accepted “Heads of damages” in torts law, but there has been relatively little written about the historical development of this concept. While it has been accepted that in some respects it dates back to Roman law, perhaps the most lucid explanation of the legal meaning of this term was offered by Professor Charles T McCormick in his classic text on Damages § 88, at 315 (1935): “Physical pain” and “mental suffering” are

bracketed together as elements of damage in personal injury cases. The former is the immediate felt effect upon the nerves and brain of some lesion or injury to a part of the body. The latter is distress which is not felt as being directly connected with any bodily condition. Mental suffering is regarded by the courts as a usual accompaniment of physical pain, and the difficulty of distinguishing the two has been deemed a reason for allowing damages for mental suffering. A claim for bodily pain [thus] lets in mental suffering.’ The concept of “physical pain” *in sensu stricto* is no longer accepted in the light of our understanding of the neurophysiology and psychology of pain that has progressed over the past 70 years, as embodied in the definition of pain adopted by the International Association for the Study of Pain in 1978. However, courts continue to grapple with the difficulty of assigning a monetary value to “pain and suffering” for the purpose of awarding damages. This presentation will provide an overview of the historical development of compensation for “pain and suffering”, so as to set the legal background for the discussions by the other presenters at this session of clinical aspects of pain, and in particular of post-traumatic pain syndromes, that continue to be the subject of legal and medical argument in the course of litigation.

## **41. Competency**

### ***Legal Aspects of Neurocognitive Disorders***

William Petrie, *Vanderbilt Medical Center* (William.petrie@vanderbilt.edu)

With the increase worldwide geriatric populations, increasing incidence of neurocognitive disorders will pose important legal implications for mental health professionals. The ability to make informed decisions on financial matters, living arrangements, and informed consents to medical treatments and research activities will require the mental health professional to assess and assist these patients. In some situations, misdemeanor or even criminal activity will also be related to cognitive syndromes. This session will review for the mental health professional the variety of neurocognitive disorders which present specific legal problems.

### ***The Impact of Doctor-Patient Relationships upon Patient Opinions of Informed Consent Documents***

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

To date, scholarship on informed consent has focused on concerns such as patient illiteracy and incomprehension as explanations for failures or breakdowns in the informed consent process. However, the dynamics of doctor-patient relationships also heavily influence patients' reception and understanding of treatment risks, benefits and side effects. Based on interviews with 130 American male and female in vitro fertilization (IVF) patients and 90 providers as well as 276 patient surveys, this presentation provides a more complex picture of the informed consent

interaction situated within social and cultural norms. It will explain how factors ranging from trust and perceived control to communicative patterns play a crucial role in determining whether and when the informed consent documents and conversations fulfill purported goals such as information provision and patient empowerment. IVF treatment provides an ideal case study as American patients are generally wealthy and well-educated, well-informed and assertive, allowing room to focus on concerns besides poor patient comprehension.

## ***Linguistic, Legal, and Mitochondrial Manipulations***

Trevor Stammers, *St. Mary's University, London* (trevor.stammers@stmarys.ac.uk)

The UK government has recently passed legislation allowing the Human Embryology and Fertilization Authority (HEFA) to authorize the use of maternal spindle transfer and pronuclear transfer techniques in humans in an attempt to prevent the transmission of specific mitochondrial disorders provided HEFA is satisfied that it is safe to do. This paper explains reservations about the use and misuse of language in the evidence, debates and media reporting that led up to the passing of the UK legislation and will argue the US term of mitochondrial manipulation techniques (MMTs) should be the preferred term. It also outlines neglected potential safety and ethical concerns about MMTs. Finally some potential legal challenges under EU law to the UK proposals will be briefly outlined.

## ***On Masking Disease, Incompetence, and Incapacity***

Antoinette Appel, *Nova Southeastern University* (minidoc@bellsouth.net)

Courts are the barricade between civilized societies and anarchy. When society loses confidence in the justice system, we invite riots to replace reason, weapons to replace contemplation, and terror to replace international order. Civilized societies abhor trials *in absentia* yet civilized societies routinely try individuals who, although physically present in the courtroom, are mentally absent from the proceedings. By increasingly making the criteria for a finding of incompetency more stringent, we increase the probability that the innocent will be wrongfully convicted, reduce confidence in the belief that the justice system protects the rights of all of us, and make it highly likely that sub-groups within society will seek to replace courtroom calm with street violence. On the civil side, by loosening the definition of incapacity, we increasingly strip certain segments of society of their constitutional rights and their personhood. We do so without circumscribed explicit legal criteria, on the basis of assessments with poor validity, and without excluding illnesses which when treated result in resolution of the incapacity. Courts should require, prior to finding a person incapacitated, not only a full physical examination but also a complete laboratory examination with special emphasis on those studies associated with masking diseases.

## ***The Use of Computed Tomography Scans and the Bender Gestalt Test in the Assessment of Competency to Stand Trial and Criminal Responsibility in the Field of Mental Health and Law***

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

The South African criminal law dictates that all persons are presumed to be sane and able to control their actions. Every person who is suspected of having committed a criminal act must be given a fair chance to defend himself or herself. The alleged offender must be competent to participate meaningfully in the legal proceedings. Computed Tomography and the Bender Gestalt Test are two of the various tests that are used routinely for the assessment of competency to stand trial and criminal responsibility among the alleged offenders referred for forensic examinations at the Free State Psychiatric Complex. The aim of this study was to identify the extent to which the Bender Gestalt Test results and the Computed Tomography scans are associated with outcomes in the assessment of competency to stand trial and criminal responsibility. An exploratory retrospective and cross-sectional study was conducted in which the entire population of defendants admitted in 2013 was included in the study. The clinical and demographic data were obtained from defendants' files. The majority of participants were black, males, single and unemployed. The most common diagnosis was schizophrenia. This study showed that there is no statistically significant association between the Bender Gestalt Test Hain's scores and the outcome of criminal responsibility and competency to stand trial. Similarly, the study also showed that there was no statistically significant association between the presence of a brain lesion and the outcome of criminal responsibility and competency to stand trial. It was also concluded that CT scans are expensive, and patients should be referred for that service only when there is a clear clinical indication to do so.

## **42. Competency and Best Practices: An International Perspective**

### ***Comparison of Three Different Assessments of Competence to Consent to Treatment in Dementia***

Tanja Mueller, *Goethe-University Frankfurt* (tanja.mueller@em.uni-frankfurt.de)

Medical treatments require valid informed consent to be legally authorized. We compared clinical assessments of competence to consent to medical treatment with results obtained using the MacArthur Competence Assessment Tool for Treatment (MacCAT-T). Competence to consent to treatment with anti-dementia drugs was assessed in 53 outpatients suffering from mild to moderate dementia. The prevalence of incapacity as evaluated by the physician was 52.8% and differed from the MacCAT-T psychometric assessment (81.1%). A final interdisciplinary assessment combined the two independent measures and all other available and relevant information and concluded that 60.4% did not have the capacity to consent to medical treatment,

which implies that mental incapacity is common in the memory clinic setting. In line with the literature, we found a significant difference between MacCAT-T assessments and the physicians' assessments, with the physicians' assessments being more lenient. This disagreement seems to be mainly due to differences in the evaluation of 'understanding', as there was no disagreement in the assessment of the other abilities.

## ***Mental Competence: Knowledge, Attitudes and Assessment Practices of Physicians in Switzerland***

Manuel Trachsel, *Institute of Biomedical Ethics, Zurich, Switzerland*  
(manuel.trachsel@gmail.com)

In general, little is known about healthcare practitioners' knowledge of and attitudes towards the concept of mental competence or about their assessment practices. The presentation aims at discussing findings from a cross-sectional survey study among 763 physicians practicing in Switzerland. Results show that physicians diverge in their general understanding of competence as either a dichotomous or a gradual concept, and in relation to the conceptual challenges of decisional relativity and risk-relativity. Along with cognitive abilities, emotional, intuitive, or evaluative factors are acknowledged as important criteria. Competence is most often assessed implicitly. Explicit assessments, if conducted, depend mainly upon unstructured interviews. A discrepancy was identified between physicians' perceptions of responsibility and qualification, indicating a related need for more guidance and training.

## ***Rethinking Instruments for Determining Mental Competence***

Helena Hermann, *Institute of Biomedical Ethics, Zurich, Switzerland* (helena.hermann@uzh.ch)

There is a variety of instruments available to assess mental abilities considered to be relevant for competence. Most focus on the traditional four criteria proposed by Appelbaum and Grisso: understanding, appreciation, reasoning, evidencing a choice. Legitimized concerns have been raised that these criteria are too cognitive and do not take proper account of substantive aspects. Moreover, final competence judgments can never be reached solely on the description of these capacities as they are tightly bound to normative (legal or moral) considerations. In the end, the relevant question to be answered is whether the patient ought to retain decisional authority (i.e., ought to be deemed competent). Though this fact is recognized, little has been done to support clinicians in arriving at a final judgment. Certainly, no algorithm can be provided as competence judgments will always be a matter of discretion. However, reflections on alternative ways to support clinicians in determining competence which allow for a stronger focus on the normative dimensions of competence seem worthwhile. The presentation seeks to outline a proposition for rethinking current instruments.

## ***Concepts and Assessment of Competence in Relation to Insight in Schizophrenic In-Patients***

Amr Elghazali, *Forensic Pathologist & CIME* (ghazali\_dr\_amr@hotmail.com)

Maged AbdelKader, *Psychiatrist, Egypt* ([abdelkader.maged@yahoo.com](mailto:abdelkader.maged@yahoo.com))

The Mental Health Foundation says current guidelines on best interests decisions need to be updated. Schizophrenia is associated with poor insight and cognitive dysfunction, which may influence decisional capacity. However, it does not in and of itself signify that the patient has impairment in capacity. Legal standards for competence to consent to (or refuse) treatment do not specifically require that deficits in relevant functional abilities be a product of mental illness. Physicians often evaluate competence differently, or mix the concepts of competence with that of insight. The 'MacArthur Treatment Competence Study (MacCAT-T)' uses instruments relating to the following four legal standards: 1-) to understand; 2-) to manipulate; 3-) to appreciate; and 4-) to choose. The clinical measurement of insight has focused on patients' unawareness of their having a mental disorder and of their need for treatment, with focus on the cognitive process. Insight score on the Expanded Schedule for the Assessment of Insight (SAI-E). The Beck cognitive scale (BCIS) was developed to evaluate patients' self-reflectiveness and their overconfidence in their interpretations of their experiences. BPRS and GFA are used in correlation to assessment of Competence and Insight.

## ***Verbal Retrieval in the Assessment of Competence to Consent to Dementia Treatment***

Julia Haberstroh, *Goethe-University Frankfurt* (j.haberstroh@em.uni-frankfurt.de)

The aim of this study was to examine the relationship between competence to consent to treatment as measured with the MacArthur competence assessment tool for treatment (MacCAT-T) and the severity of cognitive impairment as measured with the Mini-Mental State Examination (MMSE), as well as the role of verbal retrieval in this relationship. We hypothesized that the often-quoted correlation between the MacCAT-T and the MMSE is due mainly to joint dependence on verbal retrieval ability. Memory clinic data of 149 people aged over 54, of whom 49 were diagnosed with Alzheimer's disease, were used. The relationship between MacCAT-T, verbal retrieval, and MMSE was examined using a structural equation modeling framework. As reported in other studies, lower competence to consent to treatment (MacCAT-T) was associated with greater cognitive impairment (MMSE). This association disappeared when MMSE scores were controlled for individual differences in verbal retrieval. The verbal retrieval factor explained 86 % of the variance of the MacCAT-T and 79 % of the MMSE. The findings suggest that verbal retrieval is a confounding method factor. In the informed consent process for people with dementia, verbal memory loads should be minimized to provide a more valid measure of their competence to consent to treatment.

### **43. Compulsory Treatment and Involuntary Care**

#### ***Visa Refusal Following Compulsory Hospital Admission under the Mental Health Act 1983 (England and Wales)***

Russell Ashmore, *Sheffield Hallam University* (r.j.ashmore@shu.ac.uk)

There appears to be a widespread belief among mental health professionals that people may experience discrimination in obtaining a tourist visa following compulsory hospital admission. It has also been reported that this belief influences clinical decision-making. However, there is a paucity of literature exploring the evidence for this belief. This study establishes whether a history of compulsory hospital admission under the Mental Health Act 1983 prevented UK citizens from obtaining a tourist visa via a survey of 262 foreign travel destinations visited by British citizens. The entry requirements for all destinations, along with other relevant information (e.g. visa application forms), was downloaded from the websites of Embassies, Consulates and High Commissions (ECHC) in the UK. Where relevant, ECHC were contacted by telephone to clarify any issues arising from the downloaded information. Ninety-six destinations (36.6%) required British citizens to obtain a tourist visa. All visas are issued subject to tourists meeting a number of conditions, for example being in possession of travel insurance. Six destinations (2.3%) (Australia, China, Guam, Puerto Rico, Russia and the USA) required applicants to declare a mental health problem. None of the destinations asked applicants to disclose whether they had a history of compulsory hospital admission. However, some of the destinations (n = 5) stated that applicants may be asked to provide further information and/or attend an interview before a visa would be issued. A history of compulsory hospital admission may result in service users being refused travel insurance or being required to pay more expensive premiums. This presentation will outline these findings in detail and discuss their implications for practice and education.

#### ***Voluntary and Involuntary Hospitalisations to Acute Psychiatry with Non-Norwegian Ethnicity***

Kjetil Hustoft, *Stravanger University Hospital, Stavanger, Norway* (kjetil.hustoft@sus.no)

Nordic countries have for many decades been very homogenous concerning ethnicities. But from the 70's there was an influx of immigrants from Asia to Norway as a new labor force. An immigrant is a person who lives in Norway, is born outside Norway, and have both parents from another country. In Norway, January first 2010, 9.5 % and today about 11 % have an immigrant status. Rates of IH and involuntary psychiatric treatment of people with mental illness reflect characteristics of national mental health care and laws or other legal frameworks. International studies on the use of IH in psychiatric hospitals show great variability in rates from 6 (in

Portugal) to 218 (in Finland) per 100 000 inhabitants per year. It is, however, very difficult to compare figures because studies have different designs and the EU countries have different legislation. Data was collected from all consecutive hospitalizations during three months at twenty acute psychiatric units in Norway during the fall 2005 and early 2006. The twenty participating health trusts represented all geographical regions in Norway, and 75 percent of all acute wards in the country. This presentation will describe some of the demographic findings of voluntary and involuntary admitted patients with a non-Norwegian ethnicity to acute psychiatric emergency units.

### ***The Tragic Outcome of a Civil Commitment Hearing***

Dennis Feld, *Mental Hygiene Legal Service, New York, USA* (dbfeld@nycourts.gov)

There was nothing unusual about the judicial proceeding wherein P.D. contested the psychiatric center's application for her continuing involuntary retention. Although in most instances the hospital prevails, P.D.'s discharge "forthwith" was well within the range of dispositions available to the trial judge under the Mental Hygiene Law. However, P.D.'s release was soon characterized as a major judicial, if not public health, blunder. P.D. was diagnosed with Anorexia Nervosa, said to be the "deadliest" of all mental illnesses with a twelve percent mortality rate. Armed with this statistic, the hospital attorneys ran to the appeals court requesting the extraordinary relief of having P.D. removed from her home and involuntarily returned to the hospital pending the determination of the hospital's appeal. In response, the appeals court expedited the appeal, reversed the release order, and remitted the case to the trial court for an Order directing P.D.'s readmission to the psychiatric facility. With the Sheriff's office searching P.D.'s neighborhood trying to find her, various stories soon popped up, including that P.D. had traveled to Paris to be treated by a specialist in Anorexia. However, it soon became clear that P.D. had now become a fugitive trying to stay one step ahead of her would be captors. Tragedy did strike a few weeks later. P.D. was brought by her mother to a local hospital in critical condition and soon thereafter passed away. Was her death the direct result of having won her freedom in court, or did P.D. having become a fugitive hasten her death?

### ***A Review of the Psychiatric Care Provided to Patients Who Subsequently Offended***

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## Background

An examination (audit) of the files of patients who had received any mental health services in the year prior to an alleged offence may inform our understanding of the relationship between mental health and crime. More helpfully, it may provide information to facilitate a reduction in the rate of such tragic events

## Method

The records of all patients assessed by a New Zealand forensic psychiatric service in the two years from January 2010 were screened. The 245 who received a diagnosis of a non-organic psychosis and who were recorded as having offended within one year of a previous psychiatric service attendance formed the cohort.

## Results

Analysis (by conference time) will examine the characteristics of this forensic population and most particularly, of their pre-offending service contact. This will seek to identify clinical practice and delivery issues which could reduce the rate of conversion of psychiatric patients to “accused” status.

## Conclusions

The results would be expected to inform issues of effectiveness of adult mental health service delivery. This will include particular consideration of the intensity of clinical contact, antipsychotic drug choice and adherence.

## ***A Review of the Psychiatric Care Provided to Patients Who Subsequently Offended***

Akihiro Shiina, *Chiba University* (olreia@yahoo.co.jp)

In Japan, the Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases under the Condition of Insanity (Medical Treatment and Supervision Act) was enforced in 2005 as a newly forensic mental health scheme. This act regulates the procedure of involuntary treatment for offenders with mental disorders. The risk factors for offending of such patients are yet to be proven. We gathered the data of the psychotic patients given a hospitalization order using medical records in two designated hospitals. Data included ethnicity, gender, and age of the subjects; familial, occupational, financial, and therapeutic status; category of the crime, experience of substance misuse, and interval between the last consultation and the occurrence of the offense. Sixty-four patients were enrolled. The majority of the subjects were male, outpatients, and with poor adherence. In the patients with good adherence, the mean interval between the last consultation and the offense was only  $6.7 \pm 10.0$  days. Some patients showed specific behaviors just before the offense even though they generally had good adherence. These findings suggest the difficulty of predicting the offense precisely. Clinical practitioners should pay attention to irregular behaviors of the patients with good adherence.

## **44. Contemporary Issues in Psychiatric/Psychological Injury and Law in Court**

### ***PTSD on Trial***

Gerald Young, *York University* ([gyoung@glendon.yorku.ca](mailto:gyoung@glendon.yorku.ca))

The article reviews the literature on the dimensional (factor) structure of posttraumatic stress disorder (PTSD) as presented in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; American Psychiatric Association, 2013; 20 symptoms split into 4 factors). Also, it considers the literature on the dissociative subtype, which is found in a minority of PTSD cases. The literature shows that the DSM over the years has moved from a three-dimensional structure to one with four dimensions in the DSM-5. However, the research queries whether the DSM-5's four dimensions are consistent with the empirical literature, and models with five and six dimensions are emerging. Moreover, in the literature, the DSM-5 symptoms group into as many as seven dimensions, which are: re-experiencing, avoidance, negative affect, anhedonia, externalizing behavior, anxious arousal, and dysphoric arousal. In this regard, the DSM-5 structure of four dimensions does not seem supported in the literature and, in particular, the two DSM-5 dimensions of negative alterations in cognitions and mood and alterations in arousal and reactivity appear to be subdivided into five dimensions. Generally, the many PTSD symptoms and their dimensions found in the literature could prove unwieldy to clinicians. Moreover, they allow for much heterogeneity in symptom expression among PTSD cases. In response, the article presents a model of PTSD based on the dimensional structure emerging in the literature, but with one core or primary symptom specified for each of the dimensions. The article considers forensic implications of the newer models of PTSD dimensional structure.

### ***Evidence-Informed Prediction of Occupational Disability from Forensic Mental Health Assessment Data***

Izabela Schultz, *University of British Columbia* ([ischultz@telus.net](mailto:ischultz@telus.net))

The objective of this presentation is to bridge the chasm between science of occupational disability prediction and mental health prognostication in forensic assessments and to facilitate articulation of evidence-informed practices in this complex and emerging field. The more evidence-informed psychological, psychiatric and vocational prognoses will be the more informative, defensible and less vulnerable mental health expert testimony in the court will be. The science of predicting occupational disability from psychological and neuropsychological data has advanced rapidly in the last decade, with development of empirically supported models, especially for highly prevalent disorders. However, forensic mental health assessors continue to rely in their prognostication on their clinical judgement and experience and not as much on scientific evidence and methodology. The presentation will address key conceptual and

methodological issues, research evidence and clinical solutions in the field of predicting occupational disability in forensic mental health assessments. These issues include the following:

1. Conceptualization of the relationship between psychological and psychiatric impairment and occupational disability: a cross-diagnostic multifactorial approach.
2. Quantitative evidence: Bridging multivariate prediction of disability and practice of clinical and occupational prognostication in mental health.
3. Qualitative evidence: Decision-making tree in assessing impact of mental health impairment on occupational disability.
4. Maximizing reliability, validity and fairness of disability determination: evidence-based clinical and forensic practices.

### ***Combat-Related PTSD in US Military Court: A Diagnosis in Search of a Defense***

Landy Sparr, *Oregon Health and Science University* (sparrl@ohsu.edu)

As more veterans return from Iraq and Afghanistan, Posttraumatic Stress Disorder (PTSD) often returns with them. As a result, PTSD has quickly become the most prevalent mental disorder diagnosis among active duty United States (U.S.) military. Although numerous studies have not only validated PTSD but have chronicled its negative behavioral impact, it remains a controversial diagnosis. It is widely diagnosed by all types of mental health professionals for even minimal trauma, and DSM-IV PTSD criteria have wide overlap with other mood and anxiety disorders. This, however, has not stopped PTSD from being used in civilian courts in the U.S. as a mental disorder to establish grounds for mental status defenses, such as insanity, diminished capacity, and self-defense, or as a basis for sentencing mitigation. Not surprisingly, PTSD has recently found its way into military courts, where some defense attorneys are eager to draw upon its understandable and linear etiology to craft some type of mental incapacity defense for their clients. As in the civilian sphere, this has met with mixed success due to relevance considerations. A recent court martial, *U.S. v. Lawrence Hutchins III*, has effectively combined all the elemental nuances of PTSD in military court.

### ***Forensic Implications of Changes in DSM-5 Criteria for Responses to Trauma and Stress***

Madelyn Milchman Simring, *Clinical Psychologist, Upper Montclair, USA*  
([madelyn@milchman.com](mailto:madelyn@milchman.com))

DSM-5 significantly changes the assessment of post-traumatic sequelae, indicating general acceptance of DSM-IV-TR's diagnostic limitations. This presentation analyzes the effects of these changes on psychological injury claims. Many changes support plaintiffs' claims. The shift from independent diagnostic categories to related ones supports expert opinions that connect varied co-morbid symptoms and disorders to a common cause. A new category of Trauma-and Stressor-Related Disorders has been added. It expands the types of events recognized as causes of harm, as well as the harms recognized, by including Adjustment Disorders and adding Other Specified Trauma-and-Stressor-Related Disorder. Additional PTSD symptoms support the diagnosis in more cases. Conversely, various revisions of individual symptoms support defense claims. The substitution of restricted positive affect for emotional numbing weakens the harmfulness of being emotionally shut down. The inclusion of trauma-specific memory criteria supports plaintiff claims of memory abnormality as well as defense claims that alleged memory losses indicate normal forgetting. Overall, DSM-5 provides better descriptions of idiographic responses to severely stressful or traumatic events but its adherence to a symptom checklist severely constrains diagnostic accuracy.

## **45. Creating Trauma-Informed Systems**

### ***Solution-Focused Brief Therapy and Trauma-Informed Care: an Integrated Approach for Treating Trauma***

Susan Green, *University at Buffalo* ([sagreen@buffalo.edu](mailto:sagreen@buffalo.edu))

Denise Krause, *University at Buffalo* ([dkrause@buffalo.edu](mailto:dkrause@buffalo.edu))

The integration of Solution-Focused Brief Therapy and Trauma-Informed Care (SF-TIC) offers an innovative and comprehensive approach to the treatment of trauma survivors. Trauma-informed care is a rapidly emerging model in the mental health literature, and is significantly aligned with the core tenets and techniques of SFBT. These models emphasize engagement, empowerment, and choice. The integration of SFBT and TIC offers an alternative to the problem-solving method frequently employed in mental health communities of practice. This workshop will be beneficial to agency administrators, service providers, legal personnel, and other professionals working with trauma survivors. The two facilitators are social workers and social work educators with extensive training and experience in SFBT and TIC in addition to multiple trauma specific treatment approaches. The presentation will demonstrate how assuming a collaborative stance through viewing the client as the expert and employing the SFBT skills of scaling, identifying exceptions, coping questions, and relationship inquiry both honors the trauma survivor's experience and instills hope. The SF-TIC approach mitigates trauma re-exposure by developing a care delivery system that is trauma-informed and oriented toward future potential.

### ***Creating a Trauma-Informed Court System***

Judith Claire, *Chautauqua County Family Court Judge, Mayville, USA*  
([jjclaire@courts.state.ny.us](mailto:jjclaire@courts.state.ny.us))

The Honorable Family Court Judge Judith Claire participated in a three year Court Improvement Project to transform Chautauqua Family Court into the first trauma-informed court system in New York State. Traditional courts deal with the presenting problems of clients, but underlying concerns including trauma often remain unaddressed and lead to repeated petitions. Understanding legal clients within the framework of a trauma-informed perspective is necessary in order to sufficiently meet their unique needs and challenges. When Falloot and Harris' five principles of safety, trustworthiness, choice, collaboration, and empowerment are applied, the families are able to engage in the treatment process. During the change effort, all personnel within Chautauqua Family Court were trained on Trauma-Informed Care. Collaboration played a central role in the movement; involving all stakeholders, social workers, psychologists, volunteers, attorneys for children, public defenders, Department of Social Services attorneys, and caseworkers helped to create a total system level change. Change agents strived to understand the court experience through the perspective of clients, from the waiting room to the court room, making incremental changes to reduce the risk of re-traumatization and provide a trauma-informed climate and culture. Support from the judiciary, executives, and supervisors made the change possible.

### ***Weaving a Tapestry of Collaboration: Vertical and Horizontal Relationship Building***

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

Angela DiBiase, *University at Albany* ([adibiase@albany.edu](mailto:adibiase@albany.edu))

Ann Marie Orłowski, *Gateway Longview, Buffalo, USA* ([aorłowski@gateway-longview.org](mailto:aorłowski@gateway-longview.org))

Innovation through networking and partnership are becoming necessary for growth and survival in today's not-for-profit sectors. Operating in an environment riddled with scarce resources, two Western New York child welfare and mental health organizations collaborated to meet increasing program developmental needs. The organizations selected Solution Focused Trauma-Informed Care as the best practice program model to be adopted. Funds from New York State training contracts in conjunction with funding from community organization partnerships enabled the not-for-profits to participate in a *multi-pronged change initiative*. To become self-sustaining by the end of the funding period, the organizations identified champions within the programs who would become trainers for new hires and created the role of mentors, persons who would follow up with staff after trainings and foster the practice of the adopted model. These not-for-profit organizations are innovative and strategic exemplars who utilized collaboration to create change.

## **46. Crime Assessment versus Profiling and Mental Illness versus Criminal Cleverness**

### ***Crime Assessment versus Profiling***

Richard Walter, *Prison Psychologist* (riwalter@epix.net)

Julian Boon, *Leicester University* ([boo@le.ac.uk](mailto:boo@le.ac.uk))

Lynsey Gozna, *University of Nottingham* ([lwxfgo@nottingham.ac.uk](mailto:lwxfgo@nottingham.ac.uk))

This part of the session will focus upon recent improvements in understanding the differences between the Psychological (diagnosis and treatment) and Criminological (crime patterns) continuums in regard of Crime Assessment and Profiling. Heretofore, Profiling has employed psychological assumptions to evaluate crime and make projective inferences whether the offender and the crime are possibly linked. Presently, Crime Assessment offers the practitioner an understanding of crime sub-types and probability factors for determining the investigative strategy and development of possible persons of interest without the earlier projection. Here, the investigator may utilize a scientific evidence based approach to establish the presence / absence of evidence at the crime, levels of organization, and major hallmarks within a particular sub-type to grasp knowledge of the offender's possible motive. Furthermore this enables multiple issues relevant to the broader investigation including suspect interviewing and case building for court. Insodoing, the investigator can explain in court why and how they made the decisions in the case without any inference of speculation. Likewise, such an approach for practitioners working in Forensic Mental Health allows insight into the index offence beyond what the client claims and further, into the world of what he/she may actually do in relation to future risk.

#### **Part II: Application to Investigative and Judicial Strategy**

Contemporary challenges in investigation and in the prosecution of criminal cases will be discussed in line with the content of Part I.

#### **Part III: Mental Illness versus Criminal Cleverness**

In this part of the session consideration will be given to the ways in which distinctions can be drawn between clients presenting with legitimate and/or pseudo mental health symptoms in relation to faking. The reasons clients might present with symptoms of mental illness or be misdiagnosed as such can relate to their own personal gain as much as a societal need or pressure to perceive the actions of criminal activity as 'insane'. This is especially the case in offences where crime behaviour appears initially to be odd, dramatic, bizarre, or outside the remit of normality, e.g. extreme acts of murder and clients who engage in varying post-mortem activity. In certain cases it can appear incomprehensible to conceptualize such behaviour as anything other than a client suffering with a form of mental illness and in requirement of a defence of diminished responsibility. Hence there are challenges in distinguishing problematic personality disorder characteristics from genuine symptoms of mental illness, and further from those whose entire intention is to deceive. Individuals who present with legitimate psychotic episodes (of various etiologies) can be difficult to distinguish from clients who present with claimed delusional beliefs, extreme religious ideology, command hallucinations, messianic complexes, and paranoid ideation. Therefore the perception of 'insanity' has the potential to be as much in the eye of the

beholder as it is in the client feigning mental illness for a range of instrumental gains. To illustrate such complexities, case examples will be presented to outline methods used by clients to deceive and associated red flags identified.

#### **Part IV: A Discussion of the Challenges**

The approaches to identifying legitimate versus fakes mental illness will be discussed and this will be opened up to the attendees for questions and commentary.

Terje Tørrissen, *Psychiatrist, Ottestad, Norway* ([terjeto100@hotmail.com](mailto:terjeto100@hotmail.com)) – Discussant

### **47. Criminal Behaviour in Brazil: Historical and Actual Issues**

#### ***Crimes that Shocked Sao Paulo, Brazil in the 20<sup>th</sup> Century***

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The arrival of European immigrants at the end of 19<sup>th</sup> century to Brazil brought along the labor force and base for the industrialization in São Paulo changing into small village to a big city. São Paulo city was born under sign of violence. In those early days occurred systematic massacre of the indian population. Regarding our attention to the first decades of XX century, crime had a certain aura of redemption and revolt, hold by a dark romanticism. The so-called “Caso Quartel da Luz” (Case of Luz Military Quarter) with the murderer of Lieutenant Negreel and the case of Teacher Albertina are famous cases of that period. Nowadays, subjects related to drugs and traffic are the base of criminality in São Paulo, showing us that they are capable to take power from the State. Today, we live under “Crime Parties”(Partidos do Crime) which are organized factions, like PCC (FCC – First Capital Command) that control prisons and have established an enormous net of relationships and extortions.

#### ***Mental Health and Justice in Brazil: Legal Recognition of Work Related to Mental Diseases in Brazil***

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Since 1999, with the publication of the list that defined diseases related to work, legal recognition of the relationship between work and diseases is constantly increasing in Brazil. The Social Security Agency established the recognition of this relationship using the epidemiological technical nexus in 2007. Nowadays, the Judicial system recognizes that the list of diseases related to work is illustrative and must not be considered restrictive. Judges have been sentenced companies to compensate employees for developing a larger number of mental illnesses, recognizing the association between work and their onset. Legal medical evaluation cases and judgement sentences from the past five years will be presented, illustrating the recognition of a

growing number of psychiatric diseases as related to work by the Brazilian Justice. These cases include workers diagnosed with mental and behavioural disorders due to use of cocaine, bipolar affective disorder episodes, recurrent depressive disorder episodes, panic disorder and generalized anxiety disorder.

### ***Moral Harassment: Psychologist Criteria and Protocols for Its Recognition by Name***

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Moral harassment has become a serious problem that affects workers in Brazil and in the world. It is considered to be an incapacitating factor that causes both serious health problems for the victims and losses for companies. To diagnose and intervene in cases of harassment that occurred in a hospital in Sao Paulo - Brazil, we used an instrument developed by Glina and Rocha (2009), composed of 3 parts: data regarding demographic and living conditions; aspects of health/disease; characterization of occupational characteristics / perception of the worker on harassment. 4 cases of employees who sought the Service of Health and Safety at Work of the hospital complaining of having been victims of moral harassment, which were analyzed. The findings draw attention to the need for an open discussion of the topic in the institution, stimulating more respectful relationships as well as negotiation without violence in addressing conflicts inherent in the work.

### ***Brazilian Legislation on Work-Related Mental Derangement***

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Mental illness related to work is one of the main causes of absence to work in Brazil. These derangements are a great challenge to psychiatrists, who face its complex diagnosis, etiology and controversy about the connection between those illnesses and work environment. By the analysis labor laws that referred directed or not to mental illnesses and by the medical knowledge it is possible the establishment of the illness caused by work places. The actual laws determined that illnesses with high incidence in a work environment are directed related to work and its responsibility of the employee to demonstrate the contrary in a tribune or judgement All the new Brazilian legislation referring to work will be presenting showing that the aim is to protect all the workers, providing a secure place, who protect from illnesses and promote health and provide continued education to workers., as well as especial measures to work places with high risk of mental illnesses, providing even more conditions to workers.

### ***Chemical Addiction Programs: Prevention and Treatment***

Fátima Macedo, *Mental Clean, Sao Paulo, Brazil* (Fatima.macedo@mentalclean.com.br)

The great number of chemical addiction cases in a working environment, enterprises of all levels introduce prevention and treatment programs, in order to allow its workers to recover and to protect the work environment, as well to avoid accidents. Therefore, not all workers are engaged and responsible for their improvement and consequent control of their problems and imput to others the responsibility of their treatment. It's a hardly position for employees who have to deal with reckless workers with a cronic disease, as its seen in Brazil, ou to fired them and face a labor claim. With these facts, it is shown to the Social Security Welfare (INSS) has the responsibility to assume the onus/burden of illness and to offer conditions to workers to pursue their treatments, falling in a trap because it cannot imput the treatment and a lot of workers try to stop working by not getting better. The aim of this proposal is to reflect the limits and impacts of this issue to all those engaged in these matters.

### ***Social Security: Incidence of Mental Disorders and Rehabilitation***

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Rafael Augusto Torres, *Universidade de Sao Paulo*

Social protection systems have their origins in the need to neutralize or reduce the impact of certain risks on the individual and society. The formation of these systems results of public action that aims to rescue society from the effects of sickness, old age, disability, unemployment and other forms of social exclusion, such as income, race, gender, ethnicity, culture, religion, etc. (Whitaker, 2001). The constituent stocks of Social Protection (or state intervention modalities in the social area) can be grouped in three basic modes of action: social assistance, social security and social welfare, key elements of the welfare state, and comprising the following activities (Whitaker, 2001):

- Social assistance - distribution of goods and resources to specific sections of the population, according to topical needs, and type of actions focused, waste and selective;
- Social security - distribution of benefits to specific occupational categories;
- Social welfare - assistance through benefits, programs and services to all citizens of a given territorial unit.

The model of Social Security is characterized in to cover the occupational groups through a contractual relationship in which the benefits depend on contributions previously made by insured workers. It is based on the principle of solidarity, along with meritocratic principles, by which individuals should receive compensation based and in proportion to their contributions, and the central objective aims at maintaining the socio-economic status, in situations of misfortune and loss of capacity of work, ensuring the worker conditions equal to those existing when he was in activity (Marasciulo, 2004). The model of social protection that characterizes the Social Security is based on the public policy set that, through a centralized and unified government action, seeks to ensure to all its citizens a vital minimum in terms of income, goods and services, focused on an ideal of social justice. The benefits are granted as universalized

rights according to the needs based on minimum floor, which would ensure an efficient income redistribution mechanism and correction of market inequalities (Marasciulo, 2004). In Brazil, the 1988 Constitution adopted the concept of Social Security as "social welfare comprises an integrated set of actions initiated by the public authorities and society, to ensure the rights to health, social security and social assistance." (Brazil. Senado Federal, 1988). Income transferred to the Social Security replaces the income of the taxpayer worker when it loses the ability to work (illness, disability, death, old age, involuntary unemployment, maternity and confinement) (Brasil. Ministério da Previdência Social, 2013). According to the Statistical Yearbook of the data of Social Security, 2013 (published in 2014), in Brazil, as we have spent on disability pensions in Mil, 59 699 (2011), 172 609 (2012) and 191,943 (2013), and the number of urban disability pensions were 159,377 (2011), 158 932 (2012) and 166,910 (2013). The number of granted aid urban-disease were 1,814,257 (2011), 1,943,186 (2012) and 2,063,698 (2013), and separated according to the ICD, we have, of mental and behavioral disorders 191 367 (2011), 195 628 (2012) and 209,218 (Brasil. Ministério da Previdência Social, 2014). Among the services provided by the pension we have the Vocational Rehabilitation, which is "the educational assistance or reeducativa and adaptation or retraining, in order to provide partial or totally disabled beneficiaries to work and the disabled, the means given to re-enter the market work and the context in which they live" (Manual Técnico, 2011). This service is intended beneficiary perceptions of aid accident or illness pension, no grace beneficiary for assistance pension illness, disability carrier, beneficiary disability retirement enjoyment, especially beneficiary retirement enjoyment by contribution of time or age, in productive activity have reduced their functional capacity as a result of illness or accident of any nature or cause, dependent on the insured and the disabled person (by agreement of financial technical cooperation signed between INSS / Associations and Institutions PcD (Manual Técnico, 2011).The activities developed by rehabilitation are evaluating the potential laborativo, guidance and monitoring of the professional program, the interaction with the community to enter into partnerships and agreements and the realization of setting research in the labor market (Manual Técnico, 2011), seeking reinstate the employee to the labor market.

## **48. Criminal Behaviour: Mental Health Factors in Policy Reform**

### ***Common Themes in the Prevention and Limitation of Restraint and Seclusion in Mental Health, Disability, Aged Care and Correctional Settings***

John Brayley, *Office of the Public Advocate, South Australia* (brayley.john@agd.sa.gov.au)

This presentation will describe how across human services a failure to uphold positive rights by not providing adequate health care, accommodation and support services, can lead to unnecessary restraint, seclusion and detention. At times this can be considered torture or cruel and inhuman treatment. Practical examples to illustrate this will be given across sectors. These will include how a lack of access to mental health services for prisoners and forensic patients can lead in extreme cases to the use of prison solitary confinement to manage disturbed behaviours.

In the disability sector overcrowding and boredom, and lack of access to positive behaviour support can lead to avoidable seclusion and detention. In mental health prolonged waits for patients in emergency departments to access specialist beds can lead to physical and mechanical restraint that would not be needed if a person could be admitted to a ward. In aged care a poor environment and insufficient staffing can lead to an over reliance on chemical restraint resulting in some cases in premature death. In each of these settings regulation alone is insufficient, and adequate resourcing and culture change is needed to prevent and eliminate restrictive practices.

### ***Dismantling Organised Crime Groups: a Social Network Perspective***

David Bright, *University of New South Wales* (david.bright@unsw.edu.au)

Researchers using social network analysis (SNA) have documented the structure of criminal organizations and groups across a number of contexts including illicit drug trafficking and terrorism. More recently, researchers have used computer-modeling techniques in concert with SNA to evaluate the impact of interventions aimed at disrupting and dismantling dark networks. This paper discusses the use of SNA and computer modeling to assist in the design and evaluation of interventions against dark networks. Four studies are discussed: (1) a computer simulation which investigated the impact of the removal of hubs on network fragmentation; (2) a computer simulation which compared targeting of hubs with targeting actors who played critical roles; (3) the use of multiple link types to identify key actors across sub-networks; (4) the use of node attribute weightings to model actor attributes and to identify “key actors”. For each approach, the methodology including outcome measures are described, and the limitations of each approach are discussed.

### ***Prosocial Behaviour and Callous-Unemotional Traits are Differentially Related to Eye-Gaze towards Victims on CCTV Crime Footage***

Luna C. Munoz Centifanti, *University of Durham* (luna.munoz@durham.ac.uk)

Prosocial behaviour and callous-unemotional (CU) traits have been shown to relate to recognition of distress cues in other people, such as fearful facial expressions. Research on victim-orientation and eye-gaze suggests greater attention to people who are in need of help may be related to prosocial behaviour. Prior research has typically occurred outside of a lab and has used static or contrived video images. Thus, we examined where people look, using eye-tracking, during a real crime caught on CCTV. We included both negatively- and positively-framed social-emotional behaviour: prosocial behaviour, using a classic altruism task, and callous-unemotional traits. Participants (N=40; 20 females) completed a classic altruism task to examine their prosocial behaviour and they self-reported CU traits. Prosocial behaviour was related to greater attention paid to the victim, and CU traits were related to less attention to the victim and more

attention paid to the perpetrator. These results suggest low prosocial behaviour in people with high callous-unemotional traits is driven by (a) a failure to attend to social distress signals and (b) a failure to engage in non-verbal social relationships. These factors may lessen the observer's empathy for the victim and reduce the probability of helping.

## ***From a Single Case to Systemic Reform***

Roberta Opheim, *Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities* (roberta.opheim@state.mn.us)

In 2005, the Ombudsman received a single complaint about the use of law enforcement style restraints (handcuffs and leg hobbles) being used in a state run institution on a person with a developmental disability. This presentation will outline how that one case led to a multi-year investigation culminating in a major report in 2008. That report was the basis of the filing of a class action lawsuit filed against the State of Minnesota in United States Federal Court. That legal action resulted in a settlement agreement finalized in 2011 requiring the state to close the program, pay damages to individuals who had been restrained in the program, resulted in the elimination of restraints for all citizens with developmental disabilities and required system wide change that would improve the lives of all citizens of Minnesota through the adoption of an *Olmstead Plan* based upon a 1999 Federal Court ruling under the *Americans with Disabilities Act*.

## ***Examining Psychopathic Affective Traits in Non-Adjudicated Samples***

Scott Risser, *Montana Tech* (srisser@mtech.edu)

Interest has emerged in using the construct of psychopathy, which contains affective, behavioral, and interpersonal traits that describe some antisocial adults, to understand non-adjudicated youth and young adult antisocial behavior. Whereas this extension of psychopathic traits has been controversial, studies of community samples have suggested that psychopathic traits may be helpful in understanding a broad range of antisocial behavior. This discussion focuses on several correlates to psychopathic affective traits, sometimes referred to as Callous-Unemotional traits, including physical aggression, relational aggression, theft, academic cheating, and friendship patterns. Additionally, it is important to examine the relative contributions of affective traits alongside other predictors of antisocial behavior, such as mechanisms of moral disengagement or experiencing childhood maltreatment. Lastly, the discussion includes gender differences in how psychopathic traits relate to these behaviors in community samples.

## **49. Criminal Justice System: Advancing Systemic and Practical Needs**

## ***Developing Indicators to Measure Reform of the Criminal Justice System to Better Identify, Diagnose, and Treat Individuals with Mental Illness and Substance Use Problems***

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Following the custodial death of a mentally ill, homeless veteran who had been placed in a mental observation unit at the City Jail, in June 2014, the New York City Mayor's Office established the Task Force on Behavioral Health and the Criminal Justice System which will result in meaningful, measurable reform of the criminal justice system. Within its first 100 days, the Task Force will develop a set of recommendations for improved correctional and health care practices so that people with behavioral and mental health issues are appropriately identified, diverted and treated to decrease system involvement, increase public safety, reduce recidivism and improve outcomes for these populations. This presentation will focus on the gaps identified in the current data systems and recommended approaches to expanding information, and access to it, by key governmental and non-governmental agencies. Further, drawing from variables in this cross-agency data system, the presentation will focus on the development of indicators critical to measuring improvements in identifying, diagnosing, and treating individuals with behavioral health problems.

## ***Medical Confidentiality and the Prevention of Criminal Risk***

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Evaluation of dangerousness, or the potential for recidivism in mentally ill convicted criminals, is a clinically and politically difficult exercise. In high profile, emotionally fraught cases, the smallest residual risk of relapse can be seen as unacceptable. In Western Switzerland, two such cases led to projects to require health professionals to disclose any information that could be relevant to the evaluation of dangerousness. In this paper, we argue that such attempts are based on understandable concerns, but are nevertheless misguided. It was argued that privacy was inevitably limited during imprisonment and could not trump victims' right to physical protection anyhow. Medical confidentiality, however, also enables patients to disclose information required for therapy. Prison health care serves three crucial functions. It provides inmates with equivalent medical care, in conformity with international guidelines recognizing that imprisonment should not include denial of medical care. It provides inmates with a compensatory measure in an environment that is harmful to their health. Finally, it decreases risks of recidivism, thus contributing to victims' protection. Compelling health professionals to disclose confidential information would undermine all these goals, and render victims' protection less rather than more effective.

## ***Dangerous Offenders in Canada: Development of a Legal Concept and the Involvement of Psychiatrists***

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The role of the psychiatrist in the process of determining if the accused is a dangerous offender has been specified in the Criminal Code since 1948 when two psychiatric reports were required. Since 1977, a report by an expert is all that is mentioned in the law. On an ever increasing basis, requests for an expert to predict the future dangerousness of the accused are being made by the court. To arrive at a prediction, mental health experts are more and more relying on use of tools that have been questioned for a lack of validity in predicting individual, future dangerousness. The role of the mental health expert in participating in the dangerous offender process with the accused's eventual long term deprivation of freedom should be questioned for ethical reasons. Although a diagnosis has been made, there is no provision for treatment of the accused either by the professional who has made the diagnosis or by another treatment team. With the increasing number of mentally ill offenders being held in detention centers in Canada including those with the label of dangerous offender, it is time to propose another model that would include mandatory follow-up with treatment of those with a high risk illness while at the same time, giving consideration to the protection of the public.

## ***Emotionally Triggered Involuntary Violent Behaviour Not Attributed to a Mental Disorder: Toward Clarity***

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Expert psychiatric testimony is often daunting when a defence is not based on a mental disorder or another medical disease, but on violent behaviour triggered by overwhelming emotions – sometimes described as a psychological blow automatism. Automatism is defined variously between and within the medical and legal professions. Consequently, both psychiatrists and legal practitioners are faced with confusion about what would count as (such) an automatism.

We propose that psychiatrists avert the confusion by focusing on the behaviour that underpins claims of automatism. This focus of assessment is distinct from jurisprudential concerns and targets a specific kind of behaviour that can be assessed similar to how other behaviour is ordinarily assessed in psychiatry. Additionally, the assessment is to determine whether the violent behaviour was emotionally triggered and involuntary. A clinical assessment focused on the behaviour is suitably within the scope of psychiatric expertise, whereas it is for courts of law to decide whether the behaviour counts as a defence in terms of legal requirements for, if still important, an automatism, or by other jurisprudential consideration.

Further work is needed to clarify the properties of emotionally triggered involuntary violent behaviour for which focusing on behaviour is a first step in gaining clarity amidst confusion about automatism.

## ***Modelling Patterns of Menace, Threat, and Extortion in Relation to Profiling Personality, Motivation, and Mental Health in Offenders***

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An integrated, unified model of menace, threat and extortion rooted in real-life cases and clinical psychological profiling is presented. The multi-faceted model identifies: (i) offenders' personality characteristics, motivational orientations, and mental health status in relation to the type of threat concerned, and (ii), red-flags of offence characteristics with which to specify the type of threat and contingent danger and risk levels. The value of understanding the diverse nature of such phenomena – ranging from lower level threat (e.g. poison pen letters circulated in local communities) through to psychologically articulating major acts of non-psychotic, international terrorism - is outlined. It is the provision of an integrated, yet distinct, model of aetiologies of personality, motivation and mental health provides utility in enhancing psychological profiling, crime risk assessment and assessment for the potentiality for offender treatment.

## **50. Criminal Risk Assessment**

### ***'Outrageous Fortune,' Transitions and Related Concerns in the Genesis of Violence***

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Despite a substantial history of research and theorizing in the wider field of mental health, the contribution of negative proximal life events and related circumstances to violent crime has remained an under-developed area. A lack of detailed and shared awareness of possible processes is especially limiting in relation to the assessment and management of future risk. It could be argued that this is a consequence of an 'essentialist' tradition that has until recently also tended to constrain consideration of the potential relevance of contextual factors to rehabilitation. The presentation builds upon earlier work in both these areas to highlight the implications of an increasingly influential perspective that directs attention beyond "parts" of individual functioning to exploring what these are part *of* within a system that comprises both individual and environment. Particular attention is given to issues raised by new work on transitions; although this has focused initially upon military veterans the framework that has been utilized has wider applicability. Related facets of particular relevance to understanding violence include invalidation of meaning and identity (including the psychological consequences of perceived rejection) and the role of the personal narrative.

## ***Nurses' Views on Risk Assessment and the Importance of Protective Factors***

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**Background:** In the context of 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 estimate of risk of violent relapse. The implications of risk and protective factor assessment implementations have not been investigated from a nurse science perspective before.

**Aims:** To investigate perceptions and practical implications of the use of protective factors in risk assessments as part of the treatment program among nurses, participating in these practices.

**Methods:** A survey will be distributed to all nurses at the division of forensic psychiatric in Region Skane and Region Vastra Gotaland, two forensic psychiatric units in Sweden. The survey involves 18 questions including background variables, nurses' attitudes on risk assessments, protective factors and their importance and usefulness in nursing.

**Expected results:** Increased knowledge and insight into nurses' opinions are expected to be useful for the development of risk management in forensic psychiatry. Expected benefits are greater understanding and reflection on patients' responses to risk-related interventions, which in turn creates conditions for developing higher quality of care.

## ***New Developments in Dynamic Risk Assessment***

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This paper describes an ongoing program of research in several countries regarding the development and validation of a dynamic risk assessment approach (Dynamic Risk Assessment for Offender Reentry; DRAOR, Serin, 2007). The DRAOR is a clinical rating measure with items that consider stable and acute risk factors, as well as protective factors and has been implemented in New Zealand and Iowa. Real-time changes in dynamic risk are used to inform differential case planning and risk management practices for clients receiving community supervision. Prospective data using repeated assessments are analyzed in terms of the reliability and factor structure of the DRAOR scale, predictive accuracy, and the utility of change scores to inform client outcome over time. The DRAOR reflects a theoretical model of offender change and implications for crime desistance will be discussed.

## ***Principles on Human Birth Dynamics and Human Mind Violence: Overstepping Freudian Conception***

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According to the Freudian conception, the Unconscious, non-conscious and non-rational, is traditionally featured by aggressiveness as well as dangerousness and potential physical violence. Those features have been considered the primordial human *status*, both phylogenetically and ontogenetically. The aim of this work is to consider a physiological condition for the “non-conscious mind”, which might be knowable. The “non-conscious mind” might be characterised by a naturally not pathological development, as well as the body organism. We have taken into consideration the Human Birth Theory, written by the Italian psychiatrist Professor Fagioli. He stated that the mind and the brain react to light energy stimulation at birth. The main reaction is characterised by “vitality” and consists in a particular “drive”, which is not aggressive. Recent biological data, on functional maturation of cortex and Immediate Early Genes, strongly support Fagioli’s formulation. In condition of loss of the original vitality, drive presents itself as “annulment drive”. Affectivity is severely compromised or lost. This is compatible with a conserved rationality and with organised conscious thought and behaviour. Considering this theoretical approach, human violence might be studied as mental violence that does not consist in a loss of rationality, but in a loss of affectivity. Mental violence might be previous to physical violence and acting-out. It is often without motive. Finally, a reflection is dedicated to the connection between a violent act against humans, which is without motive, and “annulment drive”.

## **51. Current Issues in Human Trafficking**

### ***Surviving the Streets: The Experiences of LGBTQ Youth Engaged in the Commercial Sex Market in New York City***

Meredith Dank, *Urban Institute, Washington, DC, USA* (mdank@urban.org)

Lesbian Gay Bi-sexual Transgender and Queer (LGBTQ) youth and Young Men Who Have Sex With Men (YMSM) who are involved in the sex trade often report a variety of experiences and entry points into the sex trade; however, many report the lack of adequate housing options and access to employment, in addition to child welfare involvement, as primary causes for their engagement. Not having the things one needs to survive, compounded with the discrimination that young LGBTQ youth experience both in the home and within their community, put an at risk population even further at risk. This presentation is based on a multi-year study funded by the U.S. Justice Department’s Office of Juvenile Justice and Delinquency Prevention (OJJDP), which included interviews with 283 young people who were engaged in the commercial sex

trade in New York City. The presentation will include a discussion about how LGBTQ and YMSM youth frame their experiences in the sex trade, what they identify as their needs, and the sources of violence in their lives.

## ***Organization, Operation, and Victimization: Labor Trafficking in the United States***

Colleen Owens, *Urban Institute, Washington, DC, USA* (cowens@urban.org)

While a significant number of labor trafficking victims has been identified by service providers and a smaller subset investigated by law enforcement in the United States, we have very little systematic information regarding the characteristics of labor trafficking victimization experiences or under what conditions cases are investigated by law enforcement. This presentation will focus on results from an Urban Institute/ Northeastern University study examining the organization, operation and victimization of labor trafficking across multiple industries in the United States and analyzing the use of force, fraud and coercion throughout the victimization process, including victim (a) recruitment, (b) any movement in pursuit of employment, (c) efforts to seek help, and (d) escape and assistance. Related crimes by third party facilitators and links to other illicit activities are also documented. Data for this study come from a sample of 122 closed labor trafficking victim service records from service providers in four U.S. cities. Additionally, interviews were conducted with labor trafficking survivors, local and federal law enforcement, legal advocates and service providers to better understand the labor trafficking victimization experience, the networks involved in labor trafficking, how victims escape, their outcomes after escape, and the barriers to investigation and prosecution of labor trafficking cases.

## **52. Current Mental Health Issues in Korea**

### ***Traumatic Loss and Disasters in Korea: Mental Health Services in Disaster Recovery***

Myeong-Sook Yoon, *Chonbuk National University* (yoon64@jbnu.ac.kr)

The “Sewol Ferry” disaster that occurred in April 2014 left 288 dead and 16 people missing (most of them were high school students). The Korean government is responsible because it did not have a central command unit in charge of emergency response. They did not have any manual or any strategy in place. Victims of such disasters commonly experience stress known to adversely affect mental health, including fear of dying, feelings of loss, community disruption, and physical and economic hardship. When material damage and psychological and mental instability is intensified and prolonged, it becomes a social problem. Effective recovery from disasters depends on how the society supports the complex and protracted process of recovery.

Disasters tend to disproportionately affect the socio-economically disadvantaged and their mental health problems, and recovery is heavily influenced by post-disaster experiences such as restoration of physical environment and opportunities for participate in decision-making that affect their lives. Mental health service in disaster recovery should shift from its traditional approach that focuses on short- term clinical interventions to a public health approach that involves medical, social and economic interventions as well as community empowerment to prevent chronicity of mental health problems and to improve the general quality of life. A need for a comprehensive national disaster policy including educating mental health professionals is discussed.

### ***Effects of Game, Leisure, and Family on Internet Game Addiction among Middle School Students in Korea***

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Problems associated with internet game addiction have been increasing rapidly in Korea. Korea is known for its wide internet service supply, marking 97.2% in 2011. More than 70 percent of the population goes online periodically. One out of 10 teenagers (10.7%) is categorized as suffering from internet addiction. The purpose of this study was to identify effects of game, leisure, family factors on internet game addiction. For the analysis, "2009 Teenager's Game Addiction and Family Leisure Activities Survey" was used. Data were obtained from 3,187 middle school students in Korea. The main results are as follows: First, family function, parent-child communication, leisure satisfaction, leisure constraints, time, frequency, and duration of game were significantly different between the no-risk group, potential risk group, and addiction group. Second, sex, age, dual income family, father-child communication, leisure constraints, time, frequency, and duration of game were significantly associated with internet game addiction. Based on these results, the need for developing comprehensive intervention services for internet game addiction and effective prevention & treatment program were suggested. The implications and limitations of these findings were discussed and directions for future studies were proposed.

### ***Psycho-Social Autopsy of Suicides in Chungnam Province in Korea***

Myungmin Choi, *Baekseok University* (mmchoi@hanmail.net)

Korea's suicide rate is the highest among OECD countries. Suicide is one of the major causes of deaths and different disciplines are seeking solutions for the issue including social work professionals. Chungnam province, characterized by farming and a high elderly population, has one of the highest suicide rates in Korea. Although many researchers have focused on suicide prevention, only few studies explored causes of suicide in depth. The purpose of this study was

to perform psychosocial autopsies on the bereaved and the communities of 25 suicide cases in Chungnam province. Study findings showed that the causes of suicide were different among male elderly, female elderly, young adults and the middle-aged. At the same time, some common causes were also found. In the society that emphasizes wealth and health, most of the deceased had expressed they were useless and a burden to others. They had felt frustration and suffered deeply through relationship breakdowns. Rural areas have a relatively weak welfare system, and the health system, including hospital and mental health professionals did not function as a support system, although the persons at risk had depended on them. Implications of the study results and strategies for suicide prevention were suggested.

### ***Development of the Safety-Training Program for Social Workers against Client Violence in Korea***

Jayoung Kwon, *Semyung University* (jykwon66@semyung.ac.kr)

Recently, the frequency and severity of client violence have been escalating in Korea. According to “A Study on the Situation of Client Violence Against Social Workers and their Safety Management” (KASW, 2012), 95.0% of public social workers and 65.2% of private social workers have experienced client violence. However, manual on how to stay safe from client violence is nonexistent and not covered in any undergraduate, job, and supplementary trainings.

According to in-depth interviews with social workers who had experienced client violence, learning how to handle violence, establishing support for treating injuries and other compensatory systems, and creating a safe work environment were considered important. A safety-training program against client violence was constructed based on the interviews. Main contents included 1) recognition and assessment of client violence and application of danger assessment tools, 2) techniques to reduce danger and communication skills to calm the client, and 3) minimizing damage by employing immediate defense strategies. A legal ground for the protection of social workers during client violence must also be established. Current social work regulations only include facility safety checks, client safety clauses, and none on the safety of social workers. Professional counseling and treatment for victimized social workers, compulsory training programs, and other institutional establishments must be included in the legal framework.

## **53. Death Penalty**

### ***Empathy is Our Greatest Practice Tool***

Traci Owens, *Office of the Public Defender, Santa Clara, USA* (traciowens2010@live.com)

I believe that empathy cures objectification.

As a defense attorney, I'm a first hand observer of the objectification of my clients. This

is especially true for those who labor under the symptoms that society calls “mental illness”. This effect is magnified in Capital cases because prosecutors urge jurors to ignore the humanity of “the object” (defendant), and the to condemn “it”.

My goal is to speak about my clients’ frailties in a way that explains their experience, inspires empathy, and respect. That puts my community on a path toward restorative justice rather than condemnation.

### ***‘Death Row Phenomenon’ and the Problem of Inmates Volunteering to be Executed***

John Holdridge, *Attorney at law, Atlanta, USA* ([holdridgejohn@gmail.com](mailto:holdridgejohn@gmail.com))

Over 10 percent of the inmates executed in the United States since 1976 have waived their appeals and “volunteered” for execution. This paper explores some of the factors that may be contributing to this startling rate of state-assisted suicides. First, as research has shown, a disproportionate number of death-row inmates suffer from significant mental health issues. Second, death row inmates must endure continual uncertainty about when they will be executed and years of delay before the execution takes place. Third, mental health literature has established the negative psychological effects of isolation in solitary confinement, and the vast majority of death row inmates are kept in solitary confinement about 23 hours a day; unlike other prisoners, however, they have no opportunity to end their isolation through good behavior. Fourth, many death row inmates are allowed no human contact with their loved ones. Fifth, many of the death rows in the U.S. are geographically remote, adding to the inmates’ isolation.

### ***The Effects of Personality on Perceptions of the Psychological State of Offenders in Death Penalty Trials***

Joel Lieberman, *University of Nevada, Las Vegas* ([jdl@unlv.nevada.edu](mailto:jdl@unlv.nevada.edu))

The research reports the effects of personality factors influencing jurors’ perceptions of mitigating factors in a United States death penalty trial. More specifically, the influence of cynicism, empathy, and cognitive complexity on perceptions of psychological state of the defendant at the time the homicide was committed are examined. A sample of mock jurors was presented with a capital case in which a defendant was found guilty. The degree to which the defendant expressed feeling that he was a victim of domination by a third party was manipulated. More specifically, participants were told that the homicide was committed because the defendant was afraid that harm would come to either himself or others he was close to, if he did not commit the crime. A control group was not given this information. Findings in terms of relationship between personality and perceptions the mental health of a defendant from both a jury selection and public policy perspective are discussed.

## ***Capital Punishment and the Protection of Persons with Intellectual Disabilities: The Under-Enforcement of Atkins v. Virginia in Texas and Its Sustainability after Hall v. Florida***

Jordan Steiker, *University of Texas* (jsteiker@law.utexas.edu)

In *Atkins v. Virginia*, the United States Supreme Court recognized an evolving standard of decency prohibiting the execution of persons with intellectual disabilities. The Texas legislature has not implemented this decision, and the highest criminal court in Texas, the Texas Court of Criminal Appeals, has expressed doubts about whether the Supreme Court intended to exempt *all* persons with intellectual disabilities. The Texas court has crafted its own test for intellectual disability which departs markedly from professional norms. As a result, Texas has executed many inmates who meet clinical standards for intellectual disability. In *Hall v. Florida*, the Supreme Court recently revisited *Atkins* and rejected Florida's contra-clinical approach to assessing significantly sub-average intellectual functioning. This presentation examines Texas's flawed approach and its sustainability post-*Hall*.

## ***Violence is the Symptom, Not the Story: The Role of the Mitigation Specialist and Use of Life History Investigation to Understand Capital Defendants***

Rebecca Kendig, *Private Practice, New Orleans, USA* (rebeccakendig@gmail.com)

Samantha Kennedy, *Private Practice, Saint Paul, USA* (skennedy@humanrights.hostpilot.com)

Capital clients charged with murder are perceived by the courts and society itself purely in terms of their crime. The duties of the defense team and particularly the mitigation specialist are to shift the government's traditional scope of examination that rests solely on the crime, the violent act. Expanding the scope of examination to a consideration of *how* and *why* the violence occurred within the context of a client's entire life facilitates a more nuanced and meaningful understanding. Mitigation specialists achieve this through investigating the social history of capital clients, which entails interviewing everyone that knew the client, developing a multigenerational family history, and collecting life history records (medical, educational, mental health). Examining not only the life of our client, but several generations of his or her family, illuminates the depth and breadth of experience and perpetration of violence. The narratives that are pieced together through this social history help us to understand that violence is the symptom caused by a multiplicity of issues. Presentation of a case study will illustrate how labels of "anti-social" and "violent" can be transformed into an accurate depiction of the interplay of trauma, oppression and mental illness that led to the violent crime.

## **54. Death Penalty and the Forensic Psychiatrist**

## ***Then, Now and Then: Death Penalty and Evolving Standards of Decency in the US***

Chinmoy Gulrajani, *University of Minnesota* (gulrajanic@gmail.com)

From the public debacle of lynching or hanging to the confined, sterile environ of the lethal injection or electric chair, the practice of capital punishment changed drastically since its inception. While approximately 140 countries across the globe have abolished the death penalty, several others, including the United States continue to retain this punishment. Since 2007 six states in the United States have abolished the death penalty bringing the total up to 18. Socio-political opposition to capital punishment has gained impetus in the remaining states in recent times with notable state courts opinions challenging the constitutional basis of this penalty. Moreover, advances in DNA evidence technology have helped uncover the mistaken execution or conviction of innocent defendants shedding light on the irreversible nature of grave errors linked to capital punishment. Critics of capital punishment have promulgated that it does not deter crime, cannot be administered without racial bias and costs up to three times as much as life without parole. Recent US Supreme Court decisions reflect a trend towards leniency in capital cases based on evolving standards of decency in the United States. This paper traces the history of the death penalty in the United States highlighting changes in the philosophy and practice of capital punishment over time.

## ***Trends and Controversies in Psychiatry and the Death Penalty***

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

The overall trend toward abolition of the death penalty in the U.S. has continued, but it has done so in piecemeal fashion. In this presentation, we discuss recent trends in legislation and litigation around the death penalty. After a brief review of death penalty statistics and recent Supreme Court decisions unrelated to psychiatry, we focus on three areas of interest to forensic mental health professionals. First, we examine the topic of intellectual disabilities and the landmark 2014 Supreme Court decision *Hall v. Florida*. Next, we discuss trends in sentencing of juvenile offenders based on psychiatric evidence of brain immaturity. Third, we explore the concept of death penalty mitigation and the growing use of neuroimaging studies (CT, PET, fMRI) in capital cases to “prove” mental abnormality. After examining these trends, we conclude with a discussion of whether offenders with severe mental illness will soon be added to the list of those exempted from capital punishment.

## ***Science and Conscience: The Role of Mental Health Evaluators in Death Penalty Cases***

Patrick Fox, *University of Colorado* ([Patrick.fox@state.co.us](mailto:Patrick.fox@state.co.us))

The death penalty remains a controversial and polarizing subject in the United States. This paper discusses the professional, personal and ethical considerations for mental health evaluators retained to participate in death penalty cases. Despite recent challenges to the constitutionality of the death penalty for certain populations, there remains wide variability in the criteria for and application of capital punishment by states in the United States. Variability in the definition of mental retardation, the manner in which aggravating and mitigating factors affect sentencing in capital cases, and the lack of uniform criteria for determining competency to be executed creates challenges for the forensic mental health professional conducting evaluations in death penalty cases as well as for professional organizations that strive to establish professional standards and best practices. This presentation will focus on the role of the mental health evaluator in death penalty cases, including the struggle to maintain objectivity when conducting evaluations in an area of practice lacking a uniform set of guidelines and for which the consequences of an erroneous conclusion could not be higher.

### ***Capital Punishment and Forensic Psychiatry: Ethical Implications***

Karen Rosenbaum, *New York University* (kbrosenb@hotmail.com)

The Supreme Court of the United States has ruled consistently that Capital Punishment does not violate the eighth amendment prohibition against “cruel and unusual punishment.” Despite this, eighteen states have abolished the death penalty including Connecticut, the setting of a recent gruesome triple homicide. According to Amnesty International, as of May 2012, 141 countries abolished capital punishment in law or practice. International law prohibits executing those with mental illness, who are legally “insane.” Historically, Forensic psychiatrists have been asked to participate in death penalty cases as expert witnesses. They have consulted to both the defense and the prosecution, generally assessing issues of competence to stand trial and criminal responsibility. They have also been involved in the trial phase, the sentencing phase, and the post-conviction phase of capital punishment cases. The American Medical Association prohibits the participation in the actual act of execution. Providing psychiatric consultation in death penalty cases does not currently violate this ethical rule. However, much like the legal debate, there is debate within the field of forensic psychiatry about the ethics of participating in capital murder cases. The literature on this ethical debate will be discussed in this presentation as well as historical and recent case law illustrating the need for clearer ethical guidelines on physicians participating in any phase of capital punishment cases.

### **55. Defending Oneself: Defining the Spatial Limits**

#### ***Cyberbullying, Mental Harm, and the Law: Criminal and Civil Responses from Canada***

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

Cyberbullying has become a serious social threat, especially for youth. In Canada, a number of well-publicized youth suicides following cyberbullying incidents prompted governmental intervention on a number of fronts. At the federal level, amendments to the *Criminal Code* have been proposed to create a new offence of non-consensual distribution of intimate image. At the provincial level, Nova Scotia has adopted the *Cyber-Safety Act* which creates a “tort of cyberbullying” and provides for parental liability in some circumstances. Other provinces have focussed on various measures to be implemented in the school environment. This paper provides an overview of these measures and attempts to evaluate to what extent the law has a role to play not only in curbing cyberbullying activities, but also in responding to the emotional, psychological or psychiatric harm from which many victims of cyberbullying eventually suffer.

## ***Cyberspace and Terrorism***

Silvia Leo, *University of Rome Sapienza* ([silvia.leo@crimelog.it](mailto:silvia.leo@crimelog.it))

Through the analysis of tactics used by jihadist groups operating in the cyberspace, such as the Palestinian Gaza Hacker Team, the Global Islamic Media Front, and the Syrian Electronic Army, the presentation will demonstrate the evolution of electronic jihad, now moving towards sabotage of online infrastructures, manipulation and/or exploitation of information gathered online to cause mayhem outside the cyberspace, and development of self-defensive capabilities against cyber-attack. The research will also refer to the increased tendency of terrorists to use most of the major social media to disseminate propaganda and enable internal communications.

## ***Living Young Lives Online***

Alan Reid, *Sheffield Hallam University* ([a.s.reid@shu.ac.uk](mailto:a.s.reid@shu.ac.uk))

Growing up in the twenty-first century is fraught with online dangers. Teenagers and young adults are growing up in an epoch in which lives are subject to a tremendous amount of invasive online scrutiny. The teenage years and the early twenties are the formative years in which people grow up, mature, form close and intimate friendships and ultimately become the type of person they want to be. This period of growth and self-discovery is characterized, especially in the West, as one where sexual experimentation, drug and alcohol consumption and social peer interaction become all consuming passions. In the past, this period of experimentation would have been conducted in a private or at least semi-private plane. The phenomenal growth in high resolution, internet enabled smart-phones and online social networks means that such intimate activities can be permanently recorded and made accessible online, often without consent. The psychological effects of knowing that intimate aspects of one’s life can be viewed globally at a moment’s click can be devastating, particularly for impressionable teenagers and young people.

This paper discusses legal initiatives to deal with, inter alia, revenge porn, trolling and the need for cyberlaw to enshrine a right to be forgotten.

## ***Stand Your Ground Law***

William Richie, *Meharry Medical College* ([wrichie@mmc.edu](mailto:wrichie@mmc.edu))

Khaled Khalafallah), *Montgomery General Hospital, Montgomery County, USA*  
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“Stand your Ground” law is a form of self-defense law that gives individuals the right to use deadly force to defend themselves without an affirmative duty to retreat. Traditionally, a defendant claiming self-defense must prove that they had no choice but to react with deadly force in a situation. People have always had the right to defend themselves with deadly force if they reasonably believed they needed to do so to prevent death or great bodily injury to themselves or another. Since 2005, twenty states have passed laws extending the right to self-defense with no duty to retreat to any place a person has a legal right to be, and several additional states are debating the adoption of similar legislation. The controversies surrounding “Stand your Ground” laws have recently captured the nation’s attention. Despite the implications that these laws may have for public safety, there has been little empirical investigation of their impact on crime and victimization. In this paper, we use data from U. S. Vital statistics to examine how “Stand your Ground” Laws affect homicide. We identify the impact of these laws by exploring variation in the implementation of these laws across states.

## **56. Dementia and Elder Care**

### ***How the Experiential Narratives of Patients with Dementia Inform Our Understanding of Healthcare Institutions***

Susan Murtha, *York University* ([smurtha@yorku.ca](mailto:smurtha@yorku.ca))

David Scadding, *York University* ([skooter@yorku.ca](mailto:skooter@yorku.ca))

Joseph Keeping, *York University* ([keeping@yorku.ca](mailto:keeping@yorku.ca))

Keith Francis, *York University* ([keithjf.yorku.ca](mailto:keithjf.yorku.ca))

The built environment within healthcare institutions is of critical importance to persons with dementia as the characteristics of the interior environment, the lived experience of that environment, and the reciprocal nature of that exchange can be directly related to their well-being. Yet the role of the environment and more importantly the role of the patient as a primary author towards conceptions of what that physical environment should look and feel like rarely feature in routine dementia patient satisfaction assessments. Participants with mild to moderate dementia living in an institutional setting who could provide consent were asked a number of

lived experience questions. The responses were videotaped and scored qualitatively. We sought to understand whether and how dementia patients have the capacity to perceive the institutional space and place around them. We predicted, and our preliminary results suggest, that dementia patients are aware of the institutional space around them, and can be ‘active agents’ in contributing to thoughtfully designed environments that promote the health and well-being of its host. If a dementia patient is thought of as an active participant within the design of the built environment, then it can lead to new reconceptualization of spatial domains and ultimately impact care.

## ***Mental Health Law, Positive Rights and the Social Response to Dementia: A Systems Approach***

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

This presentation examines how mental health legislation, substitute and supported decision-making legislation, and human rights legislation may be understood as comprising a *body* of mental health law, in which each class of legislation addresses a different aspect of the social response to mental disability (defined broadly). Considering how these classes of legislation work together to provide a system of response enables the identification of gaps in that system, and suggests how mental health law (as a body of law made up of distinct components) can be further developed to fill those gaps. The focus of this presentation is on how this body of law responds (and/or fails to respond) to the needs of the individual with dementia. This presentation concludes that the current law is incomplete, and that the development of positive human rights (beyond protection from discrimination) can provide the necessary missing piece.

## ***The Perspective of People with Lived Experience of Mental Health Issues on How to Reduce Seclusion and Restraint***

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

This paper provides an overview of the research findings and options for reform relating to reducing or eliminating the use of seclusion and restraint on people with mental health issues following a national project undertaken in Australia by a multidisciplinary research team based at the University of Melbourne. Multiple methods were undertaken including focus groups with consumer and carers across Australia. This paper will report specifically on the findings from the focus groups and how they contributed to the overall project recommendations. Focus group participants clearly identified that the current situation needs to change and there is urgency for action in this regard. They described a continuum of coercion of which seclusion and restraint were viewed as examples. They emphasised the practices of chemical and emotional restraint and a lack of recognition of them and identified restraint and seclusion as not therapeutic, anti-recovery and an abuse of human rights. Restraint and seclusion was seen to have a traumatic

impact that is long lasting. There was a strong call for development of, and investment in, a range of peer roles and improvements in the quality of direct support, staff development, environments and governance.

Sandra Latibeaudiere, *University of the West Indies* ([sandra.latibeaudiere@uwimona.edu.jm](mailto:sandra.latibeaudiere@uwimona.edu.jm)) – Discussant

Marie Rose Alam, *University of Maryland* ([alam.marierose@gmail.com](mailto:alam.marierose@gmail.com)) – Discussant

## **57. Designing More Effective Programming for Mentally Disordered Offenders**

### ***Use of the EPICS Model to Reduce Recidivism in Mentally Disordered Offenders***

Cara Thompson, *University of Cincinnati* ([cara.thompson@uc.edu](mailto:cara.thompson@uc.edu))

Myrinda Schweitzer Smith, *University of Cincinnati* ([schweiml@uc.edu](mailto:schweiml@uc.edu))

Recent initiatives incorporating the use of risk, need, responsivity (RNR) principles and core correctional practices within community supervision have been shown to effectively reducing recidivism (Bonta et al., 2010, Robinson et al., 2011, Latessa et al., 2013). However, few studies have looked at the effectiveness of these models with mentally disorders offenders. According to recent research by Skeem and colleagues (2011), programs intended to reduce recidivism among mentally disordered offenders were mostly ineffective and focused on symptomatology. Andrews and Bonta (2010) attribute the ineffectiveness of these treatment programs to their lack of adherence to the RNR principles. This paper reports on the effectiveness of EPICS as an RNR model of community supervision to reduce recidivism in mentally disordered offenders. Specifically, this paper will report on the effectiveness of the EPICS model to reduce recidivism with offenders assigned to the mental health unit within a probation department in Multnomah County, Oregon. Data was collected as part of an initial and on-going quality assurance evaluation of the implementation of the EPICS model within the Multnomah County probation department. Additionally, potential barriers and successful strategies to use when implementing EPICS with a mental health offender caseload will also be discussed.

### ***The Influence of Mental Illness on Participation in and Effectiveness of Prison Programming***

Carrie Sullivan, *University of Cincinnati* ([carrie.sullivan@uc.edu](mailto:carrie.sullivan@uc.edu))

There is overwhelming evidence that prison programming can improve offenders' institutional behavior and reduce their recidivism upon release. However, less is known about how mental illness influences the effectiveness of these programs. Using data on 105,000 offenders across 28 prisons in one U.S. state, this study answers two central research questions: First, do offenders with mental illness exhibit differential rates of participation in prison programming? Second, do mental health indicators moderate the effectiveness of prison programming on institutional misconduct and post-release recidivism? These questions will be examined across more traditional correctional treatment programs (e.g., Thinking for a Change, Cage Your Rage, Victim Awareness), programs designed to target psychiatric issues and addiction (e.g., substance abuse treatment, co-occurring disorder treatment), educational and vocational programs, and other assorted prison programs (e.g., self-help, mentoring, parenting, etc.). Recent research and theory suggests that recidivism reduction for offenders with mental illness is more likely to be achieved by targeting criminogenic risk factors and not mental illness. This study offers an important test of this assumption and has direct implications for the management and treatment of offenders with mental illness in prisons.

### ***An Exploration into the Criminogenic Needs of Mentally Ill Offenders***

Jodi Sleyo, *University of Cincinnati* ([sleyoj@uc.edu](mailto:sleyoj@uc.edu))

Kelly Pitocco, *University of Cincinnati* ([kelly.pitocco@uc.edu](mailto:kelly.pitocco@uc.edu))

A recent meta-analysis by Bonta, Blais, and Wilson (2014) found that risk factors for recidivism are consistent for both mentally disordered offenders and non-mentally disordered offenders. This is especially noteworthy given the recent estimate that persons with serious mental illness are 1.5 times as likely to be incarcerated as to be hospitalized for treatment of their psychiatric disorders. (Morrissey, Meyer, & Cuddeback, 2007). For the criminal justice professionals, this means that simply targeting mental illness alone, is insufficient to prevent future criminal behavior. This session will describe the development of a cognitive-behavioral curriculum designed to target the known risk factors of recidivism. In particular, the curriculum targets the criminal thinking patterns of both offenders diagnosed with mental illness and those with no known diagnosis. The results of the initial curriculum pilot including facilitator adherence will be reviewed along with implications for how corrections professionals deliver treatment to reduce the risk of reoffending among mentally ill offenders.

### ***Risk-Needs Responsivity and Substance Abuse Treatment: A Meta-Analytic Review***

Deborah Koetzle, *John Jay College of Criminal Justice* ([dkoetzle@jjay.cuny.edu](mailto:dkoetzle@jjay.cuny.edu))

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Sarah Picard-Fritsche, *John Jay College of Criminal Justice* ([sfritsche-picard@jjay.cuny.edu](mailto:sfritsche-picard@jjay.cuny.edu))

The criminal justice system is the single largest referral source to substance abuse treatment in the United States. Yet, relatively little is known about the quality and nature of services being provided to this population. The most effective correctional treatment programs adhere to the principles of Risk, Need, and Responsivity (RNR). Collectively, these principles indicate that treatment programs should focus on offenders who most likely to reoffend, should provide treatment services targeting criminogenic needs, and should use a behavioral or cognitive-behavioral approach to such interventions. The current study seeks to identify the extent to which substance abuse programs in the United States adhere to RNR, whether adherence varies by treatment model (e.g., drug court, therapeutic community, outpatient), and the relationship between RNR and program effectiveness. Using meta-analytic techniques, both published and unpublished evaluations on substance abuse treatment programs will be analyzed. Studies will be coded for sample characteristics, including criminal history and risk level, whether programs target criminogenic needs beyond substance abuse, and whether they use a behaviorally based intervention. Outcomes include both recidivism and drug use. Policy implications will be discussed.

### ***Non-Consented ECT Treatment for Involuntarily Hospitalized Mentally Ill Patients***

Samuel Wolfman, *Haifa University* ([s.wolfman@wolfman-law.com](mailto:s.wolfman@wolfman-law.com))

The primary aim of involuntary hospitalization of the mentally ill is to treat patients and bring them to a remission in order to protect the environment as well as the self. Not infrequently patients or families reruse ECT treatment despite medical opinion supporting the ECT procedure, even after all other therapeutic measures proved to be ineffective. Such reluctance to consent to ECT treatment is derived by fear of the treatment itself, including potential side effects such as memory impairment. ECT, like other invasive treatments such as surgery, typically requires written informed consent. Does being subject to involuntary detainment and treatment, however, also authorize a facility to enforce “special” interventions such as ECT? Some statutory schemes do provide for non-consented ECT treatment in the case of involuntary hospitalizations; others, however, are obscurely worded, contributing to contradictory court rulings. This presentation surveys the varying approaches of different legal systems examines with particular attention to how ECT may be imposed when, from a medical point of view, it is clear that ECT is the only effective intervention available.

## **58. Different Perspectives on the Behavioral Analyses of Sexual Crime**

Jagannathan Srinivasaraghavan, *Southern Illinois School of Medicine* (jagvan@gmail.com) - Moderator

### ***A Review of 4,200 Ineligible “P” (Perversion) Files Created by the Boy Scouts of America, 1990-2010***

Janet Warren, *University of Virginia* (jiw@virginia.edu)

This presentation will provide an overview of the history of the Ineligible IV files, their emergence into the public arena in 2010, and a summary of what they indicate about sexual abuse in one youth serving organization. The wireless app designed to collect and share data nationally will be demonstrated and the crossover of offending across different situations and types of youth used to argue for the adoption of a public health perspective and information sharing across agencies. Research indicating the ubiquitous nature of this health hazard for children requires a collaborative focus that integrates efforts and promotes a systemic response to interventions, education, and reporting initiatives.

### ***The Sex Trafficking of Juveniles: Offender and Victim Behavioral Dynamics***

Terri Patterson, *FBI Behavioral Analysis Unit, Quantico, USA* (terri.patterson@ic.fbi.gov)

The Behavioral Analysis Unit III of the Federal Bureau of Investigation is conducting a study that expands upon an established typology of offenders engaging in the sex trafficking of juveniles (Patterson et al., 2013 & 2014) by studying the dynamics between the offenders and victims. In the present study 178 victims and 117 offenders will be included within the proposed analyses. The data was derived from protocols developed to obtain information regarding the demographics of offenders and victims as well as the nature of the criminal act(s) perpetrated by the offender focused upon the juvenile sex trafficking offense(s). The aim of the present study is to examine the risk factors of the victims and characteristics of the offenders to inform the practice of law enforcement and mental health professionals working with these populations. It is anticipated that the study will provide valuable information that will be beneficial in the effective design of treatment programs for victims as well as intervention programs for vulnerable juveniles at high risk of becoming victims. The literature supports the assertion that the development of typologies informs investigative practices of law enforcement professionals, judicial decisions, forensic assessment of risk and correctional management (Helfgott, 2013).

### ***Sexual Exploitation of Children: Child Sex Offenders and the Internet***

Tia Hoffer, *FBI Behavioral Analysis Unit, Quantico, USA* ([tia.hoffer@ic.fbi.gov](mailto:tia.hoffer@ic.fbi.gov))

Jessica Owens, *FBI Criminal Investigative Division, Quantico, USA* ([jessica.owens@ic.fbi.gov](mailto:jessica.owens@ic.fbi.gov))

The widespread impact of the Internet on the prevalence and availability of child pornography (CP) has increased the number of cases investigated by law enforcement and public concern regarding the extent to which individuals who collect CP also commit contact sexual offenses against children. The Federal Bureau of Investigation (FBI) Behavioral Analysis Unit (BAU) III – Crimes Against Children conducted an archival review of 251 online Sexual Exploitation of Children (SEOC) cases to assess the range of offending behavior among Child Sex Offenders (CSOs) and the relationship between CP possession and other sexual offenses against children. Analysis revealed 38% of the cases (n = 95/251) involved crossover offending, in which offenders who possessed CP also attempted or committed other SEOC crimes. This observed rate of crossover offending indicates that the act of viewing CP does not exist in isolation, and that a CSO's sexual interest in children is often part of a larger pattern of offending behavior. Due to the potential crossover behavior of CSOs, the application of risk factors noted in the literature of contact offenders offer additional investigative, prosecutive, supervisory and assessment/treatment information for Internet-related CSOs.

## 59. Dimensions of Suicide Research

### *Help-Seeking and Service Contacts among Suicides in Northern Ireland: A Mixed Methods Approach to Understanding Challenges to Suicide Prevention*

Gerard Leavey, *University of Ulster* ([g.leavey@ulster.ac.uk](mailto:g.leavey@ulster.ac.uk))

Karen Galway, *Queen's University Belfast* ([k.galway@qub.ac.uk](mailto:k.galway@qub.ac.uk))

Sharon Mallon, *Open University* (TBD)

Lynette Hughes, *Northern Ireland Association for Mental Health* ([l.hughes@compasswellbeing.org](mailto:l.hughes@compasswellbeing.org))

Janeet Rondon, *University of Ulster* (TBD)

Michael Rosato, *University of Ulster* ([mg.rosato@ulster.ac.uk](mailto:mg.rosato@ulster.ac.uk))

All suicides represent a failure of some kind. However, given that most people who kill themselves have had some contact with health services, each contact may represent an opportunity for intervention. We know little about who makes contact, nor why services are unable to prevent the eventual suicide. Families and General Practitioners (GP), from different perspectives, have insights as to the weaknesses and limitations of the healthcare system and how these might be improved.

**Aims:** (1) To provide a more finely grained picture of help-seeking and service contacts of people who die by suicide; (2) To examine the experiences of families and General Practitioners and the different challenges to service access.

**Method:** A mixed methods study in which we examined Coroners data and General Practice (GP) records of people who died by suicide in Northern Ireland (years) and a nested qualitative study of 72 bereaved relatives.

**Findings:** Many people had frequent contact with multiple agencies and professionals. Cultural and systemic failures related to stigma, resources and communication dominated both family and professional narratives.

## ***Substance Misuse in Life and Death in a Two-Year Cohort of Suicides***

Karen Galway, *Queen's University Belfast* ([k.galway@qub.ac.uk](mailto:k.galway@qub.ac.uk))

D. Gossrau-Breen, *Public Health Agency for Northern Ireland* (TBD)

Sharon Mallon, *Open University* (TBD)

Lynette Hughes, *Northern Ireland Association for Mental Health*  
([l.hughes@compasswellbeing.org](mailto:l.hughes@compasswellbeing.org))

Michael Rosato, *University of Ulster* ([mg.rosato@ulster.ac.uk](mailto:mg.rosato@ulster.ac.uk))

Janeet Rondon, *University of Ulster* (TBD)

Gerard Leavey, *University of Ulster* ([g.leavey@ulster.ac.uk](mailto:g.leavey@ulster.ac.uk))

**Background:** While substance misuse is a key risk factor in suicide relatively little is known about the relationship between lifetime misuse and misuse in suicide.

**Aim: To examine the relationship between a history of substance misuse and misuse at the time of a suicide.**

**Method:** Linkage of Coroner reports of 403 suicides occurring over two years with associated primary care records. History of substance misuse was defined as alcohol misuse and/or prescription or illicit drug misuse, for which medical help was sought.

**Results:** With alcohol misuse: 65% of the cohort had previously sought help and 42% were intoxicated at the suicide (with 30% of these seeing their GP in the previous year). With misuse of other substances: 54% of the cohort were tested for blood toxicology (37% of these tested positive) - with positive toxicology defined as an excess of prescription drugs over the therapeutic minima and/or detection of illicit substances. Those tested were more likely to be young and have a history of drug abuse.

**Conclusion:** Understanding the links between substance misuse and the use of substances in conjunction with the act of suicide is discussed in light of the study results and current pathology and coroner practices.

## ***Exposure to Suicide Bereavement and Risk of Suicide Attempt: A National Cross-Sectional Survey of Young Adults in the UK***

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**Introduction:** Many suicide prevention strategies recommend support for people bereaved by suicide, but few studies have measured whether the suicide of a close contact increases risk of suicidality compared with bereaved controls.

**Methods:** We sampled 659,500 staff and students at 37 UK higher education institutions in 2010 via mass email. Adults aged 18-40 years who had experienced a sudden bereavement of a close contact were invited to complete an online survey measuring suicide-related outcomes. Multivariable logistic regression was used to compare those bereaved by suicide to two comparison groups: sudden natural causes and sudden unnatural causes.

**Results:** Of 3,432 eligible respondents, 614 adults were bereaved by suicide, 712 by sudden unnatural causes, and 2106 by sudden natural causes. Compared with adults bereaved by sudden natural causes, suicide-bereaved adults had no excess risk of suicidal ideation but a significantly increased risk of suicide attempt (adjusted odds ratio=1.65; 95% CI=1.12-2.42; p=0.01). Adults bereaved by suicide and by sudden unnatural causes were no different on either outcome.

**Discussion:** Our findings suggest that young adults bereaved by suicide and those bereaved by sudden unnatural deaths both have a need for evidence-based support to mitigate their risk of suicide attempt.

## ***Patterns of Presentation for Attempted Suicide: Analysis of a Cohort of Individuals Who Subsequently Died by Suicide***

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Janeet Rondon, *University of Ulster* (TBD)

S. McConkey

**Introduction:** This study focusses on the circumstances around prior attempts and the eventual suicide, especially in relation to pre-existing mental health diagnoses, number and timing of attempts, and methods used in both the attempts and the eventual suicide.

**Method:** Cases were derived from Coroner records of all suicides occurring in Northern Ireland over two-years (March 2007 – February 2009), with 90% linked to associated General Practice records.

**Results:** Of 401 cases included 45% recorded at least one prior attempt (with 59% of these switching from less- to more-lethal methods between attempt and suicide). Compared with those recording one attempt those with 2+ were more likely to have used less-lethal methods at the suicide (OR=2.77: 95%CI=1.06, 7.23); and those using less-lethal methods at the attempt were more likely to persist with these into the suicide (OR=3.21: 0.79, 13.07). Finally, those with pre-existing mental problems were more likely to use less-lethal methods in the suicide: severe mental illness (OR=7.88: 1.58, 39.43); common mental disorders (OR=3.68: 0.83, 16.30); and alcohol/drugs related (OR=2.02: 0.41, 9.95).

**Discussion:** This analysis uses readily available data to highlight the persisting use of less-lethal methods by visible and vulnerable attempters who eventually complete their suicide. Further analysis of such conditions could allow more effective prevention strategies to be developed.

## ***The Ethics of Suicide Bereavement Research: A Systematic Review of Recruitment Issues***

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**Introduction:** Ethical issues serve to dissuade researchers from engaging in the study of suicide bereavement that has the potential to improve public knowledge, improve care and treatment, and shape provision of care to meet the needs of those affected. **Methods:** A systematic review using the search terms **Suicide and survivor\* OR suicide and bereave\*** was undertaken with the objective to review the methodological practices of researchers when researching those bereaved by suicide, with specific interest in ethical procedures. Of the 3,103 abstracts retrieved, 386 citations were identified as potentially meeting the review criteria (i.e. outcomes to include only methods used for research on bereavement by completed suicide, outcomes that included suicide alongside accidental death, traumatic death, or sudden loss, and not interventions). 206 full-text versions were retrieved, 61 of which met the review criteria. **Results:** 59% (N=36) of studies did not report the details of the ethical approval procedure. Only 2 studies (Dyregrov, 2004; 2002) highlighted the extensive process involved in obtaining ethical approval. **Discussion:** Findings indicate that although ethical approval is a pivotal aspect in research with those bereaved by suicide there is limited information provided about this process in the research studies.

## **60. Discrimination Against Vulnerable Persons: Gender, Refugees, and the Workplace**

## ***Reported Social Coercion in Immigrants and Refugees Referred to a Cultural Consultation Service: Preliminary Findings***

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**Objective:** Members of minority ethnic groups are targets of coercive measures, including refugee detention, which is associated with poor mental health outcomes. In Canada, certain minorities such as Blacks may report more deportation threats than other groups. This pilot study will determine if and how members of minorities referred to the Cultural Consultation Service (CCS) in Montreal vary with respect to reported social coercion.

**Method:** We record demographic and social coercion variables for the first 200 CCS charts. Patients come from 42 countries, including 52 from South Asia, 16 from Western Asia, and 11 from Sub-Saharan Africa. Chi-square statistics examine the relationship between minority group and reported social coercion. Patient histories portray first-hand experiences of social coercion.

**Results:** Preliminary statistical analyses (1999-2002) reveal no differences among the groups, but over time there has been an absolute increase in referrals of patients with threats of deportation. Accounts of being held in refugee detention highlight the distress that this experience produces in patients of all backgrounds, including anxiety and depressive symptoms.

**Conclusion:** Preliminary data indicate an increase in reported social coercion over time. When it occurs, refugee claimants universally report how social coercion produces negative effects to them and their families.

## ***Maximizing Productivity for Employees with Mental Impairments***

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

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

## ***Safe and Confident Employees Make Safe and Confident Patients – Does TMA Have an Effect?***

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Therapeutic Management of Aggression (TMA®) is a systematic method to prevent, handle, treat and follow up aggression and violence. TMA is used in all the units in the Stavanger University Hospital, Division of Psychiatry. The method has been in a continuous development since 1993.

The physical techniques are developed for getting out of possible aggressive and violent situations. They can be used by everyone. There is a daily focus on TMA in all psychiatric units and wards by discussions and training on techniques. Our basic attitude is "See others as you want others to see you" including patients, employees and relatives. TMA is based on the vision that all patients should feel that they are taken care of with respect and dignity. To ensure this, it requires a fundamental understanding of human dignity, what happens between people in crisis, and how we can turn a difficult situation and provide safety to everyone affected.

The TMA education program contains a mandatory course for 3 days for all employees in the psychiatric division. The course consists of a combination of theory and practical techniques. The theoretical foundation is based on social psychological principles where prevention, communication, ethics and understanding aggression and violence are the main focus.

From 2008 to 2013 we have reduced the use of restraint by 64% and violence against employees with 42%.

We have an ongoing research on how systematic focus on TMA has an effect on short term absence.

## ***The Relationship between Job Instability and Mental Health in Italy: A Preliminary Study***

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Stress factors in the workplace can affect workers' mental health, increasing the risk of developing psychological disorders. The relationship between the perception of safety of in the workplace and mental health is mediated by different factors: security of workplace, quality of relationships and internal communication, gender and type of work. Furthermore, longitudinal studies showed that a higher level of job insecurity, flexibility and low social support can negatively affect the individual's mental health, with high correlations to depressive and anxiety disorders. In this study we investigated the relationship between stress, the type of contractual form and the quality of work, considering a sample of 30 subjects (15 with permanent jobs, 15

with temporary jobs). We evaluated the subjective perception of personal well-being (PWGBI) and stress (PSS), the level of anxiety and depression (BDI and STAY) and the personality style (BIG FIVE). Duration and safety of work conditions, quality of relationships with colleagues, the remuneration, the sentimental relationship status, age, gender, level of education and adherence to studies were also considered. The preliminary results suggest a correlation between the job instability and the subjective perception of well-being, stress and level of depression and anxiety.

## **61. Domestic Violence and Female Victims**

### ***Gendered Experience of Arson amongst Women with a History of Domestic Violence and Abuse***

Harriet Cutler, *Birmingham City University* (harriet.cutler@bcu.ac.uk)

Within studies exploring female offending, factors contributing to an offence and women's subsequent experiences of the UK Criminal Justice System, there is a significant lack of understanding/research relating specifically to women who conduct arson. Given that in June 2012 there were 131 women in prison serving indeterminate sentences for public protection (IPP). Nearly 80% of these IPP sentences for women were for offences of arson. But still, research within this specified area of offending focuses traditionally on men.

This paper seeks to draw upon findings from a qualitative study utilizing in depth interviews with women, who have been referred to a women's center through the course of their offending-who have been convicted of the offence of arson.

The study offers a significant contribution to the complex nature of understanding women's offending behaviours when committing arson, in particular to demonstrate the findings which highlight substance misuse and historic mental illness within female offenders when committing arson.

Specifically this paper will explore:

The lack of research and meaningful statistics around women who have committed arson

The interrelationship between arson and mental illness, both as a precursor to committing the offence and in some cases whereby arson serves as a display of mental illness

The impact of domestic violence and abuse as factors contributing to committing arson

### ***Women with Multiple Needs: Breaking the Cycle***

Morag MacDonald, *Birmingham City University* (morag.macdonald@bcu.ac.uk)

This presentation will draw on the data collected by the 5 partners for the *Street to Home* EU Project. The findings indicate that domestic violence and abuse are intertwined within the life stories of women with complex needs and permeates many aspects of their lives. Their stories highlight the prevalence of addiction, poor general health, poor mental health resulting from

violence and abuse, and continuing involvement with the criminal justice system. Often, deep-rooted issues are not picked up at pivotal moments in their lives, such as arrest and trial.

The research also highlighted the importance of housing as a foundation for women with multiple needs to be able to begin the process of engagement with services and to re unite with their children. The presentation will:

- explore the Impact of a history of domestic violence and abuse on general and mental health amongst women with multiple needs;
- the response from criminal justice agencies to women with multiple needs
- the lack of an integrated approach to housing and on-going social support for women at highest risk of being victims of violence;
- the way forward of how to provide a holistic women centred approach that provides joined-up accommodation and social support that meets the needs of women with complex needs.

### ***When Does the Accused Forfeit the Right to Confront His Victim of Domestic Violence?***

Aviva Orenstein, *Indiana University* (aorenste@indiana.edu)

In 2004, the United States Supreme Court altered its interpretation of the Sixth Amendment to the US Constitution, which provides that the accused shall have the right to confront the witnesses against him. The Court required that if the witness is unavailable, the accused had to have a prior opportunity to cross examine the witness. This change, while salutary in many respects, made prosecuting domestic violence cases much more difficult because of the high rate of victims' recanting or refusing to testify. Without a live witness or prior cross-examination, the statements by the victim are inadmissible and the prosecutor has no case. One exception is forfeiture, which is triggered if the accused intentionally makes the victim unavailable as witness. The complex and intricate dynamic in an abusive relationship, where the victim is often hyper-vigilant to the batterer's moods and patterns make the question of forfeiture particularly tricky and interesting. This presentation will explore what American courts are currently doing to recognize that not all women who fail to testify do so fully volitionally, exploring the tension between respecting women's wishes and recognizing when they operate under duress.

### ***Arsonist Behavior Patterns: A Qualitative Model***

Rodrigo Dresdner, *Public Forensic Institute, Santiago, Chile* (rf\_dresdner@yahoo.com.ar)

**Aim and method:** To research ideological and motivation factors, firesetting proceedings, environmental influence and psychiatric diagnosis related to arson behavior as an approach to classifying adult firesetting. The research analysis focused on medical and criminal records and

forensic psychiatry reports from an arsonist population (N = 197) referred for mental assessment at the *Medical Legal Service* in Chile, over a twelve year period (1999-2011).

**Conclusion:** Arsonist characteristic descriptions were established by taking into account psychological, psychiatric and criminological analysis aspects and provided personal meanings to different steps of arson displaying (before, during the firesetting, and afterwards). Five arson behavior patterns were concluded: mood disorder related, revenge motivated, alcohol and substance intoxication associated with neglect/antisocial behavior, ideological/criminal pattern and pyromania.

### ***The Heteronormativity of Legally Mandated Separation and Why It Will Not Help Eradicate Domestic Violence***

Adele Morrison, *Wayne State University Law School* (ammorrison@wayne.edu)

This work discusses the impact of the legal system's separation-based remedies, including arrest, incarceration and protection orders, on larger efforts to eradicate domestic violence. Separation, while possibly providing individualized and temporarily positive outcomes, has come to be the central legal response; utilized not only as an intervention into particular acts of domestic violence but also as a requirement for victim protection as well as the definitive resolution to all domestic violence. My argument, grounded in Critical Race, feminist and queer theories, is that the State's forcing couples to permanently separate will not help end domestic violence because separation does not change social structures or individual mindsets that are founded upon, and maintained by, heteronormativity (among other subordinating cultural biases.) While heteronormativity – which works to construct and mandate normative sexualities, relationships and genders – is endemic to law, I reason that it is particularly insidious in the cases of domestic violence because of the appearance that separation is actually anti-heteronormative. I conclude that because separation, as the penultimate solution to domestic violence, is fundamentally heteronormative, it actually undermines efforts to increase survivor autonomy and abuser accountability, both of which are key to ending ongoing intimate partner abuse.

### ***The Disparate Treatment of Immigrant Survivors of Domestic Violence in the United States***

Rachel Settlage, *Wayne State University* (rsettlage@wayne.edu)

This work addresses systemic problems facing immigrant survivors of domestic violence (DV) in the United States, focusing on the relief available to those seeking to remain in the United States. The two primary forms of immigration relief are 1) the Violence Against Women Act (VAWA), available for those married to a U.S. citizen (USC) or Lawful Permanent Resident (LPR), and 2) the "U Visa," for those not married to a USC or LPR. As part of the U Visa application, a

survivor must obtain a certificate from law enforcement, demonstrating that she has been “helpful” in the investigation or prosecution of the DV crime. This requirement, which is not required for relief under VAWA, has proven difficult to obtain in many U.S. jurisdictions. My presentation will discuss the different requirements for these two forms of relief, explaining that while the only substantive difference in the experiences of the immigrant survivors relates to whom they are married or not; the impact of these disparate processes is great. I argue that U.S. lawmakers hold deep-rooted attitudes, stereotypes, and misperceptions about immigrant women that not only impact survivors’ access to immigration relief but, as importantly, their empowerment, recovery, and well-being.

## 62. Drug Courts

### *Psychosocial Outcomes of Drug Court Clients: Comparing a Continental European Drug Treatment Court with US Drug Treatment Courts*

Freya Vander Laenen, *Ghent University* ([freya.vanderlaenen@ugent.be](mailto:freya.vanderlaenen@ugent.be))

**Background:** A small amount of research has focused on the outcomes of Drug Treatment Courts (DTCs) on psychosocial problems such as employment and debts. This contribution aims to add to the current knowledge by presenting the outcomes of Ghent DTC clients (in Belgium) with regard to substance use and psychosocial variables.

**Results:** The Ghent DTC produced beneficial outcomes regarding the referral of substance using offenders to (drug) treatment, financial counselling services and employment. Substance use was not significantly reduced in Ghent DTC participants. They were however more compliant with opioid substitution maintenance treatment.

**Discussion:** As opposed to US DTCs, the Ghent DTC produces more beneficial work-related outcomes but no significant reductions in substance use. The differences in outcomes of Ghent and US DTC client can be explained by several factors: the differences in profiles of DTC clients (with regard to drug use, mental health and socio-economic context); the different position of drug treatment services; the differences in goals and the indicators of a ‘successful’ completion of a DTC programme; and the underlying differences in ideology in continental Europe compared to the US.

### *Emergency Treatment of Drug-Dependent Patients between Law and Ethics*

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In Austrian Criminal Law, patient's autonomy is especially protected from infringement. In general, treatment, even if medically indicated and performed state-of-the-art, is prohibited if the competent patient did not consent to it. This accounts even for life saving treatment. Concurrently, emergency treatment in cases the patient's will cannot be determined is legally imperative.

As a result, the emergency treatment of drug-dependent patients, who often suffer from mental illness as well, offers an area of legal and practical insecurities for the physicians. It might not be clear whether an intoxicated patient is competent; it might not even be clear which drugs he took. Practitioners are likely to find themselves in a discrepancy between their expert judgement indicating the need for treatment or even coercive measures, and a patient's refusal, and thus at the same time in a legal conflict.

An ethical approach, however, also does not offer a solution. According to e.g. Beauchamp and Childress, paternalistic decisions in treating drug-dependent patients may be appropriate. Therefore, law and ethics can be found to be in an area of conflict. Is it necessary that legal provisions be adapted in accordance with ethical principles in order to guarantee optimal treatment for drug-dependent patients?

### ***Women of Color and the War on Drugs: The Connection between Disparities in Female Imprisonment and Drug Arrests***

Mark Harmon, *Portland State University* ([mleymon@pdx.edu](mailto:mleymon@pdx.edu))

Breanna Boppre, *University of Nevada Las Vegas* ([breanna.boppre@gmail.com](mailto:breanna.boppre@gmail.com))

Since 1972 the percentage of women incarcerated in United States prisons has risen from about 3% to almost 7%, rising twice as fast as male imprisonment. Like male imprisonment, pronounced racial and ethnic disparities exist among females, but have their own unique characteristics and changes over time. Women of color, particularly Blacks and Hispanics, have experienced drastic shifts in their rates of imprisonment, more than any other group. The disparities in incarceration are particularly stark for drug crimes, where women of color are increasingly being imprisoned. This paper examines the relationship between the War on Drugs targeting of the inner city open drug market during the height of the crack cocaine "epidemic" and the pronounced rise in imprisonment of Black and Hispanic women. The analysis of data covering all fifty U.S. states from 1978 to 2010 indicates that women of color compared to whites are more likely to be arrested for drug crimes; especially in areas where drug arrests for males is high. The results show that while women are less likely overall to be incarcerated, drug arrests are increasingly driving the growth in female imprisonment and this growth is substantially higher among women of color.

### **63. Drug-Related Crime and Substance Use Among Prisoners in Europe**

## ***Drug Use and Related Health Services in European Prisons: Achievements and Challenges***

Dagmar Hedrich, *European Monitoring Center for Drugs and Drug Addiction, Lisbon, Portugal* (dagmar.hedrich@emcdda.europa.eu)

On a given day, more than 600,000 people are in prisons in the European Union countries and many more pass through the prison systems in the course of a year. Drug users form a large part of the prison population and the risk of transmission of infections, such as with the hepatitis C virus and HIV is elevated. Increased drug use-related and sexual risk taking behavior due to the specificity of the setting and lack of access to prevention options may aggravate the burden of infectious diseases. Recent European and international database linkage studies identified an extremely high risk of drug overdose mortality among newly released prisoners. The health needs of drug users in prison are diverse and complex as the majority suffers from comorbid psychiatric disorders. While European prison health standards provide an important frame of reference for delivering equivalent quality to those in the community, drug-specific service provision shows gaps, compared with services available outside. As prisoners move into and out of the general community, poor prison health affects the health of the community in general. Imprisonment has been identified as an opportunity to intervene and provide treatment to drug users, leading to their better health and also reducing risks to the community on their release. This presentation gives an overview of drug-related health policies and services in prisons, based on data provided by the Reitox network of drug focal points in twenty-eight EU countries and Norway.

## ***Diversions Procedures for Drug-Related Crimes: A Comparison of Allegedly Delinquent and Convicted Opioid Addicts in Austria***

Gabriele Fischer, *Medical University of Vienna* (Gabriele.fischer@meduniwien.ac.at)

Drug users are significantly over-represented in the prison population with up to 50% meeting diagnostic criteria for drug abuse or dependence. Discrepancies in court sentences within the EU highlight the heterogeneity of dealing with opioid dependence in relation to crime. A standardized assessment of medical, psychological and juridical data on the implementation of alternatives to coercive sanctions in Austria, including a comparison of allegedly delinquent and convicted opioid addicts, revealed that Austrian judges basically make the right decision and only sentence imprisonment to patients with more severe crimes (concomitant property or violent crimes committed in addition to drug possession/dealing) and offer health-related measures (HRM) to individuals charged with crimes related to drug possession. However, more than 80% of patients undergoing HRM had previous convictions and the alarmingly high rates of psychiatric comorbidities (severe depression: 62.5%, anxiety disorders: 58.3%, suicidal ideation: 45.8%) are apparently not adequately recognized and treated. Thus, specialized and interdisciplinary trainings for all parties involved and an increased dialogue between the justice

system and medical experts are needed to ensure a high standard of care including structured diversion procedures, not only to improve the outcome of affected individuals but also substantially lower societal costs and ensure a better return of investment.

### ***Illicit Drug Policy in Spain: The View of Health and Legal Professionals***

Marta Torrens, *Institut de Neuropsiquiatria I Addiccions* (MTorrens@imim.es)

In Spain, institutional drug policy is focused on risk and harm reduction approach for drug users and repressive policy is reserved to criminal behavior (i.e., trafficking). Still, many prisoners, which are also drug addicts, are convicted for drug-related crimes. To investigate the state of the art and evaluation of present policy in Spain, from both health providers' as well as lawyers, judges and policemen's point of view, a total of 206 questionnaires and eighty-two qualitative interviews were conducted. Main results show that the health-care providers group and the "legal" group agreed on many aspects, such as the claim for a stronger cooperation between health providers and legal administrators. Both argued that punishment is not effective in reducing either drug use or drug-related crimes, and that treatment substituting conviction is not implemented as often as necessary. Health care providers claim for a further improvement of treatment availability and quality, whether legal group are satisfied with treatment standards. Results of the interviews indicate that Spanish professionals of different fields dealing with addiction related problems, claim for an even broader application of treatment measures as alternative to imprisonment for crimes directly related with addictive disorders.

### ***Associations between Substance Use and Type of Crime in Prisoners with Substance Use Problems: Violence and Fatal Violence versus Other Crimes***

Anders Hakansson, *Lund University* (anders\_c.hakansson@med.lu.se)

Substance misuse is associated with violent crime, but less is known about the prevalence of specific substances in criminals sentenced for violent crime. This study aimed to compare substance use patterns between clients with violent and non-violent crime, and between perpetrators of fatal and non-fatal violence. Prisoners with problematic substance use (N=4,202) were interviewed with the Addiction Severity Index. Main crime from the sentence was derived from the national criminal justice registry. Compared to all other clients, perpetrators of violent crimes were less likely to report drug injecting and homelessness. Compared to criminals with acquisitive or drug crime, violent criminals reported more binge drinking and less illicit drugs, and more use of sedatives than in the drug crime group. In multivariate regression, violent crime was associated with binge drinking, sedatives, and with absence of amphetamine, heroin, cocaine and injecting. Within the violent group, fatal violence was negatively associated with

amphetamine, homelessness, age and heroin, but tended to be predicted ( $p=0.06$ ) by sedatives. Among criminals with substance misuse, verdicts for violent crime may be related to sedatives and alcohol, rather than illicit drugs. For fatal violence, sedatives appeared to be a predictor, in contrast to illicit drugs.

## **64. DSM-5**

### ***Hoarding Disorder: Biology, Art, and the Law***

Amelia Merz, *Hines VA Hospital, Chicago, USA* (Amelia.merz@gmail.com)

This presentation will review the diagnostic criteria for Hoarding Disorder and discuss its new designation as a disorder separate from OCD in the DSM 5. We will explore the various subtypes of the disorder and discuss how they present clinically. The proposed etiologies of this complex and little understood illness will be discussed in the context of recent neuroimaging studies. Hoarders have been found to view everyday objects with unique emotional responses and they may have novel spatial processing. These theories will be explored by looking at the work of the American artist Andy Warhol, whose own hoarding disorder may have enriched or even defined his artistic rendering of everyday objects as art. We will also look briefly at the controversy surrounding some city ordinances regarding hoarding and the concern that this is criminalizing a mental illness.

### ***The Social Construction of Depression in the DSM-5***

Allan Horwitz, *Rutgers University* (ahorwitz@sas.rutgers.edu)

For thousands of years psychiatric thought separated two distinct types of depressive conditions. The first arose “with cause” from losses and threats in the external world and dissipated with the passage of time or when its generating causes disappeared. The second were either not precipitated by external events or endured with disproportionate severity or duration relative to their initial causes. This separation endured until the DSM-III abandoned this distinction and used symptoms in themselves as the basis for defining depressive disorders without consideration of the relationship of these symptoms to social stressors. This manual, however, made an exception for depressive conditions that emerged after the death of an intimate. The DSM-5, however, abandoned even this narrow bereavement exclusion and so treats all conditions that meet symptomatic criteria as depressive disorders. This talk considers how social considerations help explain why psychiatry’s definition of perhaps its most central condition is regressing, with a resulting diminution of its ability to explain the causes, consequences, and treatments for depressive disorders. It also emphasizes the need for psychiatric classifications to consider social context as well as biologically-grounded symptoms in definitions of depression and other mental disorders.

## ***Ethical and Legal Challenges of Dimensional Disorders as Classified by the DSM-5 and ICD-10***

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

As the new edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5, 2013), along with the *ICD-10*, become implemented in healthcare systems worldwide, meeting the mental health and social needs of patients, particularly those diagnosed with dimensional disorders such as Autism Spectrum Disorder (ASD), may be difficult. In a recent article in *Nature* (April 2013), researchers have found that mental disorders and their causes (genetic) often overlap without distinct boundaries, contrary to how most mental disorders are classified and valued among the medical community. This debate between dimensional and discrete categories is fraught with legal and ethical challenges (e.g., increased mental health issues in criminal cases and/or lack of access to resources). These challenges may be exacerbated by the resistance among drug and health insurance companies and patients and their families who may place greater value on specific labels compared to dimensional ones that lead to financial profit and diminished social stigma. Such ethical and legal challenges will be discussed in this presentation, along with commentary regarding possible resolutions.

## ***How Values Shape Disease Classification***

William Stempsey, *College of the Holy Cross* (wstempsey@holycross.edu)

That value judgments are inescapable in psychiatric diagnosis is generally well established. This presentation focuses not on the diagnostic process itself, but rather on the way disease classifications are constructed. It examines how values essentially influence nosology. The argument applies to all sorts of disease, and involves analysis of three of the currently most important classifications: the International Statistical Classification of Diseases and Related Health Problems (ICD-10), the Systematized Nomenclature of Medicine (SNOMED), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). It will, however, single out mental disorders in a comparison of the fifth chapter of ICD-10 and DSM-5. First, the words “disease,” “dysfunction,” and “disorder” all carry connotations of something gone wrong; this immediately introduces a value component into the concept of disease itself. Second, we classify diseases for different purposes, which are driven by various particular values. Third, the introduction of certain values into disease classifications is logically necessary. Ideally, nosologies aim to be exhaustive and also to have disjoint classes. However, no nosology can at the same time be exhaustive and contain perfectly disjoint classes; choices must be made to emphasize what we value most. All these factors introduce ineliminable values into disease classification.

## ***Emotional Intelligence of Patients with Multiple Sclerosis***

Mahsa Ghajarzadeh, *Tehran University of Medical Sciences* (m.ghajarzadeh@gmail.com)

Mahsa Owji, *Tehran University of Medical Sciences*

Mohammad Ali Sahraian, *Tehran University of Medical Sciences*

Abdorrezza Naser Moghadasi, *Tehran University of Medical Sciences*

Amirreza Azimi, *Tehran University of Medical Sciences*

The aim of this study was to evaluate Emotional Intelligence (EI) in cases with MS. One hundred sixty six clinically definite MS and 110 healthy subjects were enrolled in this study. All participants filled valid and reliable Persian version Emotional Quotient inventory (EQ-i) questionnaire which had been developed due to Bar-On model. Mean EI total score and 12 out of 15 subscales were significantly different between patients and controls. Total EI score and most of its subscales were significantly higher in patients with RR (Relapsing Remitting ) than Secondary Progressive (SP) ones. There was significant negative correlation between EDSS and total EI score ( $\rho = -0.4$ ,  $p < 0.001$ ). Multiple linear regression analysis between the EI as a dependent variable and sex, type of disease, level of education, age and marital status as independent variables in patients showed that type of disease and level of education are independent predictors of EI. Emotional intelligence as the ability to behave better and communicate with others should be considered in MS cases as their physical and psychological health are affected by their illness.

## **65. Eating Disorders: Psychiatry Meets Family Medicine**

Shailesh Nadkarni, *National Research Corporation, Markham, Canada*

([snadkarni@nationalresearch.ca](mailto:snadkarni@nationalresearch.ca)) – Chair

Statistics on prevalence are useful in initiating discussion on eating disorders, and in encouraging people to help work toward the healing. According to a 2002 survey, 1.5% of Canadian women aged 15–24 years had an eating disorder. The prevalence of anorexia and bulimia is estimated to be 0.3% and 1.0% respectively. They appear to increase during the transition from adolescence to young adulthood. Anorexia nervosa has the highest mortality rate of any psychiatric illness – it is estimated that 10% of individuals with AN will die within 10 years of the onset of the disorder. The eating disorders have notable psychiatric and medical sequelae. Anorexia nervosa has the highest mortality of all psychiatric conditions. Eating disorders are now commonly managed within mental health services, with the addition of medical services for those with high medical risk. Treatment may need to be divided between services near the family and those at the place of higher education. Simultaneously patients may move from adolescent to adult services and away from parental involvement in treatment. Tiers of intensity/skills core competencies within different specialists and organisational structures and links between them have to be negotiated for efficient treatment.

## ***Eating Disorders: an Evading Enigma***

Pallavi Nadkarni, *Queen's University* (nadkarnp@kgh.kari.net)

Eating disorders are mental health conditions involving preoccupation with body weight and eating. One in one-hundred adolescent girls develop anorexia nervosa, and five in one-hundred develop bulimia nervosa. 6% of patients with anorexia nervosa & 2% with bulimia nervosa die per decade (Sullivan, 2002). 10 to 50% go undetected in primary care as they evade their symptoms. Amenorrhoea, polycystic ovarian syndrome or uncontrolled diabetes may mask an eating disorder. Females in the reproductive group can present with complicated pregnancies, small for gestational age babies and higher rates of post-partum depression. Family physicians play an immense role in screening the disorder and in monitoring physical complications arising from it. The SCOFF screening questionnaire can aid early referral to eating disorder programmes. Affective and anxiety disorders are common comorbidities. Lacey's multiimpulsive bulimia nervosa places a large demand on the psychiatry services (Lacey, 1993). Most guidelines recommend not using medications for mild depression and anxiety and relying on CBT based approaches. As per Canadian guidelines, bupropion is contraindicated in active bingeing and purging. A holistic care package that addresses mental and physical health is advisable to improve outcome. This session will also highlight salient differences between the DSM- IV and DSM-5 diagnostic categories.

## ***Eating Disorders and Substance Use: The Missing Link***

Nadeem Mazhar, *Queen's University* (mazharm@kgh.kari.net)

The comorbidity of eating disorders and substance use disorders is high. Substances such as tobacco, caffeine and stimulants may be used for their weight loss effects. Alcohol or other psychoactive substances can be used as a pattern of impulsive behavior. In individuals with eating disorders, comorbidity with substance use disorders leads to increased complications, poorer functional outcomes and higher relapse rates. It is important to screen for co-morbid substance use disorder and eating disorder in individuals presenting with either disorder. Current evidence suggests that the eating disorder and substance use disorder should have an integrated treatment using a multi-disciplinary approach. Common therapeutic interventions used include psycho-education, cognitive behavioral therapy and more recently dialectical behavioral therapy. Due to relative paucity of studies on treatment of co-occurring eating disorders and substance use disorders, this area could benefit from further research.

## ***Eating Disorders: Covering the Life-Span***

Sarosh Khalid-Khan, *Queen's University* (khalids@hdh.kari.net)

Eating disorders such as anorexia nervosa (AN) and bulimia nervosa (BN) are increasingly prevalent among children and adolescents. AN is a biopsychosocial disorder and individual, familial and cultural factors all contribute to its development. Clinical signs of AN are those of protein calorie malnutrition. BN is characterized by binge eating followed by purging, which extends over a period of greater than three months and occurs more than twice a week. When metabolic decompensation occurs, it is an indication for hospital admission. Electrolyte disturbances have to be monitored during refeeding. Risk factors for development of eating disorders are depression, poor body image and being teased. Treatment, which can occur in inpatient, day treatment, or outpatient, is conducted in a team setting. Medical management includes emphasis on weight gain and nutrition. Psychiatric treatment includes treatment of comorbid disorders and development of coping skills in the patient. The presentation will focus on the outpatient treatment in adolescents with eating disorders at Hotel Dieu Hospital affiliated with Queen's University in Kingston, Ontario, Canada. In addition the following will be discussed: prevalence of eating disorders in adolescents, scope of the problem, DSM-V diagnostic criteria of eating disorders and risk factors.

## **66. “Eating to Death” in Prader-Willi Syndrome: Have Personal Rights Gone Too Far?**

### ***The Ethics of Personal Rights in Persons with Prader-Willi Syndrome***

Hubert Soyer, *Regens-Wagner, Absberg, Germany* (hubert.soyer@regens-wagner.de)

Individual autonomy, including the freedom to make one's own choices is a guiding principle for many who work with persons with intellectual and developmental disability. This principle has been enumerated by the United Nations at a convention in 2006 and over 150 countries or regional integration organizations are signatories. Optimizing individual autonomy can be challenging in persons with Prader-Willi syndrome, especially with respect to food. This presentation will outline the ethical dilemmas faced by individuals with Prader-Willi, families, caregivers, and professionals.

### ***What Makes Prader-Willi Syndrome So Challenging When Discussing Personal Rights?***

Janice Forster, *Pittsburgh Partnership, Pittsburgh, USA* (janiceforstermd@aol.com)

Prader-Willi syndrome is due to the failed expression of multiple genes of paternal origin on chromosome 15. It is the most frequent cause of genetic obesity. In this syndrome, feedback circuits telling the person to stop eating are broken, resulting in insatiable eating, morbid obesity, and death. It is hypothesized that enhanced reward circuitry in the brain drives hyperphagia and

leads to other excessive behaviors. A lack of cortical inhibition in the brain impairs judgement, regardless of intellectual capacity, resulting in challenging, life threatening behavior. By controlling food acquisition in the environment while providing psychological food security, hyperphagia can be managed and both health and quality of life are improved.

### ***“Eating to Death” in Prader-Willi Syndrome: What Has Evolved in the Past Two Decades?***

Jeffrey Bennett, *Southern Illinois University* (jbennett@siumed.edu)

Nearly two decades ago, Dykens and co-workers<sup>1</sup> opined that however well-meaning the personal rights advocacy for persons with intellectual and developmental disabilities, promoting unfettered food choice in persons with Prader-Willi syndrome (PWS) can create premature morbidity and mortality. They argued that overeating in PWS is highly physiological and not motivationally based, and hence, persons with PWS require “a lifelong need for external food controls.” The controversy regarding autonomy, decision-making, personal autonomy is ongoing. This presentation provides research and clinical data highlighting the evolution and implications of the debate over the past twenty years.

### ***Behavioral and Mental Health Challenges in Prader-Willi Syndrome versus the Challenges of Treatment***

Robert Pary, *Southern Illinois University* (rpary@siumed.edu)

A key tenet of clinical treatment is that the benefits of treatment should outweigh the risks. In keeping with the other presentations of this group, Prader-Willi syndrome underscores some of the challenges of this basic tenet that benefits should outweigh risks. Some of the medications, such as neuroleptics, have the potential for weight gain. Behavioral treatments such as locking the refrigerator in the home can restrict rights. This talk will review the current best practices in the treatment of behavioral and mental health challenges in PWS.

## **67. Environmental Social Work, Gender Issues and Climate Changes (I)**

### ***The Impact of Slow-Onset and Catastrophic Climate Events on Mental Health and Well-Being: Understanding the Relevance of the Environment to Social Work Practice***

Margaret Alston, *Monash University* ([margaret.alston@monash.edu](mailto:margaret.alston@monash.edu))  
Tricia Hazeleger, *Monash University* ([tricia.hazeleger@gmail.com](mailto:tricia.hazeleger@gmail.com))

This paper examines the impact of two contrasting climate events on the mental health and well-being and the people and communities directly impacted. The two events that form the basis of this paper are a slow-onset drought that affected a significant part of the Australian continent for much of the 1990s and early 2000s, and an extreme bushfire event (colloquially known as the Black Saturday bushfire) that affected large sections of Victoria in 2009. One hundred and seventy people lost their lives and over 2000 homes were lost. Research conducted with people affected by both of these events will be presented. The paper focuses on the government, institutional and social work responses to these events and draws conclusions on policy and practice. The paper concludes with recommendations relating to disaster preparedness and post-disaster responses by social workers.

### ***Post-Disaster Experiences – Lessons from the Frontline***

Desley Hargreaves, *University of Queensland* ([desleyharg@outlook.com](mailto:desleyharg@outlook.com))

This paper draws on the experiences of people on the frontline of major disaster crisis interventions. The presenter headed up Australia's Centrelink social work services for several years and was responsible for deploying social workers across the region into disaster zones. This paper draws on her experiences following the Bali bombing in Indonesia in 2002 and following the Black Saturday bushfires in Australia in 2009. The presentation will explore the challenges of establishing services in different cultural and jurisdictional contexts, while focusing on providing services to support families of victims and survivors immediately post disaster or at critical times such as trials of alleged perpetrators and anniversary commemorations. Lessons learned from the work in Bali influenced social work interventions by Centrelink social workers to a range of subsequent onshore and offshore disasters. The presentation will discuss how those lessons influenced the presenter's contribution to the development of a case management service in response to the Victorian bushfires.

### ***Global Resilience through Opportunities for Women (GROW): Applied Strategies from Ghana and the US in the Context of Environmental Hazards***

Robin Ersing, *University of South Florida* ([rsersing@usf.edu](mailto:rsersing@usf.edu))

Hazard research has linked gender inequality to a number of deleterious effects for women due to their increased social and economic vulnerability. Climate related events such as hurricanes and floods, as well as various other environmental hazards, exact an unacceptable toll on the lives of women and their children. As a result, the empowerment of women to promote disaster

risk reduction is a global concern. This paper presents several voluntary grassroots approaches used by women in an urban slum in Ghana, Africa and a migrant farmworker community in Florida, USA, to recover from the impact of environmental hazards and build resilience for themselves and their respective communities. Using methods of community-based participatory research, focus group and other qualitative data are analyzed to report on similarities and differences in the way women in both countries perceive hazards. Also examined is the manner in which these women use personal and community assets such as social networks, to mobilize resources and promote strategies for sustainable resilient recovery. Lessons learned from women in both countries send an important message to emergency planners, social workers, and others in environment and hazards fields to help women understand their personal vulnerabilities and strengths, along with those of their communities, and incorporate these insights into disaster management plans. The paper concludes with a discussion on the development of a Global Resilience through Opportunities for Women (GROW) toolkit.

### ***Promoting Disaster Recovery and Reconstruction Practices and Policies for All***

Julie Drolet, *University of Calgary* (jdrolet@ucalgary.ca)

The Rebuilding Lives Post-Disaster partnership brings together an international research team to investigate the social, economic and gender impacts of the reconstruction efforts. The goal of the research is to advance knowledge in long-term community-based disaster mitigation strategies by exploring sustainability, equity and livelihoods post-disaster in small cities and rural communities in Canada, USA, Australia, India, Pakistan, and Taiwan affected by natural disasters. Research findings will be shared on community-based disaster mitigation strategies and emergent best practices, policies and lessons learned. The project is significant because it provides a range of community perspectives of interest to stakeholders such as emergency service volunteers, emergency managers, educators, social workers, community practitioners, and the social sciences, particularly in the relationship between the social construction of disasters, climate change adaptation and mitigation, the environment, and sustainable development.

### **68. Environmental Social Work, Gender Issues and Climate Changes (II)**

#### ***Local Capacity Building in Humanitarian Crisis: an Effective Strategy for Bangladesh***

Golam Mathbor, *Monmouth University* (gmathbor@monmouth.edu)

Hazards are increasing because of climate change. The burning of fossil fuels is adding to climate changes. A major disaster can push people deeper into poverty and deplete the financial resources of a country. Bangladesh is prone to disaster resulting in heavy damages in economic, social and human life. The main causes are the high vulnerability of people, dilapidated housing, low lying land and lack of infrastructure. Well-coordinated policies and planning are required to strengthen disaster management cycles. In addition long term psychological effects must be considered. This paper will discuss an effective strategy to empower vulnerable populations to deal with climate disasters in Bangladesh.

### ***Post-Tsunami Recovery in South India: Including the Excluded***

Miriam Samuel, *Madras Christian College* ([mirisam@rediffmail.com](mailto:mirisam@rediffmail.com))

The tsunami of 2004 that battered the coast of South Tamil Nadu in India left behind a trail of destruction of property and loss of life that shocked the country and global community. The immediate outpour of humanitarian response helped to take care of immediate short term needs of the affected communities. Almost 10 years have passed since then, and it is imperative to take stock of the long term reconstruction process: what worked and what has sustained over the years? Literature available indicates that recovery of the community from a disaster is a long term process. In the Indian context, community characteristics of caste, gender, poverty, social networks and social capital and structures such as the panchayat System of local self governance and the women's self- help group played a major role in influencing the recovery and reconstruction process. A case study research within the framework of qualitative research was initiated in response to the reconstruction challenges faced by affected communities impacted by natural disasters in small communities in Canada, USA, Pakistan, Australia, Taiwan and India. The study that is funded by SSHRC brings together social work researchers and community partners across these countries to advance knowledge in long term community-based recovery by exploring meanings and understandings of sustainability, equity and livelihood options among affected communities engaged in post-disaster recovery and reconstruction work. This presentation will share the findings of the post-tsunami work in India from a gender and equity perspective. Given the fact that the scope of social work in the areas of climate change and vulnerability has widened over the years, these findings will help explore the role and responsibility of social work in disaster work.

### ***BC Wildfires – Recovery/Renewal Ten Years Post Disaster***

Grant Larson, *Thompson Rivers University* ([glarson@tru.ca](mailto:glarson@tru.ca))

In the summer of 2003, two thousand five hundred (2500) catastrophic wildfires rages through the interior of British Columbia, Canada, burning hundreds of thousands of hectares of forest and destroying homes and businesses of many residents. Extremely hot weather, drought, and an

infestation of mountain pine beetle, largely related to climate change/variability, contributed to these wildfires which destroyed hundreds of homes, businesses and the livelihoods of several communities. This paper will present a case study of two notable wildfires (one in Kelowna, BC, the other in Louis Creek, BC) that explored the concepts of recovery and renewal, and long-term sustainable reconstruction 10 years after the fires. Interviews and focus groups with key informants such as affected residents, emergency responders, government officials and non-governmental aid agencies, revealed substantial differences between the two communities post disaster in terms of recovery and renewal. Respondents from one community reported full recovery, while respondents from the other community indicated there had been no sustainable recovery or renewal. Analysis of these community case studies suggests a difference in the urban/rural context, the wealth and prosperity before disaster, inequitable recovery responses, the politics of recovery processes, and in the economic livelihood of the communities. Affected residents in one community displayed remarkable anger and frustration with reconstruction efforts and reported that after ten years, they had been unable to 'move on.' This community also reported extensive disruption to family life, and an increase in mental distress, substance use and violence. Suggestions for developing long-term sustainable renewal of communities were explored, and among other ideas, respondents indicated the need for 'a strong local voice' in decision-making and in developing sustainable renewal plans.

### ***Indigenous Women Use Ecology to Reconstruct Their Tribes after the Strike of Typhoon Morakot in Taiwan***

Yenyi Huang, *National Chi Nan University* (yenyicatherine@gmail.com)

Chaohsing Huang, *Chang Jung Christian University* (chaohsing102@gmail.com)

After Typhoon Morakot, many indigenous tribes searched for a way to go home and to reconstruct their tribal settlements. This article examines the ways that indigenous women have employed environmentally friendly agriculture to reconstruct their own tribes after the strike of Typhoon Morakot in five indigenous areas of southern Taiwan and to connect them with rebuilding with nature efforts across the world so we can learn from them. Thus, this article acknowledges women's views of sustainable development and their strategies to achieve it. The data used in this article are mainly based on the author's field notes from when the author visited five indigenous tribes to review their projects from 26-27 December 2014. Indigenous women's disaster work after the strike of Typhoon Morakot in Taiwan can be characterised by using informal space to carve out their formal positions, using their concerns in the private sphere to enter the public domain and complying with their traditional roles but simultaneously seeking to challenge them. Moreover, women can straddle both the private and public domains, and move in and out of these at different points in their lives. They can play multiple roles and have multiple identities as mothers, wives and disaster workers. This study explores women's efforts and local strategies for the sustainable development of their tribes, but the author does not suggest that women are the sole saviours of the environment. To be prepared to respond to calamities, a network should be constructed within the tribes enabling members to help and take care of one another. It is a shame that these five projects studied will be closed in June 2015.

Once grants and NGOs are withdrawn, the continuity of post-disaster reconstruction will be hampered. It is suggested that resources can be deployed to grow local community-based organisations in the long term.

## **69. Ethical Dilemmas in Research and Clinical Practice in High Secure Settings**

### ***Ethics of the Use of Neuro-Imaging in Diagnosing Forensic Psychiatry Patients***

Mrigendra Das, *Broadmoor High Secure Hospital, West Berkshire, UK*  
(mrigendra.das@wlmht.nhs.uk)

In the last few decades the advent of new technologies such as structural & functional magnetic resonance imaging (MRI) and magnetic resonance spectroscopy has found application in the investigation of forensic psychiatric populations. Neuro-imaging is used to investigate psychopathology of forensic psychiatric populations and study associations between neuro-imaging findings, mental disorder and violent offending. Structural and functional magnetic resonance imaging is used to investigate the whole brain, frontal/temporal lobe, cerebellum, temporal lobe, the basal ganglia, thalamus, hippocampus and amygdala in violent schizophrenia and antisocial personality disorder (APD). Research findings suggest there are some common neural anomalies, yet some neuro-anatomical differences in violent schizophrenia and APD. Other research found associations between brain/structures regulating emotion regulation and the violent mentally disordered. Here we present the findings from neuro-imaging studies conducted in a UK high secure psychiatric hospital and we discuss ethical issues arising out of this. These findings have raised the issues of attributing responsibility in offenders, predicting/formulating risk, and potential of being used in courts of law; and concerns that neuro-imaging is not yet a precise science.

### ***Ethical Issues in the Use of Polygraph Test in Forensic Psychiatric Populations***

Artemis Igoumenou, *Queen Mary University of London* (a.igoumenou@qmul.ac.uk)

The modern polygraph has primarily been used to detect deception by identifying changes in physiological parameters (e.g. respiration, pulse rate, galvanic skin response) which are triggered by a 'stress response' to specific questions. Increasingly, polygraph testing is also being considered as a useful tool to aid disclosures among sex offenders. This technique is known as post-conviction sex offender testing (PCSOT). A recent large-scale review by the UK Ministry of Justice found that polygraph testing increased the chances of sexual offenders revealing information - or making clinically significant disclosures - which in turn aided their

management, supervision, treatment and risk assessment. A proponent view for PCSOT is that it is not used as a 'lie detector' in sex-offenders, but as a truth facilitator, thus making rehabilitation more successful. This presentation aims to illustrate the clinical benefit of polygraph testing for mentally disordered sex offenders. It tells the story of high risk sex offender patients at a high secure psychiatric hospital who have, in the past, been difficult to treat. They were tested using PCSOT, to assist in making disclosures regarding their sexual history and aid their progress in treatment and management in less secure psychiatric settings. We discuss the evidence, ethics and controversies of the use of PCSOT.

### ***Ethical Issues in the Treatment of Pre-operative Transgender Female Inpatients in Secure Settings***

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Artemis Igoumenou, *Queen Mary University of London* (a.igoumenou@qmul.ac.uk)

The current practice in UK psychiatric hospitals requires admission in one sex wards, separating female from male psychiatric inpatients. However, there are occasions where this division can be proven challenging. Such example is the treatment of transgender male and female forensic psychiatric patients, mainly those that are preoperative. We present the ethical issues concerned in the treatment and inpatient care of a preoperative female to male transgender with psychotic illness and comorbid personality disorder. Issues such as ward environment and dynamics, vulnerability, dignity, peer relationships and staff reactions are important to consider. This case presentation aims to illustrate the ethical and clinical difficulties in the management of mentally disordered transgender offenders. It tells the story of a preoperative transgender female patient at a secure psychiatric hospital that has been difficult to treat. We discuss the dilemmas and challenges present in this case that differ from those posed in postoperative transgender cases and can affect the progress in treatment and management.

### ***Ethical Issues in the Use of Anti-Libidinal Medication in Sex Offender Populations, with and without Consent***

Callum Ross, *Consultant Forensic Psychiatrist, Crowthorne, UK* (callum.ross@wlhmt.nhs.uk)

Surgical castration has been used as a means of social control for centuries and in male prisoners with serious sex offending as a method to reduce recidivism since 1800s. With the introduction of modern hormone therapy, surgical castration was replaced by 'chemical castration' or use of chemicals to modify sexual drive. With the use of progesteronal hormonal compound diethylstilbestrol in 1944, numerous other agents have been used to negate sexual drive in male

sex offenders, such as medroxyprogesterone/cyproterone acetate and more recently gonadorelin analogue such as triptorelin. Currently, thus antilibidinal medications are used either voluntarily or coercively depending on the prevailing legal framework. The use of such medication for the treatment and management of paraphilias is rarely in isolation and often part of a complex care plan that includes psychotherapeutic and psychological interventions. Sexual offenders quite often are offered 'chemical castration' as a mean to increase their autonomy, as an alternative to imprisonment or as a condition for their parole or discharge from hospital settings; and with the expectation to improve outcome. In this presentation we will address ethical concerns over the prescription and use of antilibidinal agents used for chemical castration, especially in secure hospital settings. We will focus on issues around consent, coercion, rationale and medical responsibility.

## **70. Ethics and Expert Evidence: the Oscar Pistorious Trial**

### ***Ethical Conduct Concerning Court Proceedings***

Albert Kruger, *High Court in South Africa* (albertkr@vodamail.co.za)

This paper investigates the long-standing uneasy relationship (because of different approaches and aims) between law and psychiatry from an ethics point of view. What is at the heart of ethics? Can courts of law in the final instance determine what correct ethical conduct would be? Psychiatrists are trained to treat. When involved in court proceedings, the psychiatrist has to deal with questions and issues that do not generally form part of the daily work of the psychiatrist. Moving on unfamiliar terrain the answers to ethical questions do not always readily come to mind. Are there different ethical rules for psychiatrists and lawyers? Do the ethical rules of a treating psychiatrist differ from those of a psychiatrist giving expert evidence in court? Should psychiatrists be used as trial consultants? Should a psychiatrist assist counsel in court to formulate questions put during cross-examination? What is the value of expert evidence to the court? Hypothetical questions are discussed. Conscious and unconscious bias should be avoided in ethical conduct. What are the attributes and essentials for success from a legal and psychiatric point of view for the expert witness bearing in mind the ethical perspective?

### ***The Benefits and Pitfalls of Audio and Televised Trials: The Case of Oscar Pistorius***

Annette van der Merwe, *University of Pretoria* (annette.vandermerwe@up.ac.za)

In the murder trial of Oscar Pistorius it was ordered that the entire trial could be broadcast in audio and televised form. Unlike the majority of the state's police and expert witnesses, the state pathologist objected to the live broadcast of his evidence on the basis that it would harm the dignity of the deceased and her family (in his case, the court permitted, if the parties consent, a

delayed broadcast of a summary of his evidence). In his cross-examination of the accused (who also opted not to be televised), the state prosecutor fiercely dealt with the issue of his 'staged' public apology, his lack of taking full responsibility for his actions and also used visual material depicting the deceased after the fatal incident. This paper examines the possible benefits of, as well as, the challenges created by such a televised trial with particular reference to victims' issues, such as the preservation of the dignity and privacy of both Reeva Steenkamp and her family, the grieving and healing process of the deceased's family and the handling of the apology in a public forum.

### ***Dilemmas in Psycho-Forensic Assessment in South Africa: An Overview with Reference to the Oscar Pistorius Case***

Dap Louw, *University of the Free State* (louwda@ufs.ac.za)

Psycho-forensic assessment is often enshrouded by controversy. This is especially the case in countries with different and unique cultures, legislation and psycho-political histories. South Africa is no exception. Mental health professionals are frequently struggling with challenges such as non-standardized psychometric assessment which usually forms an integral part of psycho-forensic assessments. Certain individual cases also bring new disputes to the fore. For example, the Oscar Pistorius case where questions were raised on aspects such as the relationship between mental incapacity and mental disorders, outpatient versus inpatient psychiatric observation, and the impact of the televised court proceedings on future potential witnesses.

### ***Trial by Media, Does This Include Evaluation by Media?***

Merryll Vorster, *University of the Witwatersrand*, (merryll@mweb.co.za)

A highly televised case such as the Oscar Pistorius trial results in every piece of evidence being discussed, not only by members of the public, but also by various professionals who have not had the benefit of personally evaluating the accused. This results in a wide range of misinformation and confusion by the public. Individuals who may have a psychiatric diagnosis, in this instance Generalised Anxiety Disorder, are unable to understand how this relates to the offence under consideration. Most people have no prior experience of court rooms and assume that information obtained from movies and television programmes is correct and factual. When faced with this type of "reality show" they become rather over-involved and self-diagnose or even make assumptions about the mental health of family members and friends, without being able to ask direct and appropriate questions. The suitability of such live programming as well as suggestions of methods to make them less threatening and more educational is discussed.

## **71. Ethics of End-of-Life**

## ***Cardiac Devices and Ethical and Legal Implications for the Determination of Death***

James Kirkpatrick, *University of Pennsylvania* ([james.kirkpatrick@uphs.upenn.edu](mailto:james.kirkpatrick@uphs.upenn.edu))

Death has been a controversial subject for hundreds of years. How death is defined has had profound ethical and legal implications for medical practice, including setting the stage for the legal harvesting of vital organs used in transplant. Definitions of death are distinct but related to the tests and criteria used to diagnose death. Recent technological advances call into question the adequacy of traditional criteria and tests and raise the possibility that how death is defined may one day become a matter of personal choice. This presentation will review the ethical, social and legal history of criteria for diagnosing death, from tissue decompensation to modern tests for brain death, highlighting the shift from neurological criteria to cardiopulmonary criteria and back again. Implications of recent device-based technological advances in cardiovascular medicine and resuscitation science will be reviewed. These advances, along with established practices such as donation after cardiac death, complicate and, in a sense, relativize cardiopulmonary criteria for establishing a diagnosis of death. The presentation will discuss potential implications for decisions to deactivate devices and will propose a nuanced advance care planning framework for addressing these implications.

## ***Ethical and Legal Permissibility of Withdrawing Life-Prolonging Cardiovascular Device-Delivered Treatments from Patients Approaching Death: A US Perspective***

Paul Mueller, *Mayo Clinic, Rochester, USA* ([mueller.pauls@mayo.edu](mailto:mueller.pauls@mayo.edu))

Cardiovascular implantable electronic devices, such as pacemakers and implantable cardioverter-defibrillators (ICDs), and other cardiovascular technologies, such as the ventricular assist device, prolong life in patients with severe heart disease (e.g., potentially lethal dysrhythmias and heart failure). In fact, indications for cardiovascular device-delivered treatments are increasing. As a result, millions of patients have these devices. Patients with these devices who are approaching death (due to cardiovascular or non-cardiovascular causes) may request (or their surrogates may request) withdrawal of device therapies (e.g., reprogramming an ICD so that it does not deliver shocks). In this session, a principles-based ethics framework and the outcomes of landmark legal cases will be used to describe the ethical and legal permissibility (US perspective) of withdrawing life-prolonging cardiovascular device-delivered treatments from patients who are approaching death and no longer want the treatments. Also, the results of empirical research regarding the ethical aspects of life-prolonging cardiovascular technologies, including affected patients' perspectives, attitudes and practices of cardiovascular and other professionals, and the current state of advance care planning in affected patients, will be summarized. Finally, recommendations for practice and education innovations and research for improving ethical

decision-making and end-of-life care in patients treated with life-prolonging cardiovascular technologies will be outlined.

## ***Existential Suffering and Cura Personalis: Dilemmas at the End-of-Life***

George Smith, *Catholic University* ([smithg@law.edu](mailto:smithg@law.edu))

Existential, or non-somatic suffering, is often associated with the management of refractory pain at the end-stage of life. Because of misleading sympathologies, this condition is often either misdiagnosed or even ignored. When diagnosed as a part of a futile medical condition, this paper argues deep, palliative, or terminal sedation be offered to the distressed, dying patient as an efficacious and ethical response to preserving a semblance of human dignity in the dying process. Not only is this option of care humane and compassionate, it is consistent with the ideal of best patient care. This notion of care should not only address and include somatic issues of intractable pain management, but to non-somatic or existential suffering as well. Interestingly, sound holistic medicine traces its very provenance to the foundational value or chrism of cura personalis which directs respect be given to all individuals and to their souls. The importance of preserving human dignity should, thus, be recognized correctly as a human right. In sum, the doctrine of medical futility is a proper framework for evaluating degrees of end-of-life care. Acceptance of this principle, as such, allows – in turn – for a greater openness to utilize palliative sedation.

## ***Organ Donation of Mentally Ill Persons***

Karin Bruckmueller, *Johannes Kepler University Linz* ([karin.bruckmueller@jku.at](mailto:karin.bruckmueller@jku.at))

Since an organ donation is a severe intervention into the donor's physical integrity, limitations for potential donors are laid down by law in many countries. Thereby, the protection of the donors from rash and impetuous decisions is intended. In some countries, e.g. Germany, organ donation commissions, which are to determine if a donor consents to the donation truly voluntarily and autonomously, are appointed additionally to protect the donor. Especially with persons whose mental health is impaired the ability to consent and the resulting voluntariness regarding the donation is often even harder to judge than is already the case with healthy persons. Should these potential donors be entirely excluded from organ removal by law or in practice, even if they consent to the donation at a moment at which they are clearly able to consent? Or should the approach in such situations be a differentiated one and commissions or the physicians of the donor should decide the single case?

## ***The Ethics and Law of Non-Therapeutic Ventilation***

Trevor Stammers, *St. Mary's University, London* ([trevor.stammers@stmarys.ac.uk](mailto:trevor.stammers@stmarys.ac.uk))

Increasing need for organs for transplantation prompted the first use of elective ventilation in the UK in the 1990s. Recently, the shortfall in supply of organs has prompted calls for elective ventilation to be reinstated, even in potential donors who are not brain dead. This paper will propose that the term 'elective' ventilation is a misnomer and 'non-therapeutic ventilation' (NTV) should be routinely used instead. It will further argued that the practice of NTV in cases of severe stroke is unethical and can cause a variety of harms to the patient, their relatives, and healthcare professionals working in transplant teams, including adverse effects on the mental health of the latter.

Increasing use of NTV to provide more organs for transplantation could result in a backlash of reductions in the number of organ donations and adverse effects on transplant-team morale.

## **72. Evidence-Based Medicine, Expert Witnesses and Procedure**

### ***Expert Witnesses in an Age of Fiscal Austerity: a UK Case Study***

Timothy Wilson, *Northumbria University* ([tim.wilson@northumbria.ac.uk](mailto:tim.wilson@northumbria.ac.uk))

The comparative recent history of forensic pathology and forensic science in England and Wales reveals significant differences and sometimes paradoxical trends in the work and status of their practitioners, as expert witnesses, within the criminal justice system. Both disciplines have experienced the introduction of neo-liberal experiments by administrations of all political hues to replace traditional public sector institutional support. For forensic pathology this took the form of a carefully managed market and no diminution of professional or epistemic authority. The emergence of the pluralistic provision of forensic science resulted initially in significant advantages for both the prosecution and the defence. It is now feared, however, that the availability of reliable forensic science testimony is threatened by a potentially unstable private provider regime, partly as a consequence of the transfer of work to police scientific staff. This presentation will consider three questions relating to these concerns: (i) is a radical policy failing or is the root of the problem inadequate public funding that might ultimately also damage forensic pathology; (ii) to what extent is the Government's unwillingness to reform the law governing the admissibility of expert evidence relevant to the resolution of these problems; and (iii) could members of the disciplines affected undertake initiatives to achieve reforms in expert evidence that might reduce current and future risks?

### ***The Evolution of the Objective Cause Concept from the Medical and Legal Points of View***

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The characteristics of the objective cause concept are undergoing evolutions in the medical and legal areas, as can be observed in court rulings and in psychiatric diagnostic criteria.

In this presentation, the evolutions will be analyzed and discussed using two types of materials:

- a) a recent Israel Supreme Court ruling related to an appeal of an army officer who claimed to have developed a psychiatric disorder due to his army service; and
- b) the changes of the (A) diagnostic criteria of PTSD from the DSM III, through the DSM IV, till the recently published DSM V.

Awareness and understanding of those evolutions are helpful for psychiatrists in the process of preparing medical reports and/or acting as expert witnesses in court.

### ***Dangerous Diagnoses, Risky Assumptions, and the Failed Experiment of 'Sexually Violent Predator' Commitment***

Deirdre Smith, *University of Maine* ([deirdre.smith@maine.edu](mailto:deirdre.smith@maine.edu))

During the past 25 years, several U.S. states and the federal government have enacted laws based upon a new model of civil commitment. The targets of these indefinite detention programs are dubbed "Sexually Violent Predators," defined as a psychiatrically distinct class of individuals who, unlike typical recidivists, have a mental condition that impairs their ability to refrain from violent sexual behavior. The U.S. Supreme Court upheld this form of detention in 1997 on the assumption that the justice system could reliably identify the true "predators," those for whom this unusual and extraordinary deprivation of liberty is appropriate and legitimate, with the aid of testimony from mental health professionals. However, that assumption was seriously flawed. Therefore, the due process rationale used to uphold the SVP laws is invalid. The category of "Sexually Violent Predator" is a political and moral construct, not a medical classification. The implementation of the laws has resulted in the detention of thousands of individuals through a process based upon dangerous distortions of both psychiatric expertise and important legal principles, revealing an urgent need to re-examine the entire SVP commitment experiment.

### ***Ethics Based Medicine vs. Evidence Based Medicine: Methadone Maintenance Treatment as a Case Study for Rational Public Policy***

Timothy Christie, *Horizon Health Network, Miramichi, Canada* ([timothy.christie@horizonnb.ca](mailto:timothy.christie@horizonnb.ca))

Evidence Based Medicine (EBM) is the corner stone of contemporary medicine. A key component of EBM involves the identification of the most relevant "outcome." For example, in a population of people living with opioid addiction, some commentators might claim that the most important outcome is achieving abstinence, while others might advocate for a harm

reduction approach, i.e., an approach that minimizes the negative consequences of illicit substance use without requiring abstinence. Both of these are values judgments and are the proper domain of ethics.

**Objective:** The objective of this presentation is to use the Low-Threshold/High-Tolerance (LTHT) Methadone Maintenance Clinic located in Canada as a case study to highlight the role of ethics in EBM.

**Description:** The LTHT approach is novel in Canada. The “low-threshold” aspect refers to the removal of barriers that limit or delay access to Methadone Maintenance Treatment (MMT). The referral process is open, clients can be referred from any source, including self-referral. Intake assessments are minimized and patients are admitted sequentially from the wait-list. The “high-tolerance” aspect focuses on strategies designed to retain patients in treatment, for example, there is no mandated group or individual counseling, urine tests are scheduled not random, and the results are not used punitively as there is a “no involuntary discharge policy.”

**Results:** The LTHT approach has resulted in a 95% one-year retention rate, >60% reduction in illicit opioid use and significant reductions in cocaine use. The most telling result is the dramatic decrease in criminal activity among users of this clinic.

**Conclusion:** Policies and procedures associated with most Methadone Maintenance Treatment programs in Canada are ideologically based and counterproductive. The LTHT approach is safe, effective, and ethically justifiable.

## ***Drug Courts: High Time for Reassessment***

Robert Newman, *Beth Israel Medical Center, New York, USA* (rgnewmanmd@gmail.com)

Etymologically, the term “therapeutic jurisprudence” appears to be an oxymoron: “therapeutic”, from the Greek *therapeuein* –treat medically; and “jurisprudence,” from the Latin *juris* (law) and *prudentia* (proficiency) - the philosophy of law; a legal system (*The New Shorter Oxford English Dictionary*; 1993; Clarendon Press; Oxford). Furthermore, the contradiction is not just semantic but extends to the common practical application of the concept as illustrated by “drug courts.” The first “drug court” was introduced in Miami, Florida, in 1989. The stated intent was to “divert” people arrested on relatively minor drug-related charges from the usual prosecution-conviction-incarceration track to one that provides treatment for the problem of drug use/addiction. The result, it was hoped, would be substantial reduction of costs of prosecution and incarceration, easing of prison overcrowding and lowered rates of recidivism – while preserving the predominant role of the criminal justice system in pursuing the “war on drugs.” A fundamental flaw in the reasoning behind the concept is that if the defendant/patient shows evidence of the condition being treated – e.g., by “failing” urine drug screens – s/he faces imprisonment. Nevertheless, drug courts have gained widespread support and by 2014 some 3,000 have been established in the US, and they have been introduced in countries throughout the world. Objective: to stimulate reconsideration of this widely-heralded response to drug use and related crime – in essence, to encourage closer scrutiny of the Emperor’s new clothes. Conclusion: it is wrong, and inevitably counter-productive, to place in the hands of judges and prosecutors the responsibility and authority for diagnosing addiction and determining in

individual cases whether treatment is indicated, and if so, the nature of that treatment. For healthcare providers, irreconcilable ethical conflicts are associated with the imposition of an overriding obligation to meet expectations and demands of third parties, even when they conflict with the wishes and needs of their patients.

## **73. Examining Mental Illness and Criminal Behavior**

### ***Trauma and Its Relationship to Risk, Need, and Responsivity***

Eva Kishimoto, *University of Cincinnati* ([kishimotoeva808@gmail.com](mailto:kishimotoeva808@gmail.com))

This paper will provide an overview of trauma with an offender population including its prevalence, impact and implication for programming in correctional settings. Included will be a review of the largest and most robust epidemiological study done on the long term effects of childhood trauma. This presentation will also examine how trauma is best conceptualized in the Risk, Need, Responsivity (RNR) model of correctional practices. We will also consider the issue of “Trauma Informed Care” and some implications for implementation in programming.

### ***An Evaluation of the Impact of Solitary Confinement on Offenders with Mental Illness***

Paula Smith, *University of Cincinnati* ([paula.smith@uc.edu](mailto:paula.smith@uc.edu))

Ryan Labrecque, *University of Cincinnati* ([labrecrem@ucmail.uc.edu](mailto:labrecrem@ucmail.uc.edu))

Paul Gendreau, *University of New Brunswick* ([paulgend@nb.aibn.com](mailto:paulgend@nb.aibn.com))

Solitary confinement (SC) has a long-standing history of use in penological systems. Two opposing schools of thought have emerged with respect to whether or not SC produces any harmful effects on inmates. The first perspective contends that SC induces psychological distress, while the second viewpoint maintains that SC has little impact, and only then for some inmates. This summarizes the findings from diverse empirical and theoretical literatures in order to assess the relative merits of these two competing perspectives. Specifically, this study considers two important questions: (1) Does SC make inmates “worse” (e.g., increased symptomatology, more psychological distress, higher recidivism)?; and (2) Does SC produce differential effects for mentally ill (MI) versus the non-mentally ill (NMI) inmates? This systematic review of the literature reveals that SC does produce some negative effects, but the magnitude of the effects are not nearly as large as indicated by critics. This article also tentatively suggests that NMI inmates may actually have worse outcomes compared to their MI peers, despite the widespread belief to the contrary. Finally, this quantitative review of the research underscores the need for more high quality empirical investigations of SC, especially those that code for MI status. To this end, the preliminary findings from an ongoing study on the

effects of solitary confinement will also be present, including comparisons of the behavioral outcomes for MI and NMI inmates in segregation.

### ***Do Dramatic, Erratic, Antisocial, and Antagonistic Personality Traits Moderate the Utility of Psychiatric Patients' Self-Predictions of Violence?***

Sarah Manchak, *University of Cincinnati* (manchash@uc.edu)

Recent research suggests that psychiatric patients can be quite accurate at predicting their risk for future violence. However, certain personality traits that could influence the accuracy of these predictions. In this study, we test two hypotheses: (1) Individuals high in psychopathic and antisocial personality traits will make *more* accurate self-predictions of violence than people low on these traits, because they are more likely to exhibit a pattern of aggression and have a higher base rate of violence from which to draw when making their predictions; and (2) Individuals high in borderline personality traits will be *less* accurate than those low in these traits, because their emotional dysregulation reduces the predictability of their behavior. To test these hypotheses, we examine the moderating effect of borderline, antisocial, and psychopathic personality disorder ratings on 571 psychiatric inpatients' self-predictions for violence at 5 months post hospital discharge. Results from this study have direct implications for clinical practice; if clinicians are to utilize patients' self-perceptions of risk to inform clinical decision-making, it is essential that they understand the conditions under which these self-predictions are more or less accurate.

### ***Examining Thinking Patterns among Mentally Ill and Non-Mentally Ill Offenders***

Lori Brusman Lovins, *Community Supervision and Corrections Department, Houston, USA*  
(lori.lovins@csc.hctx.net)

This study examines criminal thinking patterns between offenders with and without mental illness. The study will replicate the Morgan et al. (2010) study that found similar profiles with regard to criminal thinking between mentally disordered and non-mentally disordered offenders. The Morgan study used a prison sample; the currently study will expand generalizability by using a community probation sample. As with the Morgan et al. (2010) study, the Psychological Inventory of Criminal Thinking Styles (PICTS) and the Criminal Sentiments Scale Modified (CCS-M) will be used to measure criminal thinking. This study will contribute to the discussion of the appropriate treatment course for individuals with mental illness who are justice involved.

## ***Examining the Interaction Effects between Mental Health and Criminogenic***

Brian Lovins, *Community Supervision and Corrections Department, Houston, USA*  
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The criminal justice system has been labelled as the de-facto mental health setting of the 2000s. Without a controlling front door and mandated clients, many argue that the criminal justice system is the United States largest mental health agency. While there may be more mentally ill offenders identified in the criminal justice population that previously, this does not necessarily mean that they are more likely to engage in criminal behavior. This study examines the differences between mentally ill and non-mentally ill probationers to determine if a broad criminogenic risk assessment can provide a valid assessment of risk as well as differentiate low and high risk offenders. Secondly, are their unique differences or interaction effects between criminogenic needs and mental health issues? Ultimately, this study will provide a unique opportunity to assist the field in understanding the impact that mental health issues have on criminality.

## **74. Exploring Issues around Death, Dying, Bereavement and Mental Health: An Intellectual Disability Perspective**

### ***Loss, Grief, and Intellectual Disability: Sharing Stories to Nurture Support***

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Sotirios Santatzoglou, *Keele University* ([s.santatzoglou@keele.ac.uk](mailto:s.santatzoglou@keele.ac.uk))

The death of a child is perceived as the ultimate loss. Accommodating the death of a child, whatever the age, can be an arduous, difficult process for parents and families. For the woman with Intellectual Disability (ID), coming to terms with the death of her son following a termination was a difficult process as she was never encouraged nor helped to mourn his death. The impact of this loss was multifaceted, and the woman spent 12 years in medium secure environments following her termination. This presentation will define the client population; identify the inherent challenges of healthy mourning for this marginalised group; explore the concept of child loss and its potential impact on mental health; and integrate the concept of disenfranchised grief within a professional helping framework. Using a case study approach, it will describe the healing process in which a woman with ID was helped to come to terms with the death of her son as she participated in mourning rituals surrounding her loss. Furthermore, this presentation sets the case study lessons against statutory law values in order to explore

whether the caring/helping perspective can be accommodated under the current statutory priorities.

## ***Exploring Dementia and Intellectual Disability***

Dan Herron, *Keele University* ([d.l.herron@keele.ac.uk](mailto:d.l.herron@keele.ac.uk))

In recent years, the life expectancy of people with intellectual disabilities (PWID) has sharply risen, leading to an increase in age-related mental health problems such as dementia. The degenerating effects of dementia has serious consequences for the individual, but dementia is seldom experienced in isolation; it influences all those within the individual's social circle. To date, dementia research within intellectual disabilities has provided knowledge of: the increased incidence and prevalence of dementia in PWID; the early signs of physical change; and to a lesser extent, the perceptions and knowledge of carers. However, it has not provided the same level of knowledge about the individual, subjective experience of having dementia from the perspective of PWID, and the influence that dementia has on their family, friends, and carers.

This presentation will define this population; identify the psychological and social impact which dementia may have on PWID, and their social circle; and explore the limited available research from the perspective of PWID, and the challenges which may have contributed to this. Additionally, this paper will briefly discuss a PhD project in progress which aims to overcome these challenges, and explore the influence of dementia from the perspective of PWID and dementia.

## ***Loss in the Forensic Setting: Impact on Mental Health and Wellbeing***

Helena Priest, *Keele University* ([h.m.priest@keele.ac.uk](mailto:h.m.priest@keele.ac.uk))

Ben Hobson, *Clinical Psychologist, Wolverhampton, United Kingdom*  
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Sue Read, *Keele University* ([s.c.read@keele.ac.uk](mailto:s.c.read@keele.ac.uk))

People living in restricted environments experience multiple losses, yet there is little research exploring loss amongst people with intellectual disabilities (ID) in secure environments. This paper outlines a qualitative research project designed to understand the nature and impact of loss on mental health and wellbeing, and to make recommendations for future practice in forensic settings. Participants were eight in-patients (four men and four women, aged between 20 and 50) with mild to moderate intellectual disabilities, living in a low-secure hospital in England. Other service users were consulted on the design of the interview schedule, which was developed as interviews and analysis progressed, in keeping with grounded theory methodology. Participants found the research a useful vehicle in which to discuss their losses, which included damaged relationships, having a child removed, loss of freedom and future, and bereavement. They expressed the need to 'be heard' and to 'make sense' of their experiences. Providing a safe space

for such conversations, however, is not easy in a context where people are seen as dangerous and in need of treatment or restraint. Strategies to acknowledge these tensions, and to explore creative ways of reducing them, are necessary to enable these difficult conversations to take place.

### ***Exploring Therapeutic Interventions Used to Support Bereaved Adults with a Learning Disability: A Multiple Case Study Design Using Photo Voice***

Gulshan Tajuria, *Keele University* ([g.tajuria@keele.ac.uk](mailto:g.tajuria@keele.ac.uk))

Bereavement is extremely stressful and it can be even more pronounced for people with learning disabilities for several reasons including: limited understanding of death; denied access/participation in mourning rituals. However, it is acknowledged that adults with learning disabilities do grieve and do respond to death. There is therefore a pressing need to critically explore the tools used for supporting this population at the time of bereavement. **Aims:** To explore the helpfulness and types of therapeutic interventions available to support bereaved adults with learning disabilities in Staffordshire, UK; to reflect on the use of Photovoice as research tool with adults with learning disabilities. **Methods:** This study will use mixed research methods incorporating: Photovoice, semi-structured interviews with adults with learning disabilities and open-ended questionnaires, focus group discussions with carers. Photographs taken by participants will be used as means for discussion in semi-structured interviews. An interview guide will aim to get information around major changes involved after the bereavement and what helped the participant to cope with bereavement. Open-ended questionnaires and focus group discussions will be used explore the role of carers in grief work and 'what works' in supporting individual people experiencing loss and bereavement.

### **75. Eyewitness Testimony in Criminal Trials: Perceptions of Social Variables**

#### ***Post 9/11: Effect of Foreign Accent as Perceived by Mock Jurors***

Lara Frumkin, *University of East London* ([l.frumkin@uel.ac.uk](mailto:l.frumkin@uel.ac.uk))

Since September 2001 there may be heightened discriminatory behavior towards people with particular foreign accents. The research assessed eyewitness accuracy, credibility, prestige, and deceptiveness in a mock criminal trial as well as the guilt and level of punishment for the defendant. The study uses videotaped mock eyewitness testimony of an individual speaking with and without a Lebanese Arabic accent. The mock testimony was played for US participants (N=92) pre and post 9/11/2001. Having an accent was significant for accuracy, credibility, prestige, and defendant punishment while the only difference pre and post- 9/11 was for

credibility and prestige. These findings indicate that ratings of favorability are not excessively undermined following a large scale incident in which particular minority groups may feel negatively stereotyped.

### ***Picture of Guilt: the Effect of Tattoos on a Juror's Perception of a Defendant in Court***

Victoria Douglas-Smith, *University of East London* (vdouglassmith@outlook.com)

Lara Frumkin, *University of East London* (l.frumkin@uel.ac.uk)

The purpose of this study was to identify a link between level of tattooing, gender and ratings of favorability of defendants. This study also aimed to identify a correlation between favorability scores and stigma scores which were to be obtained using the Martin Stigma Against Tattoos Survey (MSATS) (2010). One hundred thirty-nine participants watched one of six short videos showing a defendant in court giving their statement. There was a weak negative relationship between stigma scores and favorability as predicted however this did not reach significance. A statistically insignificant analysis of variance between level of tattooing, gender and favorability was also reported, with results indicating that as level of tattooing increased so did favorability scores. The findings of this study can be linked to the increase and acceptance of tattooing in today's modern society thus indicating a possible shift in attitudes towards tattooed individuals.

### ***The Impact of Race and Type of Recall Style on Witness Accuracy***

Andrew Ungoes, *University of East London* (U1005225@uel.ac.uk)

Lara Frumkin, *University of East London* (l.frumkin@uel.ac.uk)

The purpose of this investigation is to look into whether the racial background and type of interrogation used affects accuracy of eyewitness recall. It is believed that people have an own race bias which makes them better at recalling events in which people from their own ethnic background are present. A plethora of research has looked at interrogation style. This study sought to see whether there is any interaction between racial bias (black, white and Asian targets) and that style (free recall, semistructured and fully structured interviews). Sixty-four participants of white, black and Asian ethnic background were asked to view images with people from varying ethnic backgrounds and respond to a questionnaire which used different interrogative styles. Accuracy was significant by type of recall used,  $F(1, 63) = 1562.23, p < .05$ . Participants provided the most detail in the fully structured interview and least detail in the free recall. Accuracy rates vary across the races with type of recall but not significantly. There were no significant findings for the other race bias. The findings are discussed in light of familiarity with other races and recommendations for types of interrogations for eyewitnesses.

## ***The Effect of Accent and Gender on the Perception of Eyewitness Testimony***

Henry Ukachukwu Akaluka, *University of East London* (U1020540@uel.ac.uk)

This study examined the role played by accent and gender in the perception of an eyewitness' testimony in court. One hundred and six participants listened to audio testimonies given by both male and female witnesses in accents of each of three major ethnic minorities in the United Kingdom (Indian, Jamaican and Nigerian). This was followed by filling in a questionnaire through which the witnesses were rated on factors such as credibility, reliability, accuracy, perceived deception truthfulness, and strength of testimony. Scores derived from these six components were added up to form the perceived favorability score. Analysis of Variance (ANOVA) was applied on the data, and results showed no significant effects, therefore failed to support existing theory.

(Note we are still collecting data for this study so the findings may change.)

## ***Perceptions of Eyewitnesses Based on Age, Accent and Ethnicity***

Lara Frumkin, *University of East London* ([l.frumkin@uel.ac.uk](mailto:l.frumkin@uel.ac.uk))

Anna Stone, *University of East London* (a.stone@uel.ac.uk)

Social perceptions of target individuals are often as important as cognitive elements in judgment and decision-making. The majority of eyewitness testimony research focuses on the latter. This study has looked at age (mid-20s and 45-55 year olds), ethnicity (black and white), and accent (common and prestigious) to determine how these affect the way we perceive eyewitnesses in a mock burglary case. Two hundred fifty-four participants were asked to listen to four of twelve audio segments of an eyewitness recalling a burglary of his neighbor. Each set of segments contained one older witness with prestigious accent, one older with common accent, one younger with prestigious accent, and one younger with common accent. Ethnicity of witness was varied between participants. Data show a significant main effect of accent, a marginal effect of ethnicity, and significant interactions of age by ethnicity and a three-way interaction between accent, ethnicity, and participant ethnicity. The influence of witness ethnicity varies according to witness age and the combination of accent and participant's ethnicity. The implication is that single factors, for example age or accent, may not alone predict ratings of favorability. These data are discussed in light of the role social perceptions can play on judicial decision-making.

## **76. Factors in Criminal Justice Outcomes: Programs, Processes and Key Methods**

## ***Diversion from Re-Arrest and Reincarceration: Results of a First Generation Intervention for Ex-Inmates with Behavioural Health Disorders***

Stephanie Hartwell, *University of Massachusetts Boston* ([Stephanie.hartwell@umb.edu](mailto:Stephanie.hartwell@umb.edu))

While alternatives to incarceration and diversionary programs are used throughout the criminal justice system to address costs, correctional overcrowding, and treatment needs of individuals coming into contact with the criminal justice system, few are targeted *for ex-inmates* with mental health and/or substance abuse issues. The most common alternatives to incarceration are forensic assertive community treatment, enhanced probation, and specialty treatment courts, but these are pre-incarceration programs, considered “first generation” approaches. They share the common goal of addressing mental health and substance use challenges among offenders, but they have not been uniformly found to be cost effective or efficacious. Some experts are urging development of more comprehensive, enhanced, and integrated “second generation” behavioral interventions that better meet the complex mental health, substance abuse, and criminogenic needs of offenders. Because first generation efforts have not been fully examined, we compare outcomes of ex-inmates who participated in a specialized “first generation” post incarceration transition program versus ex-inmates who did not. Using secondary data shared by agencies with which the ex-inmates (N=2,280) had significant contact, our study employs a quasi-experimental design, regression analysis, and propensity score matching (N=274) to determine factors that affect disparities in post-incarceration outcomes for the compared groups.

## ***Themes of Procedural Justice: Crisis Intervention Teams (CIT) in Chicago***

Amy Watson, *University of Illinois at Chicago* ([acwatson@gmail.com](mailto:acwatson@gmail.com))

Police officers respond to calls involving persons with mental illnesses on a regular basis. How officers treat individuals in these encounters may have significant implications how persons with mental illness experience these interactions and the extent to which they cooperate or resist. The Crisis Intervention Team model includes training components designed to improve officers’ skills for effectively communicating and treating individuals with dignity and respect—skills consistent with procedurally just policing. As part of a larger study examining the role of variability in availability of/access to MH services as they relate to CIT, investigators conducted ride along observations and interviews with CIT trained and non-CIT officers in Chicago police districts that vary in terms of community conditions and availability of mental health services. Analysis of this data indicates emergent themes related to procedural justice, with some differences based on officer CIT status and community conditions.

## ***Intensity of Reoffending among a Cohort of Persons Released from a State Prison Who Were Treated for Psychiatric Symptoms while Incarcerated***

William Fisher, *University of Massachusetts Lowell* ([William.fisher@uml.edu](mailto:William.fisher@uml.edu))

Stephanie Hartwell, *University of Massachusetts Boston* ([Stephanie.hartwell@umb.edu](mailto:Stephanie.hartwell@umb.edu))

Debra Pinals, *University of Massachusetts Medical School* ([debra.pinals@umassmed.edu](mailto:debra.pinals@umassmed.edu))

Studies of recidivism among persons in the justice system who are affected by psychiatric symptoms typically focus on the time to a next arrest. Such studies have found that criminal history factors, rather than diagnosis are the strongest predictors of recidivism. Whether the same pattern of findings would be observed if number of arrests over a given time period, rather than simply whether any arrest occurred, has not been examined. This study examines the number of arrests experienced by a cohort of 1,438 state prison releasees with mental health problems followed for two years post-release. Using a zero inflated negative binomial regression approach, number of arrests in the two-year period were modeled as a function of demographic, clinical, prior charges and criminal history. Age, being African American, juvenile justice history and multiple prior incarcerations were the chief predictors. These findings are consistent with those of other researchers who have observed that, as with the general offender population, criminal history variables are the chief predictors of recidivism. These data suggest that agencies focused on preventing recidivism need to augment mental health treatment with intervention that address criminal thinking, substance abuse and other factors that elevate risk for reoffending.

## ***Retaining Study Cohorts in Longitudinal Studies Following Release from Prison: Analysis of Data from a Randomized Trial of Critical Time Intervention***

Beth Angell, *Rutgers University* ([angell@ssw.rutgers.edu](mailto:angell@ssw.rutgers.edu))

Prisoners with serious mental illness are at high risk for both reincarceration and negative health outcomes following release from prison. Research to identify effective intervention models for engaging these released former prisoners is therefore essential. Previous studies have shown, however, that research on effective interventions for individuals following incarceration is hampered by challenges in retaining study participants following release, with retention rates ranging from 40-74%. In this presentation, we provide results of analyses conducted to identify predisposing (criminal history, psychiatric status, social support, service use history, and sociodemographic characteristics) and treatment characteristics (outreach contact) associated with retention of participants in a randomized trial of Critical Time Intervention for men leaving prison, conducted in Camden, New Jersey. In addition, steps taken to maximize retention and specific challenges encountered in that process will be discussed, concluding with recommendations for future studies.

## **77. Family Violence: Murder**

### ***“At Least I am Certain That All Have Gone to Heaven” – The John List Case Part I***

Melissa Spanggaard, *University of South Dakota* (Melissa.spanggaard@usd.edu)

On November 9, 1971, John Emil List killed his mother, wife, and three children. The murders were so well planned that the bodies were not discovered for 28 days and he evaded arrest for almost 18 years. List was an accountant and very active in the Lutheran church. He was concerned that the cultural changes of the 1960s and 1970s would cause his children to abandon their faith, thus condemning their souls to hell. His wife had kept her infection with syphilis, contracted from her first husband, a secret. In the years leading up to the murders she began to display signs of tertiary syphilis and withdrew more and more, leaving John List responsible for taking care of the children. The family was also facing financial troubles due List's inability to keep a job. Despite these worries, the List's bought an 18 room mansion. This presentation will discuss John List's life, the murders, and his motives.

### ***“At Least I am Certain That All Have Gone to Heaven” – The John List Case Part II***

Cecilia Leonard, *SUNY Upstate Medical University* (Cecilia.leonard@va.gov)

On November 9, 1971, John Emil List killed his mother, wife, and three children. List evaded arrest for almost eighteen years. This presentation will discuss John List's life on the run from authorities. He moved to Denver, Colorado and lived under an assumed name. He dyed his hair, established new credit card accounts and even got himself a phony Social Security number. He remarried and lied to his new wife about his age and personal history. He eventually returned to his prior occupation of accounting. He was captured in 1989 after more than 200 tipsters called in claiming to recognize his profile after the story was featured on America's Most Wanted. As a psychopathic family annihilator, List had methodologically planned his future life on the run, just as he had carefully planned the murders. He adapted the persona of a mild-mannered accountant and devout Lutheran layman. He lived at one apartment for 7 years and never requested repairs or did anything to call attention to himself. List attempted to mount a Diminished Capacity defense, but failed. He was convicted and sentenced to life in prison.

### ***“Their Cruel Parricide”: Death at the Hands of One's Children***

Sandra Antoniak, *SUNY Upstate Medical University* (skantoniak@gmail.com)

Since antiquity, parricide has been considered deserving of society's most severe punishments and although a rare form of interpersonal violence in modern times, it attracts significant media attention due to the unfathomable nature of the crime. Parricide is defined as homicide of a parent by his or her biological or adopted child and comprises approximately 4% of homicide cases worldwide. Because the evidence base to study parricide is scant, conclusions drawn from research in this area should be interpreted with caution. Despite limitations, researchers have concluded that characteristics of victims and perpetrators vary dependent on the sex of the perpetrator and his or her age at the time of the offense. Physical and/or sexual abuse is a prevalent factor amongst child and adolescent perpetrators while untreated severe mental illness is a common element in parricide committed by adults. Instrumental violence, to gain control of finances or freedom from parental control, can be a motivating factor for either child/adolescent or adult perpetrators. Very rarely, parricide occurs prior to mass murder. Case examples are provided (e.g. Jeremiah Berry, the Menendez Brothers, Jeremy Bamber, and Adam Lanza).

## ***Parricides Profiles in a Brazilian Forensic Hospital***

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**Introduction:** The parricide, murder of parents, is a rare crime, totaling 2-4% of all homicides in countries like the United States, Canada and France. Among parricides high rates of mental illness are found, being the most frequent diagnosis Schizophrenia. To date, few studies have been conducted on the population of Brazilian parricides.

**Objective:** This study aimed to provide a description of the demographic, psychopathological and criminological factors of individuals parricides in a Brazilian Forensic Hospital.

**Material and Methods:** A descriptive cross-sectional study with retrospective data collection. The study population consisted of all parricide patients who met Security Measure in IPF, during the year 2012.

**Results:** The study found 18 cases of parricide, all performed by male patients were noted. The most prevalent diagnosis was schizophrenia (61.1%) and the time of the events 88.2% of the perpetrators were not in treatment. The preferred victims were parents (61.1%), followed by mothers (33.3%). There was only one case of murder of both parents. The average age of victims was 63.29 years (43-75 years).

**Conclusions:** The findings of this research are part of a larger study on assessment of risk of violence in psychiatric population and reaffirm the results of previous international research.

## **78. Fetal Alcohol Spectrum Disorder (I): Recent Changes in FASD and the Law**

### ***Recent North American Changes in FASD and the Law - Legislation and Capital Punishment***

Kathryn Kelly, *University of Washington* (faslaw@uw.edu)

Legislation, as a promising practice to bring about change to benefit those living with FASD, was introduced in 2013 and 2014 in both Canada and the U.S. In 2014 Member of Parliament Ryan Leef introduced House of Commons Private Members Bill C-583 “An Act to Amend the Criminal Code (Fetal Alcohol Spectrum Disorder). This bill had its’ second reading and debate on June 5<sup>th</sup>, 2014 with further debate scheduled for the Fall of 2014. The bill defines FASD in the Criminal Code of Canada, allows judges to order an FASD assessment of a defendant appearing before them and, with diagnosis, to mitigate the sentence of the defendant..

In 2013, U.S. Senator Lisa Murkowski of Alaska introduced Senate Bill 237 “Advancing FASD Research, Prevention and Services Act” The bill has been referred to the U.S. Senate Committee on Health, Education, Welfare and Pensions where it is now pending.

The U.S. Supreme Court held in *Atkins* that those defendants with Intellectual Disability were not death penalty eligible. The Justices left it for the states to determine the standards for intellectual disability. In *Hearn*, a U.S. District Court judge found that the I.Q. score of a defendant with FASD could not be used to determine if the individual living with FASD was intellectually disabled and that adaptive behavior should be used instead. In 2014 the U.S. Supreme Court found in the *Florida* case that a rigid I.Q. score could not be used to determine if a defendant was death penalty eligible.

National legislation in two countries is attempting to bring about change in how those with FASD experience the provision of services as well as access to justice in the criminal and juvenile courts. This is a model which can be used in other countries to bring about beneficial change for those living with FASD.

A diagnosis of FASD is being employed by U.S. counsel both to find a defendant death penalty ineligible and to argue for a new trial in a Capital case if defense counsel at the original trial was aware of a mother’s alcohol use and failed to seek an assessment for FASD and make the results known to the jury and the judge. Making courts aware of whom, among those defendants who appear before them, has a diagnosis of FASD can make a singularly critical difference in the case outcome for those defendants living with FASD.

### ***FASD in the Courtroom: “FASDExperts” Approaches Its Eighth Year***

Richard Adler, *University of Washington Medical School* ([richadler@fcpsych.com](mailto:richadler@fcpsych.com))

Paul Connor, *University of Washington* (paul@connornp.com)

Natalie Novick Brown, *University of Washington* ([drnataliebrown@gmail.com](mailto:drnataliebrown@gmail.com))

Anthony Wartnik, *APW Consultants, FASD Experts, Seattle, USA*  
([theadjudicator78@gmail.com](mailto:theadjudicator78@gmail.com))

Fetal Alcohol Spectrum Disorder Experts ([www.FASDExperts.com](http://www.FASDExperts.com)) was formed in 2007. As described by J. Golden in “Message in a Bottle. The Making of Fetal Alcohol Syndrome” (2006), as well as by others, in the years after FASD was first described in the North American literature (1973), the disorder had a particularly uneven track record when applied to legal proceedings. In 2007 FASDExperts developed, and in 2010 published, a Proposed Model Standard for the forensic evaluation of FASD. The four founding members will provide: (1) a brief historical context for FASD in the forensic setting, (2) statistics regarding the number, type and outcomes for the cases in which we have participated, (3) an update to the 2010 Proposed Model Standard, including the important role of quantitative electroencephalography (QEEG), direct evaluation of Adaptive Functioning, and concurrent assessment of the reliability of collateral informants, (4) comments on the inclusion of Neurodevelopmental Disorder due to Prenatal Alcohol Exposure (ND-PAE) in the DSM-5 (2013), *Hall v. Florida (USSC)*, essentials for effective attorney – expert interaction, and, (5) implications of the above, practical observations, suggestions for colleagues, and future directions.

### ***Mental Diagnosis and Its Use in the Courtroom: Process, Pitfalls, and Potential***

John Wallace, *University of Washington* ([jwa4916@gmail.com](mailto:jwa4916@gmail.com))

In Western countries there is evidence of a significant population incidence of persons diagnosed with Fetal Alcohol Spectrum Disorder, now re-named Neurodevelopmental Disorder Associated with Fetal Alcohol Exposure. The same is true of prison populations, where this diagnosis is over-represented. Psychiatric diagnosis is a term of art, and jurists are at a disadvantage when faced with such. Examples from two murder trials of men born brain-damaged by alcohol will be offered. Diagnosis is a complex process, which will be reviewed. A recent US Supreme Court decision invalidating the use of a single IQ number to determine disability, and recent papers exploring pleas of diminished capacity push us to go beyond seeing a diagnosis as a label and find real-world meaning in a determination of functional capacity. The intent is to better enable jurists dealing with persons who have a mental disorder diagnosis to see to the rights and needs of the accused, as well as their responsibility to the State.

Stephen Greenspan, *University of Colorado* ([Stephen.greenspan@gmail.com](mailto:Stephen.greenspan@gmail.com)) – Discussant

## **79. Fetal Alcohol Spectrum Disorder (II): Recent Changes in FASD and the Law**

## ***One Size Does Not Fit All: Forensic Assessment of Sex Offenders with FASD***

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

Regardless of neurodevelopmental functioning, forensic assessment of sex offenders tends to rely on procedures that have been researched and validated on individuals with no known cognitive impairment. People with fetal alcohol spectrum disorders (FASD) have brain damage that makes them qualitatively different from others. One aspect of that brain damage is developmental immaturity. Thus, when someone with FASD sexually offends against a child, it often is due to factors other than sexual deviancy. This presentation focuses on the qualitative differences between sex offenders with FASD and “normally-constituted” sex offenders in terms of sexual offense motivation and how those differences should be addressed during assessment and treatment planning.

## ***The Central Role of Neuropsychology in Forensic FASD Assessment***

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

Joette James, *George Washington University* (joettedj@aol.com)

Valerie McGinn, *University of Auckland* (vmcginn@ihug.co.nz)

Psychologists from New Zealand and the United States present case studies to illustrate how neuropsychological testing is used in the forensic assessment of defendants with fetal alcohol spectrum disorders (FASD). While offense behavior is due to many factors, executive dysfunction and other cognitive deficits play a central role in the impairments that contribute to crime in this population (e.g., poor judgment, deficient impulse and mood control, inability to foresee consequences, etc.). Methodologies for validating and confirming the results of neuropsychological testing also will be described.

## ***Forensic Assessment of FASD: The Impact of Suggestibility***

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

Valerie McGinn, *University of Auckland* ([vmcginn@ihug.co.nz](mailto:vmcginn@ihug.co.nz))

One of the most important cognitive impairments in individuals with fetal alcohol spectrum disorders (FASD) who are charged with crimes is suggestibility. Suggestibility in this population not only affects self-reporting throughout the arrest and adjudication process (which can sometimes lead to false confessions), it also affects behavior *prior to* and *during* the offense as well. Following a brief review of the relevant suggestibility literature, attendees at this session

will learn how suggestibility – just like executive function deficits – plays a central role in why individuals with FASD commit crimes and why they engage in self-defeating behaviors throughout the adjudication process.

### ***FASD as a Mitigating Factor in Criminal Cases: Brain Impairment, Risk-Appraisal and Criminal Culpability***

Stephen Greenspan, *University of Colorado* (Stephen.greenspan@gmail.com)

There is growing recognition, as reflected in recent state and provincial legislation throughout North America, that having FASD should be taken into consideration as a mitigating factor in criminal cases. This legislation, in which judges are encouraged to use flexibility and compassion in imposing sentences for offenders with FASD, for the most part is currently aimed at less serious kinds of crimes (although in theory they could be applied to all crimes). The rationale for such provisions is that FASD lessens criminal culpability, with particular emphasis placed on limitations in “executive functioning.” In this paper, the connection between FASD and criminal behavior and criminal culpability is explored through case studies, and a preliminary theory of brain-based criminal mitigation is proposed, based on the limited capacity of people with FASD to assess risk. Application of the theory is explored, particularly in the arena of so-called “Atkins hearings” in which some individuals with FASD have been spared the death penalty in spite of IQ scores above the usual ceiling for diagnosing Intellectual Disability.

### ***FASD in a Nutshell: From the Perspective of a General Pediatrician in the Netherlands***

Rudi Kohl, *Inter-Psy, Groningen, The Netherlands* (rudimargriet@gmail.com)

"Drinking alcohol is nowadays deeply rooted in the Dutch society "( Eurocare ). Alcohol consumption rose dramatically in the Netherlands from about 2 liters of alcohol per capita a year in the early 1950's to over 9 liters in the late 1970's. Since then it has stabilized at 9,9 liters. The effects of alcohol on the fetus is highly underestimated and under diagnosed in The Netherlands. In its publication in 2005 the Health Council of the Netherlands made several recommendations . This will be briefly highlighted. Since 2004 an organized attempt to provide diagnostic facilities and implement the recommendations made by the Health Council, was started This has now grown to become three dedicated FASD clinics. At present about 50 patients are annually screened on FASD per clinic with a diagnostic rate of 80%. This progress will briefly be presented. A short overview of how this was achieved based on the 4-digit code will be presented. The present state of FASD regarding mental health in The Netherlands will be discussed. The DSM V is also used in the Netherlands. As in North America we are hampered by the lack of recognition of FASD in this diagnostic code.

Anthony Wartnik, *APW Consultants, FASD Experts, Seattle, USA*  
(theadjudicator78@gmail.com) – Discussant

## **80. Fetal Alcohol Spectrum Disorder (III)**

### ***FASD: From DSM-IV to DSM-5: Judicial Response to Issues Involving FASD, and Intellectual Disability, Competency, Mitigation, Sentencing and Death Penalty***

Anthony Wartnik, *APW Consultants, FASD Experts, Seattle, USA*  
(theadjudicator78@gmail.com)

This session will look at American jurisprudence. In the death penalty segment, we will discuss the history of the death penalty in the United States as well as the history of treatment of mental retardation/intellectual disability including the landmark case of *Atkins v. Virginia* and the most recently rendered decision modifying the application of the *Atkins* decision to better protect individuals with Intellectual Disability from the imposition of the death penalty, *Hall v. Florida*. The discussion will identify the relationship between FASD and Intellectual Disability and will provide insights as to how the DSM-5 definitions of Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure and Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure will play out in the future in relation to diagnosis of Intellectual Disability.

### ***Preservation – The Lens by Which Those Afflicted with FASD Interpret their Relationship and Environment***

Barry Stanley, *Private Practice, Hamilton, Canada* (Stanley\_b@bell.net)

This presentation describes the significant role Stuck-in-Set Perseveration plays in the lives of those afflicted with Fetal Alcohol Spectrum Disorder [FASD]. It covers the definition and use of the words perseverance and perseveration, including the history, origin and concept of perseveration from 1900 to the present day, and the neurological centers and networks that are common to them both. The relationship of stuck-in-set perseveration to adaptive and executive functioning is emphasized. Clinical examples demonstrate how the perseveration of FASD leads to misinterpretations regarding behavior. The phenomena of being “bored” is explained in the words of those afflicted with FASD; the intense distress involved and efforts made to relieve it. The tragic consequences of isolation and sensory deprivation for those with FASD, as used in psychiatry and the justice system, are described. There is a discrepancy regarding research on prenatal alcohol exposure compared to research on other related and relevant subjects, in spite of its pivotal place in the development of brain based disabilities and illnesses. Because of this discrepancy it has been necessary to demonstrate the correlations between the neurological networks in normal perseverance and executive functioning and the neurological effects of

prenatal alcohol exposure. The Implications and consequences of stuck-in-perseveration for the judicial and penitentiary systems are raised. References and quotes have been provided that support the described correlations and conclusions.

## ***Neuropsychological Assessment in Fetal Alcohol Spectrum Disorders***

Joette James, *George Washington University* (joettedj@aol.com)

The current version of the Diagnostic & Statistical Manual of Mental Disorders (DSM-5, 2013), has included proposed criteria for the diagnosis of Neurodevelopmental Disorder associated with prenatal alcohol exposure. This presentation will explore the role of neuropsychological assessment and the neuropsychologist as part of a multi-disciplinary team in the identification of the neurocognitive and emotional/behavioural regulation deficits associated with Fetal Alcohol Spectrum Disorders (FASDs). Specific emphasis will be placed on the impact of executive dysfunction on the daily lives of individuals with FASDs, who often go undiagnosed or misdiagnosed, and the relationship between executive dysfunction and criminal behaviour.

## ***Communication Deficits in Individuals with FASD: Are You Following This?***

Paul Connor, *University of Washington* (paul@connornp.com)

Over 30 years ago when the behaviors of children with FASD were first being described, a common complaint by families was that though their children with FASD seemed to be able to speak well, what they said was often lacking in substance. They also noticed that their children had difficulty understanding and responding appropriately to what was said to them. These difficulties were later born out in research. Because of this “disconnection” between appearing, on the surface, to express themselves well and their actual expressive and receptive communication abilities, individuals with FASD are likely to experience significant challenges in life, including troubles with the law. Thus, assessment of both receptive and expressive communication skills is an important aspect of the forensic evaluation for individuals with known or suspected FASD. This talk will discuss how receptive and expressive communication difficulties could impact many aspects of forensic proceedings including: misunderstandings that could contribute to criminal activities; inappropriate expectations by criminal justice workers; and diminished capacity to assist their attorneys with their own defense.

## ***Justice Responses to FASD, Intellectual Disability and Other Neurobehavioral Disabilities: The Need for Attorney Competency***

Karen Steele, *Attorney at Law, Salem, USA* (kastele@karenasteele.com)

This session examines the United State justice system and FASD, with Attorney Steele, a death penalty defense lawyer and president of the Board of Directors of FASCETS, complementing the presentation of Judge Anthony Wartnik. Attorney Steele will present a new challenge to capital prosecutions against persons with a FASD, arguing for a categorical exemption for persons with a FASD and setting forth certain minimum standards for the court and counsel. As to counsel, rather than focusing solely on traditional mitigation concepts and sentencing, Attorney Steele will make the case that competent counsel must integrate consideration of neurobehavioral features into the investigation and evaluation of all facets of a case, including custody status, competency, culpability, and, sentencing including exposure to the death penalty.

## **81. Fetal Alcohol Spectrum Disorder: Update on Ethical Considerations Regarding Prevention, Diagnosis, and Post-Diagnostic Support**

### ***The Revised Canadian Guidelines for the Diagnosis of FASD***

Hasu Rajani, *University of Alberta* (hrajani@ualberta.ca)

Prevalence rates of Fetal Alcohol Spectrum Disorder (FASD) are quoted as approximately 1%, however are likely higher. Prenatal alcohol exposure is frequent with as many as 25 to 40% of children not receiving an FASD diagnosis, despite having moderate functional impairment. The Canadian Guidelines for FASD diagnosis were published in 2005. Since then extensive research and clinic experience in the field has been developed and presented. Mental health issues in children and adults have become recognized as an important component of prenatal alcohol exposure. In view of this new knowledge, it is important that the current guidelines for FASD diagnosis, be reviewed and revised as necessary to include evidence based information to inform diagnosis. After months of review, consultation with national and international experts, and discussions with many focus groups and stakeholders, the Canadian guidelines for diagnosis of FASD have been renewed and adjusted. This presentation will review the past and new guidelines, and highlight changes that refine the diagnosis.

### ***Fetal Alcohol Spectrum Disorder: Using Screening, Diagnosis, and Data to Improve Outcomes***

Jocelynn Cook, *Society of Obstetricians and Gynaecologists of Canada, Ottawa, Canada* (jcook@sogc.com)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term to describe the range of disabilities that can occur in an individual whose mother drank alcohol during pregnancy. These effects

include physical, mental, behavioural, and/or learning disabilities with lifelong implications. FASD often co-occurs with other issues, including mental health and traditional treatment approaches are not generally successful. Recognition that FASD may be a factor, screening for FASD and a comprehensive diagnosis are all critical to understanding brain function and matching treatments and approaches to maximize outcomes. This presentation will amalgamate the results of three studies; it will provide information about the new Canadian Diagnostic Guidelines, present data from the Canadian database of individuals with FASD, including characteristics and brain profiles, and discuss the outcomes of a pilot study to screen for risky drinking and possible FASD in substance abuse centres. Diagnostic Guidelines were updated to be more inclusive of factors relevant to the adult population, including mental health. The database suggests that individuals with FASD have significant risk for trouble with the law and mental health issues, among others. Finally, the pilot project shows that knowledge about FASD and its implications may improve outcomes by alternative approaches to treatment and intervention.

### ***Interventions with Offenders with FASD and Mental Disorder***

Mansfield Mela, *University of Saskatchewan* ([mansfieldmela@gmail.com](mailto:mansfieldmela@gmail.com))

The overrepresentation of FASD in the criminal justice system has economic, public health and social justice implications. The relationship between Fetal Alcohol Spectrum Disorder (FASD) and the criminal justice system has been explored in terms of distribution and possible determinants of the association. From the point of arrest, through court processes and misplaced expectations of supervision in the community, the FASD affected is significantly disadvantaged. The presentation will report the findings of our collaborative efforts to identify, support and manage the dysfunction associated with FASD in adults and adolescent, as well as supporting their caregivers. We studied patients attending a forensic outpatient clinic to determine the incidence of FASD, as well as the cognitive, behavioral, and clinical characteristics of these individuals with the goal of standardizing psychiatric diagnosis and improving FASD treatment program responsively. Participants and their care givers completed a Likert scale regarding treatment effectiveness. The diagnosis of FASD was based on the Canadian guidelines for FASD diagnosis. MDOs with FASD (58%) had a characteristic pattern of maladaptive functioning, dependent living, multiple and significant psychiatric comorbid diagnoses, especially ADHD, and multiple neurocognitive deficits. With DSM-5 recognizing FASD, consideration for the disorder in all those assessed by mental health professionals is relevant or at least in challenging cases.

### ***Assessment for Intervention in the Justice System: Applying the Risk Needs Responsivity Model to FASD***

Jacqueline Pei), *University of Alberta* ([jpei@ualberta.ca](mailto:jpei@ualberta.ca))

Researchers have demonstrated that punishments alone do not deter criminal recidivism or promote prosocial outcomes, and in some cases actually increase. Interventions appear to be more successful when they are: (a) based on the individual's specific level of risk, (b) identify the individual's risk factors and needs that are contributing and/or driving antisocial behavior, and (c) manage or change those risk and needs factors through interventions that are tailored to the individual. These principles are collectively defined as the Risk-Need-Responsively (RNR) approach (Andrews & Bonta, 2003, 2010). The responsivity principle refers to the tailoring of interventions to engage the interest and maximize learning of the offender (Andrews & Bonta, 2003) and is particularly relevant to the FASD population, for whom neuropsychological dysfunction has been documented. In this presentation I will consider how needs and responsivity can be redefined through a more thorough understanding of brain function. In addition the application of brain science to behaviour change will be presented as it pertains to risk reduction.

## **82. First Inaugural Panel on Elder Mediation**

### ***Elder Mediation: 21<sup>st</sup> Century Approach to Family Conflict with Age Related Issues***

Anita Dorczak, *Attorney-at-Law, Edmonton, Canada* (adorczak@telus.net)

This presentation will examine the growing practice of elder mediation. A thorough explanation will be provided of what elder mediation entails and how it is different from other kinds of mediation. The goals and typical issues that can be resolved by elder mediation will be discussed within the family dynamic. The goals of elder mediation focus on listening to the stories, preservation of the relationships between the parties and prevention of elder abuse. The typical issues to be discussed may include living arrangements, provision of care and financial decisions. Demographic changes around the world have created a variety of connotations regarding the term "elder". The question of whether elder mediation should become a more valued and prevalent model of intergenerational dispute resolution will be explored and whether a culture change will be necessary to facilitate such a change. The skill set that makes a good elder mediator will be presented. Lastly, the ethical principles which ensure the preservation of self-determination, dignity and well-being of the parties and guide the process will be brought forth. Elder mediation is emerging internationally as an important step in the continuum of care, prevention and quality of life. This presentation will help shine a light on a 21<sup>st</sup> century approach to family conflict with age related issues.

### ***What Health Care Can Learn from Elder Mediation***

Martina Pruckner, *Konflikt Kompetenz, Vienna, Austria* (m.pruckner@konfliktkompetenz.at)

Elder mediation focuses on age related conflicts. It typically includes the planning and organization of care, the adaptation of living arrangements caused by altered circumstances of life and - of course - the regulation of interpersonal conflicts in their age-specific manifestations. Elder mediation with its particular consideration of interests and needs of older people gained ground because of the global challenges of ageing societies. However, conflicts and problems of ageing people are quite similar to those of people with mental illness or disabilities as they are discussed on this congress. Elder mediation is not only about personal and organizational issues. It also includes professional, legal and ethical aspects that arise in medical treatment as well as social care and support. This presentation will show in what way elder mediation may helpfully connect the personnel, social, medical and legal perspectives in resolving conflicts and problems associated with mental disorders. We will draw parallels between practical cases of elder mediation and similar issues in health care. We will discuss the concept of bioethical mediation in a broad understanding and anchor elder mediation and bioethical mediation in the field of health & social care mediation.

### ***Elder Mediation: Changing the Face of Healthcare as We Know It***

Judy McCann-Beranger, *EAP Coordinator for Teachers, Newfoundland, Canada*  
(judy@peopleconcepts.ca)

The advancing age of our population, combined with the belief that all people deserve quality of life and to be treated with dignity and respect, has resulted in issues of aging steadily finding their way into the field of Mediation. In this panel presentation Judy will explore the history of elder mediation and focus on a number of research initiatives that offer evidence-based knowledge which can then be used to inform practice within this growing field. The research demonstrates what happens in Elder Mediation, what families declare works best for them, why it works and what needs to be implemented and improved in the future. This discussion will combine an overview of the theoretical foundations of Elder Mediation along with an introduction of the practical skills required to be a competent Elder Mediator. The knowledge and skills necessary to achieve the ever present relational and interactional goals will be discussed as well as the role of affirmation and recognition to build empowerment. These goals are distinct and different from the conventional models of mediation which tend to focus more on conflict and disputes only.

### ***Developing Ethical Standards in Elder Mediation***

Margaret Bouchier, *Elder Mediation International Network, Dublin, Ireland*  
(post@margaretbouchier.com)

Mediation is essentially an enabling process, and the core principle of honouring the individuals within the process by actively advocating their right to self-determination, dignity and quality of

life, on their terms, requires a conscious understanding of the values that underlie our ethical principles. This presentation will consider the role of ethics in Elder Mediation and the work of the Elder Mediation International Network (EMIN) in developing appropriate ethical standards across the globe. Drawing on Laue and Cormick (1978), Margaret will consider the significance of the values and underlying assumptions of Elder Mediators, and how they inform our decisions and interventions in the mediation process.

## **83. Fit to Plead – Fit for Purpose?**

### ***Fitness to Plead – Historiography and Impact***

Andrew Forrester, *South London and Maudsley NHS Trust, London, UK*  
(Andrew.forrester1@nhs.net)

In this talk, which introduces the workshop, aspects of the historiography of fitness to plead will be described. Historically, there were difficulties differentiating between those who were unable to plead, and those who chose not to. Juries were introduced from 1583 to help Courts determine whether individuals were mute by malice, or by visitation of God. Meanwhile, the practice of *peine forte et dure* (pressing with a heavy weight, until death occurred, or a plea was entered) was introduced to assist the determination. Systemic and structural changes in 19<sup>th</sup> Century England (including the opening of Broadmoor Hospital), and case law (including *R – v - Dyson*, 1831; *R – v – Pritchard*, 1836) shaped the criteria which remain in use today. Their subsequent debate in the 20<sup>th</sup> Century is discussed, and questions regarding their overall impact and fitness for purpose are presented.

### ***Proposals to Reform Fitness to Plead in England and Wales***

Faisal Mudathikundan, *Forensic Psychiatrist, London, UK* (m.faisal@nhs.net)

The Law Commission published a consultation paper in October 2010 proposing reform of the law on unfitness to plead in England and Wales; the Commission intends to publish a report in Spring 2015. The current criteria for fitness to plead is based on *R v Pritchard (1836)* and the consultation paper proposes to replace this with a new test of the defendant's "decision making capacity." The consultation paper refers to a number of cases and raises concerns about the adequacy of the current criteria. However the number of such cases are limited, considering the current criteria have been in use for more than 150 years, and most of them involve homicide. The relevance of proportionality in decision-making and the proposed use of an as yet to be defined psychiatric test are discussed.

## ***International Comparisons and the Role of Capacity in Determining Fitness/Competency***

Oriana Chao, *Forensic Psychiatrist, London, UK* ([oriana.chao@nhs.net](mailto:oriana.chao@nhs.net))

In England and Wales the Prichard Criteria are similar to a capacity assessment and have, by and large, worked well. The Law Commission has recently proposed changes to the law, including the introduction of a, yet to be devised, test of decision making capacity. Internationally, the situation varies but assessments are mainly capacity based. In India, assessment of fitness to plead is similar to that in England and Wales and does not rely on a specific test. Likewise, in South Africa, whilst assessments frequently occur through court-ordered detentions in hospital, assessments are usually carried out by a psychiatrist and do not rely on any specific tests. In contrast, in the United States, a number of different instruments have been developed to assess competency to stand trial (CST) but they are used in conjunction with a clinical interview, and at present, there is no gold standard. This presentation considers differences between international jurisdictions and argues that the current capacity-based clinical assessment, in the absence of a specific test, is sufficient to properly assess fitness to plead.

## ***Implications across Stages of Criminal Justice Systems***

Samir Srivastava, *Forensic Psychiatrist, London, UK* ([samirsrivastava@nhs.net](mailto:samirsrivastava@nhs.net))

In England and Wales, when an accused is arraigned in the Crown Court, or asked to plead to information in the Magistrates' court, an issue can arise regarding fitness to plead to the charge(s). All criminal proceedings commence in the Magistrates' Courts and challenges arise, as there are no statutory or formal procedures governing the determination of unfitness or special provisions for fitness to plead, in contrast to the Crown Court. Instead, there are mechanisms available to avoid addressing this issue. One is diversion at an early stage of the criminal justice process. However, in other cases, by not addressing the issue of fitness to plead in the Magistrate's Courts formally and although recent case law has sought to clarify this, there are likely to be many unfit defendants who are not identified. This presentation discusses the identification and assessment of those who may lack capacity, and be unfit to plead, at earlier stages in the criminal justice pathway (including Police custody and lower Courts). The implications are debated.

## ***Relationship to International Human Rights, Including Effective Participation in Legal Proceedings***

Tim Exworthy, *St Andrew's Healthcare, Northampton, UK* ([tpexworthy@standrew.co.uk](mailto:tpexworthy@standrew.co.uk))

The notion of fitness to plead dates back to 19<sup>th</sup> century English case-law and has also found expression in international human rights instruments including the United Nations' Universal Declaration of Human Rights. In the European context, Article 6 of the European Convention on Human Rights guarantees a person's right to a fair trial. This presentation will explore the relationship between fitness to plead and the European concept of 'effective participation' as it has been set out in various judgments of the European Court of Human Rights. It will demonstrate the poor overlap between the two concepts and will argue the latter is a better protector of a person's right to a fair trial. Finally, the proposals for reform of the law on fitness to plead, from the Law Commission of England and Wales, will be critically examined. These seek to combine 'effective participation' with decision-making capacity.

## **84. Forensic Diagnostics, Treatment and Measuring Treatment Changes**

### ***The Ins and Outs of the HKT-R***

Stefan Bogaerts, *Tilburg University* (s.bogaerts@uvt.nl)

The HKT-R (Historisch, Klinisch, Toekomst Recidive Revised, 2013) is the most commonly used risk assessment instrument in the Netherlands and the revised successor of the HKT-30. The psychometric characteristics of the HKT-R are examined and validated on all 347 forensic patients (men and women) whose compulsion nursing was discontinued unconditionally by the judge in the period 2004 – 2008. This study is the first nationwide validated study on the predictive validity of a risk assessment instrument in the Netherlands and is mandatory imposed by the Ministry of security and justice in the Netherlands. In this lecture, we address the predictive validity of the instrument for violent recidivism. We also look at the importance of trial leave in relation to future recidivism. The HKT-R is not only intended for risk assessment but provides clues for treatment, both for patient and caregiver.

### ***Deviant Behaviour in Autism Spectrum Conditions: Diagnostic Challenges and Ethical Considerations***

Mark Palermo, *Medical College of Wisconsin* (marktpalermo@gmail.com)

Autism Spectrum Disorder (ASD) has been associated with deviant behaviors and crime, although the evidence for causality remains unconvincing and unclear. The key elements in ASD are difficulties in social cognitive areas, including moral judgment and behavior. Furthermore, prosocial moral emotions such as empathy, sympathy and compassion may all be impaired to various degrees in ASD, and are felt to contribute to a propensity for deviance although current studies often suffer from selection bias and may have been confounded by overinclusive diagnostic criteria. A review of current understanding of ASD and deviance, the possible

underlying neuropsychological and neurological mechanisms and an analysis of risk factors for the involvement in deviant behavior or for entering into contact with the legal system, will be presented. The differential diagnosis of ASD as it pertains to deviant behaviors and the ethical aspects of its use as a model for conditions which share problems in moral behaviors, such as psychopathy will be discussed.

## ***Criminal Outcomes for Flemish Forensic Psychiatric Patients after Medium Security Treatment***

Inge Jeandarme, *Tilburg University* (ingeborg.jeandarme@telenet.be)

Criminal outcomes of Flemish forensic psychiatric patients after medium security treatment are very scarce. In this lecture, we will present and discuss reconviction data and re-imprisonment data for offenders over a 10-year period. 502 forensic offenders were discharged from medium security treatment in the Flemish part of Belgium to a less strict environment or to the community. Over a follow-up period of (averaging) 3.6 years, 7.4% of discharged patients were reconvicted or received a verdict for a new (sexual) violent offence. One-quarter of the population had their conditional release revoked. Recidivism rates were higher after absolute release in comparison to conditional release.

The results of this study suggest that the treatment and mental health supervision of forensic patients in Flanders is effective in protecting the community from further offending.

## ***Diagnostics, Developmental Disorders, and Delinquency***

Rosalind van der Lem, *The Kijvelanden, Rotterdam, The Netherlands*  
(Rosalind.van.der.lem@hetdok.nl)

Developmental disorders are associated with delinquent behavior. Prevalence of Attention Deficit Hyperactivity Disorder (ADHD) is high (rates up to 25-40%) in forensic populations. Delinquents with ADHD are more often convicted and commit more severe crimes than delinquents without ADHD. Hyperactive/impulsive behavior can be due to impaired self regulation which is associated with delinquent (often aggressive) behavior. Autism Spectrum Disorder (ASD) is often mentioned in crimes like stalking, sexual offensive behavior and threatening (so-called “love wolves”). ADHD and ASD seem to overlap, rates of “co-morbidity” are up to 25%. In this lecture, the symptomatology of ADHD and ASD in relation to delinquent behavior will be presented. The current knowledge about the neurobiological aspects of executive functioning and empathy will be presented in relation to developmental disorders. Finally, we will discuss the clinical relevance of classification of several “co-morbid” psychiatric disorders in individual patients with developmental disorders, who are, no doubt, “multiproblem patients.”

## ***Forensic Treatment Evaluation***

Frida van der Veeken, *The Kijvelanden, Rotterdam, The Netherlands* (f.c.a.vdrveeken@uvt.nl)

While the use of Routine Outcome Monitoring (ROM) in general health care is more and more studied, forensic ROM is still in its infancy. ROM concerns the periodic monitoring of relevant treatment issues. In forensic mental health care this concerns psychiatric symptoms, daily functioning and quality of life and, essential, risk and protective factors. The Instrument for Forensic Treatment Evaluation (IFTE) assesses risk and protective factors routinely on a multidisciplinary base. The goal of ROM is to obtain better insight in the treatment progress of the individual patient and to make rational choices concerning treatment by systematical measurements of patient disease, functioning and wellbeing. This gives the ability to adjust treatment earlier, which is important since treatment in forensic institutions takes approximately nine years now. This presentation will focus on the clinical use of forensic ROM with the IFTE. The psychometric value of the IFTE will be addressed, as will its predictive value in relation to treatment decisions. The progress reflected by different forensic clinical patient profiles will be discussed, as will research opportunities concerning evidence-based treatment and ROM.

## **85. Forensic Patients in Sweden: Factors Affecting the Treatment Process**

### ***Forensic Psychiatric Patients in Sweden: Clinical and Crime Characteristics of a Total Cohort***

Hedvig Krona, *Lund University* (hedvig.krona@med.lu.se)

**Background** The objective for forensic psychiatry in Sweden is to identify mental disorders in perpetrators of serious crimes and to prevent new crimes. A forensic psychiatric investigation (FPI) is made by a forensic team, to evaluate the mental state of the offender.

**Aims** The aims of this study are to provide an overview of clinical and crime-related features in a total, consecutive cohort of 125 patients, living in the Malmö catchment area, from 1999 until 2005 and to characterize patients with a history of several violent crimes.

**Methods** Data was collected from the FPIs or Forensic Psychiatric Screening Reports (FPSR). Statistical analysis was made with SPSS.

**Results** This paper confirms previously known correlations between repeated violence crimes and male sex, early age at first crime and a comorbid substance use disorder. The History and Clinical scores of the risk assessment tool HCR-20 were statistically correlated to repeated violence crimes, whereas PCL-SV scores were not correlated.

**Conclusions** The data supports previous findings of risk factors for repeated violent offending and highlights the need for more in depth diagnostics of neurodevelopmental disorders as well as the need for future research of dynamic risk factors of repeated violent behaviour.

**Clinical implications** This study provides the detailed base-line descriptives for a number of upcoming manuscripts on the neuroimaging findings and long-term outcome of this representative forensic psychiatric cohort.

## ***Physical Performance, Health, and Aggression in Forensic Psychiatric Care***

Henrik Bergman, *University of Gothenburg* (henrik.bergman@vgregion.se)

### **Introduction**

Patients with severe mental disorders in forensic psychiatric care appear to be exposed to multiple risk factors for cardiovascular disease. Physical activity, including exercise, provides an important protection against this type of illness and there are reasons to believe that physical activity can have positive effect on psychiatric symptomatology as well. Despite this, there appears to be no general consensus on physical activity as part of treatment in forensic psychiatric care. There is little knowledge of forensic psychiatric patients' physical fitness, physical activity levels and self-perceived health. The aim of this study is to describe patients in psychiatric inpatient care regarding various physical, psychological and health variables and examine the relationship between these variables.

### **Method**

All inpatients (n=76) at the forensic psychiatric department of Sahlgrenska university hospital are included. Excluded are patients not able to participate due to security reasons, and patients without sufficient knowledge in Swedish. The overall design is cross-sectional and the following variables are investigated: Physical activity level, walking ability, running speed, explosive leg strength, maximal oxygen uptake, health-related quality of life, psychiatric symptoms and global functioning, aggression, self-perceived stress, character, risk factors for cardiovascular disease and medication.

### **Results**

Data collection will begin in september 2014.

## ***Compulsory Outpatient Treatment: Implications for Length of Stay in Swedish Forensic Psychiatric Care***

Björn Hofvander, *Lund University* (bjornhofvander@med.lu.se)

In Sept 2009 a new legislation was enforced in Sweden, allowing compulsory treatment in out-patient psychiatric services. This reform was meant to enable the provision of involuntary, community based, treatment to patients in general and forensic psychiatric patients. The consequences of this reform in terms of length of stay within forensic psychiatry are still not known. The study cohort is a population-based, consecutive series of offenders sentenced to involuntary forensic psychiatric treatment in the region of Malmö, the third largest city in Sweden and the capital of the region of Scandia. The cohort is reasonably representative for Swedish forensic psychiatry. A total of 111 court-ordered treatment periods were followed from 2009-2014 until half of the cohort were released from care. The aim is to analyze the consequences of this new legislation in terms of time in treatment. Baseline data included multi-axial psychiatric diagnostics, social investigations and crime-related data. Complications in the form of substance abuse, non-compliance during temporary leaves of absence, absconding, violence in the treatment setting or in the community, and non-compliance with court rulings and treatment plans will be described and related to baseline data. A Cox proportional-hazards regression analysis will be performed to predict length of stay. Independent variables will include time-dependent care process related events as well as clinical and other background data. In addition, lengths of stay after the implementation of the reform will be compared to a cohort treated before the reform. The reform has had significant impact on the lengths of stay in Swedish forensic psychiatry. Particularly out-patient treatment has been prolonged and the cost and benefits of this reform will be discussed.

### ***A Broad Screening for the Needs of Health Promotion among Forensic Psychiatric Patients: A Presentation of the Very Important Patient (VIP) Project***

Helena Andreasson, *Lund University* (Helena.i.andreasson@skane.se)

**Objective:** There is extensive scientific support for the notion that somatic illnesses, including chronic diseases, are highly overrepresented in psychiatric patients, contributing to a decrease in life quality and early death. Despite these facts there is still a lack of research of these issues in forensic psychiatry. The study aims to give a detailed description of the somatic health care needs in forensic psychiatric patients treated in the Division of Forensic Psychiatry, Region Skane. **Subjects and methods:** 150-200 forensic psychiatric patients will be screened for health risk factors and comorbidity of lung, heart and liver diseases and diabetes through standardized questionnaires and tests covering history data, physiological measures, blood and urine status and previously diagnosed comorbidity treated with medication. All patients will also fill out the following questionnaires; the SF-36 self-assessment questionnaire regarding health, the Functionality Questionnaire (the Roland Morris Questionnaire), and the Brief Pain Inventory Questionnaire regarding pain. Patients who are screen positive for health risk factors and comorbid illnesses are offered a structured and qualified health consultation focusing on the individual patient's lifestyle and co-morbidity, where treatment suggestions will be implemented within the frame of the usual forensic psychiatric treatment. **Expected results:** The VIP project is expected to involve large groups of patients within the Division of Forensic Psychiatry, which

will be given the opportunity to improve their health, with reduced risk for development or deterioration of lifestyle-related chronic diseases and injuries. This project will give a detailed picture of the health status in forensic psychiatric patients, lead to positive health effects in participating patients, and, finally, be used to develop national (and international) guidelines for health support and interventions in patients treated in forensic psychiatry.

## **86. Forensic Psychiatric Topics as Portrayed in Film**

### ***Forensic Psychiatrists in Film***

Brad Booth, *University of Ottawa* (bbooth25@gmail.com)

Potential jurors are much more likely to have seen a forensic expert on TV or at the movies, than they are to have met one in real life. Friedman, Cerny, Soliman, and West (2012) described five types of forensic experts seen in fiction. These include: Dr Evil (e.g. Hannibal Lecter), The Professor (e.g. Dr Huang), The Hired Gun, The Activist, and the Jack of All Trades. Before an expert takes the stand, the jury's expectations may have already been formed by these fictional characters. They have also proven a useful vehicle for teaching about expert witnessing (and what not to do) to clinicians and lawyers alike.

### ***Female Psychopathy in Film and Television***

Susan Hatters Friedman, *University of Auckland* (susanhfmd@hotmail.com)

Female psychopathy is almost ubiquitous in film and television. Cerny, Friedman & Smith (2014) recently described examples from not only crime shows, but soap operas, comedies, reality TV, fantasy, and young adult programmes. Yet, female psychopathy may be less well recognized in the real world. Films and TV can be utilized in teaching about the gender differences in psychopathy, such as the use of sexual manipulation, social aggression, and emotional instability; how commonly we see it on programs may help normalize bad behavior for a generation of young women as well. This presentation seeks to educate both about female psychopathy and about its presence in movies and TV.

### ***Sexual Disorders on the Silver Screen***

Renee Sorrentino, *Harvard University* (rsorrentino@mgh.partners.edu)

This presentation will explore the spectrum of paraphilic behavior to paraphilic-disordered behavior as portrayed in film. The use of cinematography to understand sexual behavior is

advantageous by allowing the viewer both an entry into the behavior as well as providing a reflection of societal views of such behaviors. A discussion of the paraphilic behavior will include a review of the film in which the behavior is displayed followed by a clinical review of the disordered behavior.

## ***Sleeping Dogs Lie: Zoophilia in Film***

Sara Moore, *Institute for Sexual Wellness, Boston, USA* ([sara\\_moore@williamjames.edu](mailto:sara_moore@williamjames.edu))

The final talk in this session will focus on bestiality and zoophilia in film. Kinsey's work yielded rates of 8% of men having engaged in bestial acts, with a lower percentage of women doing so. This subject is seen as taboo in many cultures, despite the practice occurring since early recorded history, as demonstrated by cave drawings. I will present our proposed typology for characterizing those offenders who have engaged in bestial acts (including subcategories of both zoophilia and pseudo-zoophilia) (Booth, Sorrentino, & Moore, under editorial review). Finally, we will discuss examples of zoophilia and bestiality in recent films.

## **87. Forensic Psychiatry in Pakistan: An Update**

### ***Current Affairs of Forensic Psychiatry in Pakistan***

Tariq Hassan, *Queen's University* ([hassant@queensu.ca](mailto:hassant@queensu.ca))

The demand of forensic psychiatric services in Pakistan is critical. The current lack of psychiatrists with a forensic interest cannot keep up with demand. Highlighting this important discipline is also met with understandable anxiety relating to public outcry for certain types of forensic cases and how to mitigate the risk to psychiatrists. Large institutions in Pakistan, though, have mechanisms in place to address the mentally ill offender. Nevertheless, Pakistan can still learn from the experience of the West. There is hardly any literature that looks at forensic psychiatry in Pakistan in terms of its current context and future plans. This presentation looks at appraising the current trends of forensic psychiatry in Pakistan. By doing so, the discipline can aim for higher standards in this field across multiple forums in Pakistan. There is an impending need to highlight this discipline within psychiatry and implement far-reaching goals. Greater education of our psychiatry residents, judges, and lawyers in smoothing the transition for such patients between psychiatry and the judicial system is necessary. Greater public awareness is needed on mental illness and the forensic mentally ill is also necessary. Finally, regular sharing of forensic practices between institutions to learn from one another will allow standardizing practices across the country.

### ***Community Mental Health Services in Pakistan: an Update***

Tariq Munshi, *Queen's University* (munshit@providencecare.ca)

We are well aware that robust treatment is required for a reduction in the rate of recidivism in mentally ill offenders. In the western world, the court diversion and various other treatment programs have been instituted to manage this issue. Pakistan's mental health policy was last reviewed in 2003 in the joint collaboration by various organizations and coordinated by the World Health Organization. According to the report, community-based residential facilities and day treatment facilities are not available. This means that the opportunities for rehabilitation and recovery of individuals are quite limited. The previous studies have findings suggesting a need to develop feasible, cost-effective, community-level interventions, which can be integrated into existing healthcare systems. There has been increasing awareness of psychiatric illnesses on both public and professional levels in Pakistan. There has been great emphasis placed upon the education and training of medical and related professionals in recent years. The college of physicians and surgeons of Pakistan recognizes Psychiatry as a speciality and offers postgraduate training throughout various institutions in the country. The impact of media is now clearly identified as a major agent of change and needs to be at the forefront of educating the masses of recognizing the importance of mental health problems affecting the society. The way forward would be to promote educational activities in order to increase awareness, reduce stigma and draw attention to the availability of effective treatment. It is therefore imperative to develop community mental health services to provide quality care to the affected individuals with mental health issues and support their families with possibly forming a joint partnership to lessen the burden.

### ***Substance Abuse in Pakistan Prison Population***

Nadeem Mazhar, *Queen's University* (mazharm@KGH.KARI.net)

With a population of approximately 180 million, Pakistan is the world's sixth most populous country. Considered to be a developing country, it is ranked 145 out of 187 countries according to the 2011 United Nations Human Development Index. A quarter of people in Pakistan are estimated to be living on less than 1.25 USD a day. Low literacy rate, financial hardships and poverty, and drug trafficking from neighboring Afghanistan (which by many estimates is the largest opioid producer in the world) are considered to be factors contributing to the substance abuse problem in Pakistan. Prison statistics have been more difficult to obtain, with the best estimate in a 2000 United Nations Report, which stated "Prisons were found to have the largest numbers of drug addicts, at any given time, of any institution in the country. Prison drug addicts constitute between 20 and 40 percent of the total prison population. Most prison addicts languish in custody for prolonged periods and receive extremely limited drug-related care." A much higher prevalence rate of 59.2%, for illicit drug use with in six months of incarceration, was found in an important study carried out in Central Jail of the southern port city of Karachi. 11.8% of prisoners reported intravenous drug use, out of which 46% admitted to sharing needles. 77% of the prisoners reported smoking cigarettes and use of other tobacco products. The higher

prevalence of drug and alcohol use in the prison population in Pakistan is particularly concerning due to re-offending because of addiction, potential for spread of infectious diseases both within the prison and the general communities where the prisoners are being released to. We believe that there is a strong need for correctional services in Pakistan to learn from the addiction treatment models being adopted both globally and regionally to control the epidemic of drug use. There is a strong need for prison based screening programs focusing on early intervention. Prison data could provide useful epidemiological information into a subset of high-risk population. Education and awareness programs along with vocational training inside prisons could break the cycle of re-offending.

## ***Forensic Child and Adolescent Psychiatry in Pakistan***

Sarosh Khalid-Khan, *Queen's University* ([khalids@hdh.kari.net](mailto:khalids@hdh.kari.net))

In Western countries, prevalence of psychiatric disorders in children and adolescents are known to be high. In developing countries like Pakistan the prevalence and range of psychiatric disorders seen in children is similar to those seen in the West. It is known worldwide that it is important to detect emotional and behavioral problems early so treatment can be implemented. Having a mental illness elicits social stigma in all parts of the world. In a country like Pakistan, this stigma is rooted in a large population that has high rates of illiteracy and who prefer to consult faith healers and spiritual healers before visiting mental health professionals. There is great shortage in Pakistan of trained and specialist mental health professionals with pediatricians and neurologists covering a broad range of neuropsychological disorders. Professionals faced with developing children's mental health services in Pakistan are faced with many challenges. Forensic Psychiatry, where the interface of psychiatry and the law meet, is still in the initial developing phase in Pakistan. Forensic Child Psychiatry services are virtually nonexistent. In this presentation, the existing services in Child and Adolescent Forensic Psychiatry in Pakistan will be reviewed. In addition, the challenges of developing such a service with limited resources in a developing country like Pakistan will be discussed. Future directions and plans for such a service will be elaborated upon.

## ***Legislation and Mental Disorder in Pakistan – Practical Challenges***

Asad Nizami, *Rawalpindi Medical College* ([drasadnizami@gmail.com](mailto:drasadnizami@gmail.com))

In Pakistan, all criminal offences are charged under the Pakistan Penal Code (PPC), which drew its origin from 1860 on behalf of the Government of British India as the Indian Penal Code. Currently, the PPC is now an amalgamation of British and Islamic Law. Until 2001, the laws in Pakistan relating to mentally ill were guided by the Lunacy Act of 1912, which was inherited from the British colonial occupiers in the Sub Continent. In collaboration with the international and national mental health fraternity, a new legislation, the Mental Health Ordinance, came into effect in Pakistan in 2001. Most of the laws in the Mental Health Ordinance 2001 were adopted

from the laws in the Mental Health Act 1983 of the UK. Since its promulgation and implementation, apart from administrative difficulties, the civil society also posed fears and apprehension in implementing the Mental Health Ordinance. In Pakistan, Islam plays a major role in determining the value system of Pakistani society, and the treatment of individuals who are mentally ill is greatly affected by the society's strong religious and ethical values. Therefore, there are reservations while implementing and practicing the Mental Health Ordinance in Pakistan and the society has reservations in categorization of mental health disorders and their definitions, treatment places that are outlined, as well as types of treatments that are limited in the ordinance. In some cases, select members of the public demand their own form of justice against the accused, which unfortunately can have fatal consequences.

## **88. Fragile Elderly, Ethics and the Law**

### ***The Aging, Disabled Shoah Survivors and the Transgenerational Transmission of Trauma, Resilience, Memories and Moral Values***

Harold Bursztajn, *Harvard Medical School* (hbursztajn@hms.harvard.edu)

Omar Haque, *Harvard University* (haque@wjh.harvard.edu)

History matters when understanding how an aging individual faces fragility, disability and death. This includes family history and its impact on the patient and the patient's family. There have been studies regarding the transgenerational transmission of trauma as the aged face disability and death. Here we will begin to explore a boundary of the "undiscovered country": the transgenerational transmission of resilience and moral values. This presentation will develop further the 2013 IALMH presentation in Berlin which explored ethical choices under the conditions of great moral hazard, of the Shoah of World War 2, by the Lodz Ghetto health care and sanitation workers which included the author's parents. In the current presentation, the focus will be on how aging survivors' attitude in the face of fragility and death mirrored the values which governed their behavior during the Shoah. Much can be learned from such survivors relative to the treatment of the frail aged and the disabled and their families and why care providers need to learn about their patients individual and family history in order to engage in an authentic informed consent process, to provide ethical and effective care, and to avoid the pitfalls of ahistorical iatrogenesis.

### ***Suicide and Mortality in the Elderly: The Frailty Explanation***

Robert Kohn, *Brown University* (Robert\_kohn@brown.edu)

The risk of suicide increases with age, at least in men. One possible explanation as to why the elderly are more successful at suicide is that they are frailer. Data on the rates and risk factors for suicide will be discussed in the context of the frailty hypothesis. Data from the surveillance of self-harm data from the Centers for Diseases Control (CDC) and fatal injury data were

merged. This examination found that 1) The mortality among self-harmers fits an exponential function of age and 2) the logarithmic difference between female and male suicidal mortality increases in direct proportion to age from puberty to menopause, with no further change thereafter. The increasing mortality with age cannot be dismissed by arguing that elders are at higher risk for suicide due to frailty. Having a single mathematical function across the age spectrum would require the same frailty explanation to distinguish the increased risk of mortality even at the youngest of ages. This investigation of mortality has a very distinct epidemiology in contrast to suicide rates. Suicide rates differ markedly by race, methods and gender across age groups; mortality has small variations across these demographic factors.

## ***Undue Industry Influence on Practice Guidelines for Major Depressive Disorder: Implications for Working with the Elderly***

Lisa Cosgrove, *University of Massachusetts, Boston* ([lisa.cosgrove@umb.edu](mailto:lisa.cosgrove@umb.edu))

Emily Wheeler, *University of Massachusetts, Boston* ([emily.e.wheeler@gmail.com](mailto:emily.e.wheeler@gmail.com))

The elimination of the bereavement exclusion from the diagnostic criteria for Major Depressive Disorder (MDD) in the *Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition* (APA, 2013) created a firestorm of controversy. With this change, individuals who are actively grieving a loss may be diagnosed with Major Depressive Disorder (if they present with five symptoms of depression two weeks after the loss). Critics have charged that the elimination of the bereavement exclusion could result in the medicalization of grief and an over-diagnosis of MDD in older adults. In light of the additional risks for older adults taking antidepressants, the possibility of over diagnosis—and over treatment—for MDD is cause for concern. This presentation will address the controversy over the “medicalization of grief” in older adults by focusing on the American Psychiatric Association’s (APA) most recent clinical practice guideline (CPG) for MDD. Specifically, APA’s recommendations for the treatment of MDD in older adults will be reviewed. A sample of international CPGs produced by government, rather than medical specialty, organizations will also be reviewed. Concordance and discordance among the CPGs, and implications for the informed consent process, will be discussed.

## ***Why Mind Matters as You Age***

Ronald Abramson, *Tufts University* ([rona976@aol.com](mailto:rona976@aol.com))

In recent years main stream psychiatry has placed emphasis on the concretely objective evidence-based dimension of understanding and treatment of mental disorders. This emphasis has fostered major advances in understanding and treatment of aging individuals who suffer from mood disorders, dementias, and sometimes psychoses. However, those who treat elderly patients know that understanding their subjective experience, that is their mental world, is often crucial to learning what is important to them and improving management. Understanding subjectivity, for example, led to the placement of black mats at the exit doorways of a ward with patient with

dementia which the patients often perceived as deep chasms. This reduced the hazard of patients wandering outside without supervision. It has been shown, as another example, that mind-body interventions such as Yoga, Tai Chi, and Qi Gong can improve clinical outcomes in elderly people and foster greater levels of vitality and lower levels of tension and depression. Finally, older people experience sexual transferences during their psychiatric interviews which could affect what they choose to share with the interviewer. These and other examples, as well as some theoretical notions, will document that there is sound clinical and scientific reasoning to keep the mind in geriatric psychiatry.

## **89. Free Will in Forensic Psychiatric Evaluations**

### ***Free Will: Neuroscience Discoveries and Forensic Implications***

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

The concept of free will deeply affects the perception of personal identity and human ethics, with important implications on moral responsibility and accountability. In recent years, cross-disciplinary research has focused on new interesting interpretations. Specifically, neuroscientists have underlined the possibility to conceptualize free will as the capacity to exert an inhibitory control on behavior, and suggested to substitute the term free will with “free won’t.” At the same time, the mental insanity assessment relies on concepts such as sense of agency, capability to do otherwise and to act for an intelligible reason. This discrepancy must be addressed and clarified, as it constitutes a problem of uttermost importance especially in forensic psychiatric, since the underlying assumption implies that mental illnesses can reduce or exclude “free will.”

### ***Bad or Mad? Novel Insights into Antisocial Behaviour from Genetics and Neuroscience***

Pietro Pietrini, *University of Pisa* ([pietro.pietrini@med.unipi.it](mailto:pietro.pietrini@med.unipi.it))

Since the nineteenth century, it has been well known that lesions to the cerebral cortex may lead to impaired behavior. In recent years, modern neuroimaging methodologies, including positron emission tomography (PET) and functional magnetic resonance imaging (fMRI), have revealed significant morphological and/or functional differences in the brains between “normal” and criminal individuals. In addition, molecular genetics found specific alleles in genes involved in the metabolism of neurotransmitters associated with a significantly higher risk of developing antisocial behaviors and committing criminal acts. In view of the evidence from neuroscience, the question of the extent to which individuals are free and responsible for their actions has found renewed vigor. If control of aggression is associated with specific neural substrates, than whatever alterations of such substrates may lead to abnormal behavior that escapes the individual control, even in the absence of evident pathology. Also, possessing a given genetic allele that increases the risk of developing impulsive behavior or losing control under stressful situations or in response to provocative stimuli would not in itself represent a limitation to what we call free

will? These are only some of the numerous questions that arise at the crossroads between science, philosophy, ethics and the law.

### ***Free Will and the Mental Insanity Assessment***

Giuseppe Sartori, *University of Padua* (giuseppe.sartori@unipd.it)

Mental insanity is about the abolishment of free will as a consequence of mental illness. While juridical all theory is quite clear the practical application is controversial. Among the reasons why mental insanity assessment is controversial is that clinicians do not refer to a standard cognitive model of free will in order to decide whether free will is overwritten by mental illness. In this presentation we will discuss a cognitive model of free will and the usefulness of a theoretically guided evaluation.

### ***Anger Control or Outbreak: The Neurobiological Correlates of Anger Provocation***

Franca Tonnaer, *FPC de Rooyse Wissel, Venray, The Netherlands* (ftonnaer@derooysewissel.nl)

Violent crimes cause a lot of harm to society, both financial and emotional. Neurobiological models suggest that reactive aggression is the result of a failure in emotion regulation, caused by an imbalance between prefrontal cortical control and disproportionate bottom-up signals of negative affect by limbic regions, including the amygdala. However, the exact nature of this imbalance remains unknown. Up to now, no study has examined differences between offenders with a history of violent crimes and healthy controls triggering the actual emotion of interest: anger in provocation. Therefore, the present study investigates neural mechanisms underlying anger, response inhibition and reactive aggression in integrated neural networks between groups instead of conventional fMRI analysing identifying specific brain activity. However, the study not only focuses on anger in provocation, but also examines the regulation processes. The results will be presented and practical implications will be discussed at the conference.

### ***Other Disturbances of Mental Function as a Cause of the Insanity of the Offender in Light of the Polish Criminal Code: Questions and Concerns***

Anna Golonka, *University of Rzeszow* (anna\_golonka@o2.pl)

The subject of this presentation is issues concerning the regulation of insanity and diminished responsibility in accordance with the Polish Criminal Code. Special attention will be paid to one of the sources of insanity and diminished sanity (this being one of the statutory terms of these states, which may be the cause of insanity or diminished sanity), i.e. at the so called 'other disturbances of mental functions'. 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.

## ***Use of Diagnosis in Forensic Psychiatry***

Julio Arboleda-Florez, *Queen's University* ([julioarboleda@icloud.com](mailto:julioarboleda@icloud.com))

Mental illness is expressed through behavioural manifestations that reflect cognitive, emotional and volitional aspects of the personality. On the other hand, these behavioural manifestations are the very functions that the law considers essential to adjudicate guilt, label the accused a criminal, and offer a sentence. This might explain why such a large number of mental patients end up in difficulties with the law and in prison, where they pose major challenges for diagnosis, legal adjudication and management. The obligation to deal with these issues has traditionally fallen on forensic psychiatrists who are often asked to provide evaluations on the mental state and competence of individuals involved in legal actions. This involvement could be either in *criminal law*, in relation to the possibility that an accused might suffer from a mental condition, or in *civil law*, in relation to the possibility that a person entered into some kind of contractual agreement while not entirely *compos mentis*. In any of these situations forensic psychiatrists follow heuristic rules to arrive at a classification of symptoms that, at times, conform to diagnostic entities in the general body of psychiatry, but that often refer more to the legal exigencies of the case and to a need to accommodate clinical findings to determination in law.

This presentation is a review of the elements and processes of forensic psychiatry as applied to the need for useful diagnostic understanding of the symptoms that, ultimately impact on legal decision making.

## **90. Freud, Psychoanalysis, and Law**

### ***The Acceptance of Both Unconscious Self and the Inevitable World in Spinoza's Therapy of the Emotions and Notion of Moral Responsibility***

Heidi Ravven, *Hamilton College* ([hravven@hamilton.edu](mailto:hravven@hamilton.edu))

Spinoza embraces an understanding of the therapeutic, moral, and social-legal benefits of giving up the notion of free will and advocates a stance of the necessary playing out of natural, social, psychological causes. When applied to oneself, to one's individual emotions and experiences in detail, one undergoes an uncovering of both one's unconscious motivations (anticipating Freud, whom he indeed influenced) and also of the implicit enacted belonging in the full range of one's contexts--social, linguistic, historical, cultural, familial, etc. As a consequence, Spinoza maintains, one undergoes a therapeutic transformation from pain, anxiety, and rage to acceptance, calm equanimity, and compassionate benevolence toward others and the world generally. It is not only the greater honesty and fuller self-understanding that breed acceptance but also freedom from the hold of the past and compassionate acceptance emerges from the knowledge of the inevitability of self and others in context. Spinoza proposes that this transformation from retributive to compassionate attitudes is beneficial not only for the individual but for society and its legal and political institutions as well. I will offer a detailed account of Spinoza's theory of moral responsibility as it intends to revise personal attitudes and social mores.

### ***The Disconnect between Law and Psychology: A Proposal for Change***

David Shapiro, *Southeastern University* ([psyfor@aol.com](mailto:psyfor@aol.com))

The fields of law and psychology often create an uneasy mix. Many of the assumptions in the law do not translate easily into psychology nor do those in psychology translate into the law. Psychologists react to this in one of two ways: either they try to bend psychological constructs to fit into legal constructs, or they demand that the law bend and accommodate psychological perspectives. Either extreme creates problems at the interface. For instance, the legal concept of insanity has no parallel in specific aspects of psychology and for that reason, many severely mentally ill people are convicted and sent to prison. On the other hand, psychological practitioners who demand that the law change to accommodate new findings, especially in the neuro sciences, run into similar barriers. This presentation will outline some of the major ways in which the systems of law and psychology conflict, and will suggest a solution, utilizing the concept of therapeutic jurisprudence and mental health courts.

### ***Freud, Psychoanalysis, and the Law***

Morris Eagle, *Delphi University* ([meagle100@aol.com](mailto:meagle100@aol.com))

Freud devotes approximately 20 pages to an explicit discussion of the “law” in the entire corpus of his work. One, a narrow context, is his critique of an Austrian law declaring illegal the practice of psychoanalysis by laypersons. The other much broader context is his reply to Einstein’s 1932 letter asking “Is there any way of delivering mankind from the menace of war?”. The former critique, which is mildly interesting, expresses Freud’s attitude toward what he regards as an unjust law. The latter, a far-ranging response to the question of “Why War?”,

reveals Freud's thoughts regarding the relationship between right (recht) and might (macht); the embeddedness of law in collective violence; the roots of war in the destructive instinct, and the role of Eros and the "progressive displacement of instinctual aims.....and impulses by a strengthening of the intellect" in limiting war and violence. My paper will elaborate Freud's views, both implicit and explicit, on the relationship among law and civilization, the instincts of sex and aggression, and the nature of responsibility. I will also briefly compare these views with post-Freudian psychoanalytic perspectives on these issues.

Evert Van Leeuwen, *Radboud University Nijmegen* ([evert.vanleeuwen@radboudumc.nl](mailto:evert.vanleeuwen@radboudumc.nl)) – Discussant

## **91. From Death Row to Guantanamo: Practical Ethics in the Interface between Law and Mental Health**

### ***Working with a Client Who Has Survived Torture: Barriers and Strategies for Lawyers and Mental Health Experts***

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Terrorism cases in civilian and military courts may require defense attorneys to work with clients who have been tortured during their detentions and interrogations, whether by the US or other governments. Particularly in military tribunals, attorneys face a number of practical, clinical and ethical obstacles in developing a functional relationship with these clients who have been methodically tortured by government actors. Barriers include continuing environmental and government-imposed circumstances that recapitulate traumatic experiences, thereby impeding development of trust and open communication, trigger psychological symptoms of avoidance, which create difficulties in obtaining a history of the client's life, including torture experiences, and exacerbate cultural obstacles due to the perceived or actual cultural differences.

Use of a mental health expert to assess a traumatized client's history, as well as to educate the legal team on the effects of the torture, and the prerequisites for recovery and the client's development of the ability to trust and perceive information accurately can be essential. In this panel, a neuropsychiatrist with extensive experience working with traumatized populations and death-charged defendants will moderate a discussion among capital defense attorneys with decades of experience -- including extensive work representing capitally-charged defendants in the 9/11 cases in Military Commissions in Guantanamo Bay -- a clinical psychologist who is an

expert in the effects of torture and has evaluated several terrorism defendants, and a specialist in the investigation and development of client social histories in death penalty cases regarding the interplay between mental health and legal issues. Specifically, barriers to a healthy and productive attorney/client relationship that emerge from an experience of torture and trauma will be addressed, and specific strategies of communication that can be effective between lawyers and abused clients will be presented. In addition, the panel will discuss legal issues pertaining to torture in capital cases, such as the fundamental ethical and legal barriers to thorough investigation of trauma that arise when the investigation necessarily threatens to further traumatize the client.

## ***Interviews, Interrogation and Trauma in Death Penalty Cases***

Denny LeBoeuf, *ACLU John Adams Project, New Orleans, USA* (dleboeuf@aclu.org)

Most modern torture takes place in the context of interrogation; many victims of domestic violence have also experienced interrogation as a part of the traumatic abuse. Defense attorneys and mental health experts need to take special care when interviewing tortured and traumatized clients that the circumstances of the interview do not replicate the trauma of interrogation, thus triggering symptomatic responses and preventing establishment of a relationship critical to the defense. The consequences of trauma make some individuals uniquely vulnerable to false confessions, as many law enforcement techniques mimic some strategies of coercive control and may trigger compliant behavior in an effort to avoid further questioning. False confessions can be especially problematic in death penalty cases, where a defendant who was present or did commit a homicide may, under pressure, add false details that ratchet the crime into a capital case. The law in many states, including the U.S., focuses on a judicial assessment of witness/suspect statements, which hinge on legal concepts of voluntariness, but are not sufficiently informed as to the coercive nature of questioning in the context of prior trauma. Reliability evaluation should focus on fact investigation and corroboration as well as psychological assessment of a defendant's vulnerability.

## **92. Gambling**

### ***Opiates and Pathological Gambling***

Icro Maremanni, *University of Pisa* (europad@wftod.org)

The prevalence of pathological gambling (PG) in heroin addicts during AOT is up to 20%, much higher than in the general population. Generally it starts before heroin addiction, its duration is longer if started before opiates and the majority of PGs can stop gambling before entering AOT. The prevalence of lifetime PG in methadone maintained patients may reach about 50%. PG is more frequent in alcoholics and cocaine abusers. When present during MMTP, PG is generally linked to alcohol misuse. The natural history and the addictive evolution of PG is very similar to

heroin addiction. According to the promise of opioid receptor antagonist drugs in the treatment of neuropsychiatric disorders, opioid antagonists are useful in many psychiatric conditions. Studies from many groups have also shown the lack of effectiveness of opioid antagonists in the treatment of the majority of long-term heroin addicts. Opioid antagonist use is mostly confined to detoxification-related procedures, whereas its long-term effects and properties have been largely neglected partly due to its limited effectiveness in the long-term control of addictive behaviours. Opioid Antagonists are effective in alcohol dependence and cocaine dependence that are frequently associated with PG. From a therapeutic point of view, apart from the combination PG-heroin addiction, opioid antagonists, as naltrexone and nalmefene, seem to be effective in PG treatment especially when PG is associated with poly (alcohol and cocaine) abuse. Regarding PG and heroin addiction about 20% of patients may benefit from AOT, stopping PG. Therefore, a continuum that goes from PG with heroin use to PG with alcohol and cocaine use does exist. Agonist and antagonist opioid medications are properly used only in accordance with this continuum.

### ***Gambling, Abuse and Dependence: How to Assess?***

Otto Lesch, *Medical University of Vienna* (otto-michael.lesch@meduniwien.ac.at)

In DSM-5 abuse was omitted, because of a very low validity and a low reliability. Three different severity degrees of dependence have been defined and following all the research in addiction the heterogeneity is undoubted. In tobacco, alcohol, opiate and also in amphetamine dependence it has been shown, that similar frequencies of Lesch type III and IV patients can be found in all these addictions. Lesch Type I and II patients can only be differentiated in tobacco and alcohol dependence. As it was shown that the Lesch typology is relevant for the illness course, and claims special treatments, it would be interesting if the programme used in opiate and amphetamine dependence can be used also in gambling dependence. Today the instruments used for detection of gambling abuse and addiction only describe the severity of the behaviour and from gambling caused disabilities. For a sufficient treatment we need much more information on personality traits, comorbidity, developmental disorders and last but not least subgroups defined by typologies. In this session we want to present a PC programme, which can be used for the assessment of gambling dependence and of other treatment relevant factors, as e.g. the Lesch typology. These procedures could be used to define forensically relevant conditions in gambling persons in a better way.

### ***Associations between ADHD, Gambling Disorder and Criminal Behaviour***

Laura Brandt, *Medical University of Vienna* (laura.brandt@meduniwien.ac.at)

Attention deficit/hyperactivity disorder (ADHD) has been linked to addiction in a large number of studies, yet there is very little data on co-morbidity of gambling disorder (GD) and ADHD, even though both disorders share the essential characteristic ‘impulsivity’. Preliminary results indicate that co-morbidity is frequent with over 25% of pathological gamblers having a history of ADHD. GD is highly related to criminal behaviour leading to high costs for society, and ADHD additionally increases the risk. Adults with ADHD compared to healthy controls are considerably more likely to have been arrested (47% vs. 24%), convicted (42% vs. 14%), and incarcerated (15% vs. 1%). Importantly, medical treatment of ADHD seems to reduce criminality rates significantly (32% for men and 41% for women). Furthermore, patients with co-morbid GD and ADHD report more severe gambling problems and higher levels of gambling-related cognitions as well as a higher frequency of other psychiatric co-morbidities, harming the prognosis of rehabilitation efforts. Results on GD and ADHD co-morbidity including gender differences are presented and put into relation with criminal behaviour to highlight the importance of adequate recognition, diagnosis and treatment of both disorders, not only to increase patients’ quality of life but also to reduce the high societal costs.

### ***Time until First Treatment in Pathological Gamblers***

Peter Berger, *Medical University of Vienna* ([peter.berger@meduniwien.ac.at](mailto:peter.berger@meduniwien.ac.at))

**Introduction:** Pathological gambling is a behavioral addictive disorder that usually results in a severe financial and psychosocial disaster. A longer duration of the disorder is associated with more severe problems. Early treatment may reduce the burden of pathological gambling. Thus, it is interesting to explore factors associated with time to first treatment. **Methods:** Data collected routinely of all subjects who attended for their first time the largest outpatient treatment institution for pathological gamblers in Vienna, the “Spielsuchthilfe” from the years 2002 to 2013, and who never before had underwent treatment for pathological gambling, were analyzed.

**Results:** In total 2495 subjects (84% men and 16% woman) with pathological gambling or problem gambling (14%) could be included in the analysis. The mean time from beginning of the problem to first treatment was 6.4 years (SD 6.8). In an analysis of variance of the years from 2002 to 2013 there was no significant difference in the time to first treatment. Interestingly, 16% of the subjects had had psychiatric treatment for some reason before, but a problem with gambling was not focused or mentioned. In a regression analysis of patients of the years 2011-2013 (N=511), with duration of problem gambling as the dependent variable and gender, age at onset and the ten criteria for pathological gambling according to DSM-IV as independent variables, only age at onset (beta=-0.27, t=-6.49, p<0.001), DSM-criterion 5 (affective regulation or escape by gambling, beta=0.11, t=2.65, p=0.008) and DSM-criterion 6 (chasing losses, beta=-.10, t=-2.37, p=0.018) were retained in the model (f=18.09, p<0.001, r<sup>2</sup>=0.1). **Conclusions:** Although there was an increasing amount of information on gambling in the media in the last years, this did not promote help seeking behavior in patients. The results suggest that subjects with a later onset of the disorder and probably more stable personality using gambling to cope with stress attend treatment in an earlier stage of the disorder. Thus, programs for prevention should focus on the needs of different age-groups. Increasing the legal age for gambling and prohibiting advertisement for/with young subjects may be important

## **93. “Good Enough” Parenting by Parents Impacted by Fetal Alcohol Spectrum Disorder (FASD)**

### ***Assessing “Good Enough” Parenting by Parents Impacted by FASD***

Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada* (annmarie.valerian@shaw.ca)

Parents with Fetal Alcohol Spectrum Disorder (FASD) often struggle with parenting. An FASD diagnosis may or may not have been made prior to difficulties arising and the intervention of child protection services. Often parents impacted by FASD have thin support networks and a myriad of issues that impact their social functioning (e.g., poverty, homelessness, transiency, trauma, criminal history, addiction, etc.). Parenting assessments are often used as a support to case planning and legal decision making regarding an FASD impacted parent’s capacity and ability to parent. It is important that the professionals involved in assessing the parenting ability of FASD impacted parents have a comprehensive background in the psychological and social aspects of parenting and specialized knowledge of FASD and the community services available to support parenting. Use of comprehensive assessment tools that embrace a positive approach to parenting with disabilities is important to make parenting recommendations that are protective of children and respectful of parental rights to raise their own child to the degree possible. This presentation will discuss an approach to the completion of FASD informed parenting assessments.

### ***Beyond Diagnosis to Function***

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

Each parent impacted with FASD presents with a different set of strengths and vulnerabilities. As the demands of pregnancy, the birthing process and parenting are realized by an FASD impacted parent, there is often a period of crisis that tests the limits of the parents’ ability to cope with their baby and relationships. Both personal and professional connections can become strained by the added demands of a child. Comprehensive assessment must move beyond simple diagnostics and support those in the community to understand the abilities and strengths of the FASD impacted parent. A static diagnosis is not helpful, it must be accompanied by recommendations about supports required to assist FASD impacted parents in parenting. This presentation will focus on the importance of communicating about the practical neuropsychological and cognitive functioning of the FASD impacted parent and on making meaningful recommendations to support the parent being as actively engaged in independent parenting as possible.

## ***Prenatal Reporting of At-Risk Women to Child Protection Services: An Australian Perspective***

Stephanie Taplin, *Australian Catholic University* (stephanie.taplin@acu.edu.au)

Australian jurisdictions have introduced into their legislation the prenatal reporting of "at risk" women to child protection services. The aim is to identify and work with the pregnant woman to reduce risks to the foetus, with particular attention paid to substance use and the risks this may pose to the child once born. In practice, considerable effort is expended on identifying substance use, but only limited evidence that pregnant women receive the services they need. Available data reveal a significant number of prenatal child protection reports. Women are generally reported by health services late in their pregnancy, however, leaving little time to address their "risks". Most are highly disadvantaged and young. Several have their babies removed a short time after birth. Recently, in some Australian jurisdictions there are indications that more punitive responses are being adopted where the State's assumed authority to protect the foetus overrules the interests of the woman. This paper will explore the current evidence and situation in Australia, and discuss the need to balance the rights and needs of both pregnant women and their foetuses.

## **94. Guardianship Reform: An Agenda for Older Adults**

### ***Challenging third party demands for guardianship: a key component of reform***

Rebekah Diller, *Benjamin N. Cardozo School of Law* (rebekah.diller@yu.edu)

Guardianship systems contain a fundamental contradiction. Their deprivation of an individual's rights is justified as an exercise of the state's *parens patriae* power to protect an individual who lacks decision-making capacity. However, in many instances, a guardianship is commenced not because of an abstract concern about capacity but rather because a third party demands it in order to provide a service that the individual is otherwise entitled to. Instead of protecting the individual, the demand for guardianship becomes an added obstacle placed in the path of the individual receiving services. This talk will discuss common third party demands for guardianship— from health care institutions, public benefit programs, financial institutions and others—as observed in one U.S. jurisdiction. In particular, the talk will address the way older adults with progressive cognitive decline are pushed by these third parties into the guardianship system. It will then use these examples to set forth a framework for how third parties should instead accommodate individuals whom, under current law, would be deemed to lack capacity to contract or provide informed consent. Reform of third party demands for guardianship is a critical piece of the growing effort to replace guardianship with supported decision making regimes.

## ***Vulnerability and Substitute Decision Making***

Lise Barry, *Macquarie University* (lise.barry@mq.edu.au)

In this presentation, the author draws on the philosophy of vulnerability to suggest that the law of capacity and guardianship is a misguided response to the needs of older people. Capacity assessments are often cited as proof of the need to appoint a substitute decision maker for an elderly person, however a lack of consistent law and methodology for these assessments can increase the vulnerability of older people. Following from the other papers in this panel and approaching the issue from an Australian perspective, this paper will propose alternatives to substitute decision making and examine the alternatives using both a legal and philosophical lens.

## ***The Constructive Isolation of Guardianship: Can We Justify the Human Costs of Maintaining This Model for the Elderly?***

Leslie Salzman, *Benjamin N. Cardozo School of Law* (salzman@yu.edu)

In *Olmstead v. L. C.*, the United States Supreme Court concluded that the unjustified isolation of individuals with disabilities constitutes disability-based discrimination because this segregation perpetuates the stereotypical assumption that these individuals are neither capable nor worthy of participating in the same activities as those without disabilities and because these individuals are deprived of many of the opportunities for interaction and social engagement that give meaning to our lives. In a similar vein, the imposition of guardianship for an older individual suggests that she is neither capable nor worthy of making important personal and financial decisions. And, by divesting her of the right to make these decisions and transferring that right to another person to make these decisions for her, the older individual loses the opportunity to participate in many of life's essential activities and interactions. This presentation will explore whether the human costs of guardianship outweigh the concerns underlying its imposition and discuss whether alternative models such as elder mediation or networks of support would be preferable and less discriminatory ways of assisting older adults experiencing the loss of cognitive capabilities.

## **95. Hate Speech Laws and Criminal Legislation**

### ***Hate speech laws: what they should and should not try to do***

Gavin Phillipson, *Durham University* (gavin.phillipson@dur.ac.uk)

Nearly every other country in the world – the United States being a notorious exception – bans speech said to incite hatred against certain groups, typically racial groups but often now including others, such as religious communities or sexual minorities. While such laws are a commonly accepted feature of liberal democracies, their justification, scope and efficacy remain deeply controversial and contested. Free speech scholars in the US and elsewhere not only contest the normative and empirical justification for such laws but also argue that they impermissibly allow the state to silence certain viewpoints of which it disapproves, thus rendering the state hegemonic and illegitimate in relation to those silenced. This presentation argues that many existing European bans are rightly vulnerable to such arguments, but that there is a sound basis for a narrow conception of hate speech bans – those that seek only to uphold a shared sense of mutual recognition of all as humans and citizens. It contends that, under this conception, many existing bans are overbroad and counterproductive and that, in particular, bans should not be used to prevent offence – however great – to religious feeling or identity or to silence criticism of certain sexual identities or lifestyles.

### ***Hate Speech, Democracy, and Psychic Injury***

Jim Weinstein, *Arizona State University* (james.weinstein@asu.edu)

Most liberal democracies have laws prohibiting the public expression of virulently racist, anti-Semitic, homophobic ideas, as well as other types of hate speech. A notable exception is the United States, where such laws are forbidden by the First Amendment as interpreted by the United States Supreme Court. In this paper I will inquire whether hate speech restrictions as they actually exist and are applied in Europe and Canada unduly infringe the core democratic interest of people to participate in the political process. In doing so, I will consider the participatory interests of those silenced by hate speech laws, on the one hand, and the harm that hate speech can cause, on the other. A potential harm of particular relevance to the intersection of law and mental health is the psychic injury to those targeted by bigoted expression. Accordingly, in canvassing the various potential harms of hate speech I will pay particular attention to this possible injury.

### ***Criminalisation at the EU Level: The Need for a Systematic Approach***

Jannemieke Ouwerkerk, *Tilburg University* (j.w.ouwerkerk@tilburguniversity.edu)

As required by EU Law, public incitement to violence or hatred constitutes a criminal offence in all Member States of the European Union. This approximation of national laws was considered necessary mainly to facilitate judicial cooperation between the Member States. But is the pursuit of smooth judicial cooperation a legitimate reason to impose harmonised definitions of criminal offences on the Member States? Due to the absence of commonly accepted criteria for criminalisation at the EU level, this question remains unanswered up until today. As a result, the many criminal prohibitions that have been adopted so far (e.g. in the fields of terrorism,

cybercrime, etc.) are based on diversified grounds. This paper argues that the lack of a common approach is highly undesirable and that a systematic approach towards criminalising behaviour at the EU level is seriously needed in order to improve the legitimacy of EU law-making in the area of substantive criminal law. This paper also shares some preliminary thoughts on how to determine the relevant criteria in this regard and how a systematic application of those criteria can be put into practice.

## ***The Challenge of Hate Speech in the 21<sup>st</sup> Century***

Alexander Tsesis, *Loyola University of Chicago* (atsesis@luc.edu)

Free speech in the United States often pits libertarian notions of self-expression against the aspiration of equal dignity and general welfare. Conflicts arise when the speaker's message threatens the safety of others, especially members of historically persecuted groups. With the expansion of the Internet, linking humanity as never before, new regulatory challenges arise because of the global reach of hate propaganda transmitted from the United States, where it is legal, and streamed into countries, like France and Germany, where such communications are criminal offenses. The global reach of supremacist ideology creates a challenge to world democracies. Societies committed to pluralism are obligated to safeguard individual expression while promoting egalitarian principles against harming others' safety and dignity. Consequently, policy makers are often faced with competing interests, such as the individual interest to retain a good reputation and equilibrium in one's community against the interest of those wishing to make hurtful or intimidating statements. Moreover, conflicts of laws scenarios arise from cross-national dissemination of destructive, inflammatory messages that require judges to weigh individual entitlements and the demands of civility. The balance of interests is already reflected in a variety of common law dignitary restraints on expression, such as defamation law. The preference for an individual's right to the protection of his own good name reflects the social respect for human dignity and government's obligation to provide redress for reputational harms. Public policy favors the interest of libeled individuals over that of anyone wishing to intentionally or negligently spread fallacy. So too where words are likely to result in the immediate breach of the peace. The United States Supreme Court and members of the European Union have found that the government has a countervailing social interest in order and morality that justifies some limitations on true threats and hate speech. However, significant differences exist in identifying legally cognizable harms and significant enough public interests for legal actions. This is particularly the case with hate speech disseminated on the Internet that has no imminent threat of violence. Some limitation on the expression of inflammatory speech seems necessary for the preservation of a democratic state. Yet, governmental power to place restrictions on expression cannot be unlimited. While laws punishing annoyances and emotional harms are suspect, those that prohibit the undermining of pluralism are in keeping with international norms and the standards of egalitarian societies.

## **96. Health Professionals in Partnership with Courts: Community Benefits**

### ***Applied Psychology Education Benefits the Community: Tales from Twenty Years***

Sherri McCarthy, *Northern Arizona University* (Sherri.mccarthy@nau.edu)

This presentation describes a variety of research projects, programs, grants and other partnerships between Northern Arizona University's graduate program in applied psychology, the Yuma County Attorneys' Office, Arizona Juvenile and Adult Probation Agencies, various City and County Officers, local schools, detention facilities, police departments and human service agencies. Developing and maintaining sustainable partnerships to introduce young professionals in the field of mental health to ways of applying psychology to improve the communities in which they live is a goal of many field-based education and service learning programs, yet a number of challenges exist to establishing and maintaining such partnerships. Some of the challenges are highlighted, along with suggestions to approach and overcome them. Those in law and criminal justice fields who would like to connect to local education programs to recruit volunteers and obtain research assistance, as well as professors and other higher education personnel seeking to develop ties to their community will benefit from the examples of collaborative projects over the last two decades between various agencies in the City and County of Yuma and the NAU-Yuma Psychology, Criminal Justice and Human Relations programs. Several ideas to adapt these to other communities and agencies will be offered.

### ***Community Justice Boards: The Power of Mentoring***

Cynthia Ramos, *Yuma County Attorney's Office, Yuma, USA*  
([Cynthia.ramos@yumacountyaz.gov](mailto:Cynthia.ramos@yumacountyaz.gov))

Sergio Bobadilla, *Northern Arizona University* (Sergio.bobadilla@nau.edu)

Working to rehabilitate young offenders through restorative justice is a goal of many communities. Research shows that mentoring, building positive connections with peers and community members and finding positive outlets through exercise, art or music are all useful rehabilitative strategies with adolescents (McCarthy & Hutz, 2006). Implementing these strategies effectively and efficiently, however can be a challenge. Northern Arizona University students and faculty, the Yuma County Attorneys Office and community volunteers have worked together to create, establish and continue Community Justice Boards to work with youth in the community. The Boards have been operating successfully for over a decade. Research collected by NAU graduate students supports their effectiveness, showing that those whose cases are referred to the Yuma CJBs who complete the program are far less likely to reoffend. Positive outcomes have been demonstrated, and the Boards are an effective, low-cost means of building

community and assisting at-risk youth. Information about how the boards are structured, how they were developed and how they function will be presented.

## ***Anger Management, Applied Research and Mental Health Courts***

Liz Manjarrez, *Yuma County Mental Health Court, Yuma, USA* (lzmjrrz75@gmail.com)

Many projects between NAU-Yuma Human Relations graduate students, local mental health agencies and state and county detention facilities, courts and probation offices have demonstrated the value of mental health practitioners-in-training working together with community agencies to reduce crime and rehabilitate offenders. This presentation will briefly address a few of the student research and training projects that have gained attention and been published, including: 1) a recent anger management training module for young adult offenders conducted in co-operation with Yuma County Adult Probation; 2) Development of a Substance Abuse Screening Inventory for use in the community; 3) Anger Management Training sessions delivered in juvenile detention facilities; 4) case studies of at-risk community youth; 5) development of a teen court, which eventually led to the successful community justice boards that have been operating in Yuma for the last decade; 6) a specialized drug court and 7) the recent establishment of a mental health court in Yuma County to deal with offenders who suffer from mental illnesses and other disabilities.

## ***Integrated Health Care and Mental Health Court***

Calvin Flowers, *Yuma County Mental Health Court, Yuma, USA* (calvinflowersmd@gmail.com)

The purpose of prescribing physical and psychiatric medications in the courtroom is to develop a healthy cohort therapeutic alliance with Mental Health Court (MHC) Individuals, which can also be referred to as a “One Stop Shot”. This promotes public safety and reduces criminal recidivism. Participants engage in their mental health and legal treatment during court sessions, reducing financial cost within the community. Yuma County began Mental Health Court as a pilot with only four participants from April thru July 2013, before officially opening the program to post-conviction superior court cases in July 2013. From July 2013 to December 2014, YCMHC continued to expand, reaching more participants and agencies for therapeutic alliance within the mental health and legal community. As of January 2015, there are over forty YCMHC participants and eleven community treatment providers involved. There has been improvement since Dr. Flowers began prescribing required medication during courtroom sessions. This year marks the first “graduating group” of participants from this 18 month specialty court program. Data demonstrating positive outcomes will be presented, and guidelines will be offered to help other practitioners and attorneys assist communities in building effective “One Stop Shot” Mental Health Courts.

## ***Building Safe Communities through Schools and Service: Carver Project Rockets On!***

Francisco Vasquez, *Gadsden School District, San Luis, USA* (fvasquez@gsed.org)

The Governor of Arizona visited Yuma specifically to recognize and commend the community for the excellent collaboration that resulted in transforming a former high-poverty, gang-infested neighborhood comprised of crack houses into a model community including the active Martin Luther King Center, community gardens and job training centers. NAU's Psychology Club students were a major part of this project's success, from gathering data through community surveys for the City and County, helping to organize and run community meetings and block watches, working with the Yuma Police Department, assisting with grants and volunteering at the local elementary school. This project will be explained by the Psychology Club's President during the time this project took place. Going on to become a City Councilman and a proponent of education and community service, he has had a number of subsequent successes at improving the community since that time. These will be highlighted, including the award-winning San Luis Rocket Club. His success is based on working through education to build esteem among at-risk youth. The value of community support, business sponsorship, agency co-operation and utilizing public schools to build community spirit will be stressed to inspire others to develop similar programs in their own regions.

## **97. History of Austrian and Eastern European Psychiatry: Treatment Philosophy, Human Rights, and Law Reform**

### ***Foundation and Development of the K.K. Irrenheilanstalt zu Wien 1784-1844***

Hans Reichenfeld, *University of Ottawa* (hans.reichenfeld@gmail.com)

This paper is based on a report about the foundation and achievements between the 1784 and 1844 of the 'Irrenanstalt zu Wien', subsequently called the Narrenturm. It was erected as the first institution in Europe exclusively devoted to the care and treatment of the mentally ill on the initiative of Austria's reform Emperor Joseph II in conjunction with the Allgemeine Krankenhaus where physically ill patients were admitted.

The report details some of the changes in the administration of the institute, particularly the specialization of the attending physicians. They were initially sharing their duties at the Allgemeine Krankenhaus with activities at the 'Narrenturm', but gradually became exclusively involved in the supervision and treatment of the mentally ill. The duties of the physicians, particularly their regular reviews of the progress of the patients, is described. The regulations applying to the nursing staff are described as well as the provision of religious services for all patients, catholic and non-catholic.

Extensive statistics differentiate between the number of patients who were discharged as cured, not cured or deceased.

Details of the personal and family history of a number of patients and their progress are given and one of them is presented in this paper.

## ***The Forgotten Genius of Otto Rank: Social Work Lessons of Difference and Tolerance in a World Gone Mad***

Olivette Burton, *University of Pennsylvania* (burtoethics@yahoo.com)

“Life is a loan, death is a repayment.” So opined Otto Rank, one of the most brilliant minds ever to have come from the Vienna Psychoanalytic Society. Rank, who has been much maligned, misunderstood and largely forgotten, has provided valuable modern-day lessons for persons who are socially and psychologically vulnerable, as well as for the professionals who assist them to make sense of their environments. Freud’s favorite professional son had the courage to examine and reject prevailing psychoanalytic science taught by his father figure and other notable psychoanalysts. Rank thus became an outcast who was nonetheless possessed with creativity and vision, resulting in the creation of will therapy. Rank believed that will was itself a first cause starting at birth and continued during a lifetime. His genius is discussed here in various contexts that incorporate aspects his observations that led to creation of will therapy and that more influence social work and psychology. This presentation will also address how mental health professionals can utilize ideas about tolerance and recognition of difference when creating policy, advocating for vulnerable populations, forming business alliances and taking care of our own professional development in a world of evolving technology and shifting priorities.

## ***Mentally Ill Offenders in Austria***

Alexander Dvorak, *Ministry of Justice Justizanstalt Göllersdorf, Vienna, Austria*  
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The last decade has seen a constant increase of the number of forensic patients admitted to forensic units following section 21/1 of the Austrian penal law, which regulates the detention of mentally ill not culpable offenders. In the same period of time certain social changes, as for example political unwillingness and negative reporting about the topic in the press, have led to an absolute shortage of specialized after-care institutions having the effect of prolonged times to release of patients from forensic units. These developments have led to the establishment of a reform commission by the Austrian ministry of justice. The implications of these reforms for the treatment of mentally ill offenders shall be described from the view of forensic care in the Justizanstalt Göllersdorf. This institution has a capacity of 136 forensic patients and offers a wide spectrum of specialized treatments for mentally ill offenders committed according to § 21/1, a population which consists of up to 70% of patients suffering from schizophrenia. It is also

equipped with an acute ward where psychiatric patients and prison inmates from the whole Austrian penal system are treated in all stages of their imprisonment ( eg. also pretrial or before assessments) Our treatment program will be presented together with a description of the current situation of forensic psychiatry in Austria.

## ***Psychiatry in the Former USSR: Hope against Hope or Hope Abandoned?***

Robert van Voren, *Vytautas Magnus University* (rvvoren@gip-global.org)

Although Soviet psychiatry achieved notoriety mainly because of the systematic political abuse of psychiatry, the violations of human rights went well beyond the fate of opponents who were incarcerated in mental health institutions. Soviet psychiatry, which at the beginning of the Soviet period was very much in line with international psychiatric practice, developed gradually into a highly institutional and biologically oriented service where human rights were massively violated and which affected the lives of millions of people. Following the disintegration of the USSR, many organizations tried to modernize and humanize mental health care services in the region. These attempts were often opposed by the old psychiatric nomenklatura, which understood that change would seriously undermine their positions. Widespread corruption infiltrated also the mental health sector, with criminals buying diagnoses in order to avoid lengthy prison sentences and relatives having family members declared mentally ill in order to steal their property. 25 years later we see a troubling picture. In some cases structural change has been brought about, although in most countries the model of institutional psychiatry prevails. In some we have seen a reversal to old-style Soviet psychiatry, and increasingly psychiatry is used again to ostracize certain individuals from society.

## ***The Psychiatrist as Moral Agent: The Troubling Case of SS-Obersturmführer Irmfried Eberl***

Michael Robertson, *University of Sydney* (Michael.robertson@sydney.edu.au)

Dr Irmfried Eberl perpetrated some of the worst crimes seen under National Socialism. Eberl murdered thousands of disabled adults and children as part of the Aktion T4 “euthanasia” program and later became the first commandant of the Treblinka extermination camp. Eberl was not, however, a psychopath like many other perpetrators of the Shoah; rather, his unspeakable crimes are best understood in terms of a model of moral agency that enables us to interrogate the contextual influences upon psychiatrists in the practice of their craft. Drawing upon Kant’s notion of the noumenal self, this model considers the nature of the moral agency of a psychiatrist. This prompts us to consider psychiatric ethics as a form of social contract, which assumes that a profession utilizes skills and knowledge in pursuit of a collective good. When the state fails or is derelict in its moral obligations, professionals may be lured into immoral

enterprises. To understand of the moral failure of Eberl, and the other Nazi doctors, requires us to question fundamental assumptions of the collective good and the moral fabric of the state. In an era of declining civil rights, this is profoundly relevant.

## **98. History of Neuroscience**

### ***A Basis in Science for a Mind in Psychiatry***

Ronald Abramson, *Tufts University* ([rona976@aol.com](mailto:rona976@aol.com))

In the earlier years of the 20th century, psychoanalytic thinking was predominant in psychiatry mostly because neuroscience had not advanced to the point of being able to provide plausible explanations for mental disorders. In recent years, neuroscience and technology have progressed to being able to provide plausible explanations for mental disorders as well as somewhat effective therapeutic approaches. Because of this and because of economic factors, main stream psychiatry has become biologically reductionistic – every mental problem has a biological explanation and a biologically-based treatment or a concrete psychotherapeutic approach. Psychiatry has “lost its mind.”

Paradoxically, other scientific disciplines are “finding their minds.” There are experiments in quantum physics whose results suggest that consciousness is a fundamental property of the universe. And in comparative neurology there is the notion that every living thing has a mind. There is also the plausible suggestion by the physicist George Ellis that the universe is organized into a hierarchy of levels of organization and causality and that the mind occupies a level above the biological brain, depending on it but not reducible to it. Given these beginnings of interest in other sciences, psychiatry should “find its mind.”

### ***From Psychographs to FMRI: Historical Context for the Claims of Neuroscience***

Paul Lombardo, *Georgia State University* ([plombardo@gsu.edu](mailto:plombardo@gsu.edu))

In the U.S., announcement of the Presidential “Brain Initiative” has focused attention on “revolutionizing our understanding of the human brain” And neuroscience has begun to replace genetics as the field most likely to fill press headlines. The promise of more research funding for the field has led to extraordinary claims that research will soon lead to mind reading, lie detection, and unlocking the brain based foundations of virtue and character. But these claims echo similar assertions from a century ago, many of which were eventually discarded as quackery, eugenics or misguided pseudoscience. Then the power of phrenology was touted, and machines like “psychograph” were offered to “thoroughly and accurately” measure “the powers of intellect, affect and will.” Today similarly expansive claims are being made for color-coded functional magnetic resonance imagery. Are we facing true scientific triumph or mere recycled

hyperbole? This presentation will explore the historical echoes of today's most extravagant claims in the field of neuroscience, and analyze how our actual understanding of mental functioning compares to the hopeful assertions that are filling both the lay press and scientific journals.

## ***A Lively History of Asylum Therapeutics in Five Treatments***

Mary DeYoung, *Grand Valley State University* ([deyoungm@gvsu.edu](mailto:deyoungm@gvsu.edu))

This paper presents a brief and lively history of the treatment of the insane in the asylums of the Western world by focusing on five rather unusual therapeutic strategies: awakenings, pious frauds, depletive interventions, rotation/vibration/oscillation, and moral treatment. Each reveals a different understanding about the nature of insanity; the relationship between the mind and the body; and the interaction between the physician, the patient, the institutional and the social context. Therapeutics are best thought of as interventions through which abstract knowledge is made practicable. Therapeutics link medical knowledge with practitioner skill and with the personal expectations of embodied patients who experience and understand their own maladies in different ways. It is curious, then, that such an important endeavor has not been granted its due of scholarly attention. This paper intends to redress that oversight.

## ***Perverse Humanism: Biological Determinism and Criminal Exculpation***

Chloé Georas, *University of Puerto Rico* ([cgeoras11@gmail.com](mailto:cgeoras11@gmail.com))

New developments in neuroscience and genetics are entrenching and reinventing a long history of biological deterministic approaches to explain human behavior and impacting the debate over the nature of responsibility for criminal actions. My article focuses on the important discursive thread at the intersection of neuroscience and criminal law posing that people whose biological abnormalities can explain their violent behavior should be exculpated from their actions. Given the alleged intrinsic limitations of the people concerned, the proponents of exculpation believe it is the most humane approach. I am concerned with how this purportedly “humane” approach marks a process of re-dehumanization of the other in a long history of different reenactments of dehumanization, now in its neuro-genetic incarnation. My article is not concerned with the scientific validity of the neuro-genetic arguments, but rather with how the truth claims in this emerging field of scientific inquiry plays out in the construction of cultural and legal meanings, specifically the reification of accused persons into a state of perverse innocence that ultimately excludes them from the imaginary community of “human” society. Of particular significance is the use of scientific visual imagery (e.g. MRIs) to entrench the emerging neuro-genetic truth claims in the court system. My article focuses on how historically disadvantaged subjects due to class, sex, gender, race or other vectors of social hierarchization and classification can become

safe targets for a neuro-genetic caricature of causality. Therapeutic jurisprudence debates are explored to go beyond the retrospective judgment of who is responsible and instead examine how these emerging discourses impact people as part of being historically discriminated subjects.

### ***The Difference between Explanatory and Justificationary Reasons for Holding People Responsible, and Why Neuroscience Matters***

Alva Stråge, *University of Gothenburg* (alva.strage@gu.se)

While some feel strongly that determination of choices and actions outside the agent's control undermines responsibility, others think that what is relevant is how an action relates to the agent at the time of choice, not how he or she came to chose the way she did (e.g Frankfurt 1971, Persson 2005). Arguments defending these different views often focus on different aspects of the cases in question: either they examine the agent's intentional content, or the existence of causes outside the agent. Neuroscience often comes into the picture when focus is put on external causes. Opponents tend to argue that this is an intellectual fallacy, since responsibility is a socially constructed concept and cannot be neither defended nor undermined with arguments from neuroscience. I will argue that explanatory and justificatory arguments are mixed up in this debate. The explanatory / justificatory distinction is sometimes referred to as the is/ought problem, or Hume's law. I will discuss responsibility from a meta-ethical perspective, and elaborate the question on in which sense neuroscience can play a part in a justified view on personal responsibility.

### **99. Hospital Transfer from Non-Medical Prison Facilities**

#### ***The Joint Report on the Treatment of Persons with Mental Illness in United States Prisons and Jails: A Critique***

Alan Felthous, *Saint Louis University* (felthous@slu.edu)

In April of 2014 the Treatment Advocacy Center and the National Sheriffs' Association published the first survey of treatment practices for mentally ill inmates in U.S. jails and prisons. This survey of professionals in state and county correctional facilities acknowledged that the number of persons with mental illness in jails and prisons continues to increase and the severity of their illness is also increasing. Although the identified root cause of this problem is the closure of state hospitals without providing for adequate outpatient services, the study did not tackle the root cause, which should include as well diminishing hospital services for those in correctional facilities. Rather the primary recommendation from the Joint Report is to enact *Harper* patterned legislation to allow involuntary medication in correctional settings without hospital transfer. This "molecular minimalist" approach may provide some pharmacotherapeutic relief for those in need, but it will also accelerate the disturbing trend towards transforming US correctional facilities into America's "new asylums."

## ***Italian High Security Hospitals (OPG)***

Felice Carabellese, *University of Study of Bari* (felicefrancesco.carabellese@uniba.it)

In Italy the treatment of mentally ill offenders at risk for recidivism (“dangerous to the society”) is entrusted to the Judicial Psychiatric Hospital (OPG). The OPG facilities are High Security Hospitals, directly managed by the Ministry of Justice. The six Italian OPG hospitals accommodate around 1,000 patients collectively. These are offenders who, with regard to our penal code, are adjudicated not guilty (or partially guilty) by reason of insanity for their criminal offense because they suffered from a severe mental disorder at the time of the crime and were found to be “dangerous to the society”. A recent law (Law n.9, February the 17<sup>th</sup> 2012) ratified the closure of the OPG hospitals, which will be replaced by centers placed across all Italian regions, under the National Health System on the model of what is already occurring in our Italy for all other mentally ill individuals. Anticipating the closures of the OPG hospitals (March the 31<sup>st</sup> 2015), this presentation explains next steps in the transition to this new program.

## ***Towards an Improved Standard for Hospital Transfer of Mentally Disordered Jail and Prison Inmates***

Alan Felthous, *Saint Louis University* (felthous@slu.edu)

The two standards that have been used in the United States to justify transfer of mentally disordered prisoners are the “needs” and the “dangerousness” standards. With either of these two standards, policy makers and correctional practitioners today increasingly avoid hospitalization altogether leaving most severely disturbed jail and prison inmates without this level of care. An improved standard would acknowledge the needs and dangerousness components but also the psychotic basis for the inmate’s medication refusal such as anosognosia, or psychotic denial of illness. The resulting incapacity to make treatment decisions regarding critical mental health needs, together with consequent treatment refusal, constitutes dangerousness in the form of harm caused to the inmate’s brain that results from prolonged neglect of appropriate treatment. Such an improved and enlightened standard to justify hospital transfer of inmates who suffer from the most acute and severe psychotic conditions would not only allow transfer; it would also inform clinicians and administrators under what conditions hospitalization is required as the proper level of mental health services.

## ***Elderly Patients in South German Forensic Psychiatric Facilities: Demography, Psychopathology and Clinical Outcomes***

Thomas Ross, *Reichenau Centre of Psychiatry, Reichenau, Germany* (Thomas.ross@uni-ulm.de)

The proportion of the elderly in the general population is rapidly increasing worldwide. The number of convictions and the proportion of total criminal activity among the elderly, and the number of elderly prisoners are increasing in many Western countries. Furthermore, the prevalence of psychiatric disorders among the elderly, including elderly offenders, is higher than in the general population. Unsurprisingly, current research indicates that the absolute number of elderly mentally disordered offenders is also increasing. Actually, there is a discussion of whether a case can be made for developing specialist forensic psychiatric services. In Germany, however, little is known about specific age-related developments in forensic psychiatric care.

(1) To provide detailed epidemiological data about elderly forensic psychiatric patients in South Germany

(2) To compare legal, clinical, and offence related factors of the elderly with younger patients accordingly

(3) To identify age-related psychiatric needs and care needs that should be addressed from the forensic care system.

A comprehensive data set including demographic, legal and clinical variables from all patients treated in forensic hospitals in the German federal state of Baden-Württemberg is being analysed. From 2009 until 2013, a total of more than 5.000 data sets were collected. The age threshold for a patient to be considered elderly is 60 years. Age groups are currently compared with respect to legal background, type of offence, psychiatric diagnoses, prior psychiatric treatments, and (their likelihood of) discharge.

Results and Discussion:

Preliminary results will be presented and implications discussed.

## ***Transferring Mentally Ill Prisoners for Hospital Treatment in Germany***

Norbert Konrad, *Institut für Forensische Psychiatrie* (norbert.konrad@charite.de)

A high prevalence of mental disorders in prisoners has been demonstrated in recent Surveys in Germany. There are no binding criteria in the German penal system for admission to a(n) (inpatient) psychiatric ward, especially no legal codes comparable to those governing hospitalization under civil law (so called PsychKG). In practice, prisoners who pose a danger to themselves, for example, after a suicide attempt or other self-destructive behavior, are frequently admitted. A special legal basis regulating hospitalization on psychiatric wards within the penal system does not exist; the penal detention code or criminal laws, which are federal law, neither stipulate nor prohibit psychiatric prison wards.

Inpatient psychiatric care of prisoners is subject to wide regional variations in Germany. Some federal states (Baden-Württemberg, Bavaria, Berlin, Saxony, North-Rhine Westphalia) have psychiatric departments in penal institutions under the legal authority. In the other federal states, inpatient and outpatient psychiatric care of prisoners is provided by external institutions and consulting specialists. External institutions for inpatient psychiatric care include forensic-psychiatric secure hospitals and general psychiatric facilities. Inpatient psychiatric care of

prisoners in general psychiatric facilities frequently conflicts with the safety concerns of prison authorities.

## **100. Human Rights and Protection from Abuse: Considering Article 16 of the Convention on the Rights of Persons with Disabilities**

### ***Human Rights and Protection from Abuse: Considering Article 16 of the Convention on the Rights of Persons with Disabilities***

Peter Bartlett, *University of Nottingham* ([peter.bartlett@nottingham.ac.uk](mailto:peter.bartlett@nottingham.ac.uk))

Judith Laing, *University of Bristol* ([j.m.laing@bristol.ac.uk](mailto:j.m.laing@bristol.ac.uk))

Sascha Callaghan, *University of Sydney* ([sascha.callaghan@sydney.edu.au](mailto:sascha.callaghan@sydney.edu.au))

Amanda Keeling, *University of Nottingham* ([llxak31@nottingham.ac.uk](mailto:llxak31@nottingham.ac.uk))

Article 16 of the CRPD requires states to protect persons with disabilities from exploitation, violence and abuse. There has been little discussion of the scope of this article, and in particular how it is to be understood in the broader empowering ethos of the CRPD. This session begin the discussion of how, conceptually and practically, Article 16 is to be understood in the context of the wider CRPD.

### ***Substituted Decision-Making and Humility***

Paul Skowron, *University of Manchester* ([paulskowron@postgrad.manchester.ac.uk](mailto:paulskowron@postgrad.manchester.ac.uk))

The UN Convention on the Rights of Persons with Disabilities requires states to protect those with disabilities from exploitation, violence, and abuse (Article 16). It also requires states to ensure that people with disabilities enjoy legal capacity on an equal basis with others (Article 12). Sometimes these two requirements appear to conflict. For instance, when someone, perhaps in part due to an intellectual or psychosocial disability, chooses to stay in an exploitative relationship; then there appears to be conflict between protecting them from harm and respecting their decision. Such conflicts are traditionally approached from the principle of autonomy. This may, however, be problematic. Respecting autonomy has been used to justify abandoning substituted decision-making altogether (*Committee on the Rights of Persons with Disabilities, General Comment No 1*); but fostering autonomy has been used to justify removing persons from even non-abusive relationships (*Northamptonshire Healthcare NHS Foundation Trust v ML*). Given this, the principle's power to resolve these conflicts may be doubted. This presentation will suggest that this impasse can sometimes be broken by the virtue of humility, which can be characterised as the appreciation of one's own limits (Greenberg 2005). Humility reminds a potential substituted decision-maker that they are a moral agent with particular characteristics and failings; and this highlights the fact that these dilemmas are difficult questions of practical

reason, which cannot be resolved by abstract principles alone. Drawing on this situation specific understanding, recent cases from the Court of Protection of England and Wales will be used to illustrate two related points: first, that a lack of humility can lead to concrete harm (*Somerset CC v MK*); and second, that a humble assessment of our own knowledge and capabilities can guide action in these difficult cases (*LB Redbridge v G*). Cultivating humility will not resolve disagreements about autonomy, but it may lead to more nuanced responses to these practical dilemmas.

## ***The Right to Protection from Abuse and Exploitation – What Exactly Is It?***

Peter Bartlett, *University of Nottingham* (peter.bartlett@nottingham.ac.uk)

Article 16 of the United Nations Convention on the Rights of Persons with Disabilities provides an obligation on states parties to protect people with disabilities from violence, exploitation and abuse. This paper will place Article 16 in the context of other articles of the CRPD (most notably, Article 12), and consider how the duty to protect in Article 16 is to be understood relative to the duty to respect autonomy manifest in the remainder of the Convention.

## ***Safeguarding Patients with a Mental Disability from Violence, Exploitation and Abuse under Article 16 of the UN Convention on the Rights of Persons with Disabilities***

Judy Laing, *University of Bristol* (j.m.laing@bristol.ac.uk)

This paper will focus on Article 16 of the UN Convention on the Rights of Persons with Disabilities, and the extent to which effective regulation of hospitals and care homes can prevent violence, abuse and exploitation of people with a mental disability. The paper will consider the scope of Article 16 and explore the concepts of violence, exploitation and abuse. Effective independent regulation is one important mechanism to help safeguard patients from violence and abuse, especially in the wake of the recent highly publicized abuse of patients in care homes and hospitals in England. The safeguarding role of the health and social care regulator in England, the Care Quality Commission, will be explored to assess the extent to which it does provide effective protection for people with a mental disability under Article 16. Consideration will be given as to how it can strengthen its protection for this vulnerable group, in line with the broader ethos and aspirations of the Convention.

## ***Empowering and Protecting? The Limits of Service User Empowerment in Adult Safeguarding Procedures***

Amanda Keeling, *University of Nottingham* (llxak31@nottingham.ac.uk)

The protective requirements of article 16 seem, *prima facie*, to be at odds with the empowering ethos of the rest of the Convention. It raises questions with regards to many aspects of the Convention's implementation, but this presentation will focus on the intersection between article 16, and article 12 – the right to equal recognition before the law. Article 12 requires that substitute decision-making be replaced with supported decision-making, and an elimination of a legal determination of 'capacity' and the subsequent removal of the right to make one's own decisions. However, this potentially widens the scope for abuse and exploitation. Supported decision-making necessarily requires close relationships, and these are open to abuse and exploitation, while the removal of any kind of 'override' of an individual's decision-making opens the opportunity for exposure to abusive or exploitative situations. This paper explores the potential challenges faced with meeting the expectations of both article 12 *and* 16 through discussion of an empirical study of adult safeguarding practises in England. The data demonstrates that the extent to which service users are involved in the process and the level of risk they are permitted to take depends in a large part on the level of mental capacity they are considered to have. The close relationship between protection and capacity for social workers suggests that implementing both article 12 and 16 will be challenging, as it will seem counter-intuitive to existing practice and thinking.

## **101. Identity and Character: From Bureaucracy to National Security**

### ***The Vulnerability of Human Memory to Misinformation: Implications for the National Security Community***

Charles Morgan III, *University of New Haven* (camorgan3rd@gmail.com)

In the current era, numerous national security professions are tasked to interview people in order to acquire information that might be relevant to terrorist activities or threats. Although there has been a great deal of public debate about harsh or 'enhanced' interrogation practices, less has been said about the more common practice of questioning people within the regular parameters of security and law enforcement interviews. Over the past decades a growing body of literature has established that human memory is vulnerable to influences associated with the event of being interviewed and questioned. The fact of systematic distortions of memory raises a number of national security questions related to both the validity of information obtained from interviewees – even when said interviewees may not be trying to deceive – and also to the issue of discerning between genuine and non distorted memories that are reported to professionals. The current paper and presentation is focused on the distortions of human memory that occur through the act of being questioned and the implications of these distortions for the national security community. The core aspects of how human memory is altered through questioning will be addressed and,

will be illustrated through real world, historical examples. The presentation will conclude with several recommendations as to how such distortions of memory might be avoided and how, if unavoidable, one might use current scientific methods to discern valid from invalid accounts.

## ***Identity and Integrity in American Public Service***

Charles Garofalo, *Texas State University* (cg10@txstate.edu)

My paper will aim to contextualize and critique ethical thought, understanding, and behavior in the American public bureaucracy. It will explore the concepts of moral agency and moral competence, contending that both are impoverished by the established expectation of compliance over integrity. As scholars have noted, the ethic of neutrality and the ethic of structure tend to prevail in American governmental institutions. At the same time, many public servants in the United States have experienced a role reversal in which they have drifted from conventional management ideology to ambiguous administrative practice and have been left with a crisis of legitimacy. This, in turn, has engendered profound moral stress in policy, leadership, and decision making. Finally, the paper will shift to prospects for reform and to recommendations related to comparative multi-national and multi-disciplinary collaborative research in order to develop feasible options for creating and sustaining a practical moral framework and a set of practical skills designed to achieve the public interest in a wide range of cultural settings.

## ***Polygraphs, Denial, and Treatment in Post-Conviction Sexual Offenders***

William Richie, *Meharry Medical College* (wrichie@mmc.edu)

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Sexual offending is both a social and a public health issue. Nearly 750,000 sexual offenders are currently registered across America (National Center for Missing & Exploited Children, 2013). Of these, only 265,000 of the registered sexual offenders are under correctional agencies supervision (Corson & Nadash, 2013). Laws against sex crimes primarily focus on the prevention of strangers assaulting children. However, children are more likely assaulted by individuals known to them. The registration and living restrictions are also heavily flawed due to the lack of differentiation between sex crimes. Consensual sex between teenagers is treated the same as multi-offending pedophiles. The current laws against sexual offenders often lead to harassment, ostracism and rarely violence against former offenders. Some humane societies believe that residency restrictions violate basic rights and may increase the chances of reoffending due to the lack of re-acculturation. However, it is not enough to be “under supervision” we must strive for rehabilitation. In 2002, Hanson, et.al. Published a meta-analysis on the effectiveness of treatment of sexual offenders; which revealed a nearly 50% reduction in the rate of recidivism after treatment. Furthermore, treatment of these individuals prevents

significant personal and societal costs. Currently only Cognitive Behavioral Therapy (CBT) and Risk-Need-Responsivity (RNR) have been shown empirically to decrease recidivism. Thus, if polygraph exams are used as a tool to enhance evidence based treatments we begin to ask different questions. In this vein ‘denials’ are viewed as important treatment focuses instead of prohibitions to treatment.

## ***Enhanced Interrogation and the Erosion of Norms in International Affairs***

Sean Duffy, *Quinnipiac University* ([sean.duffy@quinnipiac.edu](mailto:sean.duffy@quinnipiac.edu))

There is a large scholarship in the field of International Relations Theory, regarding the construction of norms constraining behavior in the international realm. Such scholarship focuses on the evolution of norms prohibiting the use of chemical weapons, the treatment of noncombatants in a theater of war, and other rules of behavior governing the use of force and violence in international affairs. There is little, however, addressing the erosion of such norms. This presentation will introduce the foundational ideas regarding norms in international relations and then trace the way such norms can be eroded, specifically with respect to the treatment of enemy detainees in the global war on terror.

## **102. In-Depth Reflections on Refugees in Crisis**

### ***Contributors to Refugee Mental Health and Illness in Lebanon’s Shatila Palestinian Refugee Camp***

Steven Segal, *University of California, Berkeley* ([spsegal@berkeley.edu](mailto:spsegal@berkeley.edu))

**Objective:** This study sought to specify the role of contributors to the mental health status of individuals seeking medical care in the Shatila Palestinian Refugee Camp in Lebanon. **Method:** Data collection (2012-13) involved researcher-administered-structured-surveys of primary healthcare-clinic-patients (n=254) that inquired into participant mental health using the K6, the PC-PTSD, and the Modified-MINI screens. Chi. Sq. and ANOVA were used to provide descriptive statistics; Principal Component analysis to create summary SES and health measures; OLS and Logistic regressions to evaluate the contributions to participant mental health and illness of exposure to war events, social circumstances, refugee status, medical history, health behavior, and demographics. **Results:** Prevalence rates for serious mental illness, PTSD, and Psychotic-Spectrum-Disorders were respectively: 47%, 17%, 0.6%-1.2%. The primary contributors to better K-6-mental health-scores were “years of residence in Shatila,” “no war-event exposure (22% of the sample),” and higher SES. Better PC-PTSD scores were associated with “no war-event exposure,” and higher SES. Females reported more negatively on both scales. **Conclusions:** Increased protection against war exposure, allowance for expanded socio-

economic opportunity, and insurance of the stability of resident living situations seem the most important considerations in ensuring the future betterment of the mental health status of this population.

### ***The Prevalence of Mental Illness and Social Stigma among Refugees: Age and Gender Experience Differences at Shatila Camp, Beirut, Lebanon***

Vicky Khoury, *University of California, San Francisco* (vickykhoury@gmail.com)

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

**Purpose:** This study assesses mental illness prevalence and explores attitudes about mental illness at the Shatila Palestinian Refugee Camp, Lebanon. It focuses on age and gender experience differences. **Methods:** Data--demographic information, war-events-exposure (via the WEQ), mental illness status (via the PC-PTSD and K6 for SMI) and, attitudes toward mental illness (via the ATMI Scale)--were obtained via researcher-administered-surveys (June 2012 to 2013) given to waiting-room-patients,  $\geq 18$  years old, at two primary-care clinics serving Shatila. Univariate analyses provided descriptive statistics; multivariate analyses (ordered logistic regression) assessed associations between variables of interest with age and gender covariates. **Results:** Sample-participants (N=254), included 140 (55%) females and 114 (45%) males, aged 18-89 (Mean=40; SD=13), with a majority reporting war-exposure (n=198 [78%]), and prevalence rates of SMI (47%) and PTSD (17%). Adjusting for war-exposure and age, females were more likely to report PTSD (2.32 [95% CI 1.10-4.88], p=0.02) and SMI-symptoms (2.78 [95% CI 1.66-4.69], p<0.001). Females reported lower acceptance of the mentally ill. **Conclusions:** Mental health outcomes show a significant risk for women. The results suggest behavioral discrimination towards the people with mental illness whereby there is a positive relationship between mental-illness related stigma and the increase in reported psychological distress in females.

### ***Syrian Refugees' Mental Health in the Host Communities of Jordan***

Niveen Rizkalla, *University of California, Berkeley* (rizkalla555@gmail.com)

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

**Objective:** This study documents the experiences of Syrian civil-war-refugees in Jordan and on what is being done and needs to be done to address their mental health needs. **Method:** Between March and June 2014, 200 quantitatively-structured-interviews and 30 open-ended-qualitative-interviews were completed with Syrian refugees in Jordan. The interview contained the HTQ, GTPI, PAIR, K6, PC-PTSD, RHS-15 and MINI mental health screens. It inquired into the refugees' social circumstances, their exodus and using the WEQ their conflict experiences.

Analyses document sample members' characteristics and those factors contributing to their mental health status. **Results:** Most refugees have suffered unimaginable harm during the war and continue to be abused while living under adverse conditions in extremely-poor-Jordan-neighborhoods. Without medical care, work permits, or earning capacity, children are forced into labor and individuals depend mainly on the UNHCR's food coupons. Jordan's well-meaning-NGOs can barely meet the immense need. Refugees are an economic burden on communities and economic competition with Jordan's poor is creating a hostile and unwelcoming atmosphere. **Conclusion:** There is a need to address not only the specific overwhelming needs of the refugee population but also the impact on their NGO helpers and the demands the refugee population is placing on the host country.

### ***Microaggressions and Discrimination Reports by Israeli Adolescents***

Hanna Mark, *University of California, Berkeley* (hannamark@berkeley.edu)

This study seeks to understand how perceptions of discrimination are associated with experiences of microaggressions amongst Israeli adolescents of differing ethnic backgrounds. A bilingual, 246-item, self-administered questionnaire was distributed to Israeli high school students. An adapted microaggression scale was included. Perceived discrimination was evaluated in association with: microaggressions, mental health (MH), socioeconomic status sex, ethnicity, and national identity. Factor analysis was used to understand underlying microaggression dimensions; multiple regression to consider the relationship between discrimination, microaggressions, and demographic factors. 179 self-identified Ashkenazi, Mizrahi, Arab and Israeli-Palestinian students participated. Microaggressions that represented experiences of *Invisibility or Devaluation* were the only types of microaggressions to significantly and positively correlate with perceptions of discrimination. Arab ethnicity and higher MH symptomology were also significantly correlated with perceptions of discrimination—Arab ethnicity negatively and MH positively. The findings highlight which microaggression experiences may best be targeted in order to decrease perceptions of discrimination among Israeli adolescents. They also suggest that discrimination experiences may vary by MH and ethnicity in Israel. This is important given that discrimination has been identified as a risk factor for adolescent engagement in deviant behavior. Abating vulnerability to discriminatory experiences may therefore hold important legal implications.

### ***Female Survivors of Rape in Rwanda and Their Involvement in Gacaca Courts***

Meghan Morris, *University of Namibia* (meghanbrennamorris@berkeley.edu)

No firm statistics exist but estimates suggest that 500,000 women were raped during the 1994 genocide in Rwanda. While the International Criminal Tribunal for Rwanda (ICTR) set legal

precedence for trying rape as a crime of genocide and finding individual genocidaires guilty of this crime, the local transitional courts, “gacaca”, took lower level cases and had a mixed record in its treatment of rape survivors. Still, thousands of women found the courage to take their cases of sexual violence to gacaca. This mixed methods study looked at factors in women’s lives that may have related to their decision to take their cases to court. The study also gathered women’s suggestions for improving the courts for survivors of sexual violence. One hundred six (N=106) women were surveyed and nineteen (n=19) follow-up interviews were conducted. The researcher eschewed Western definitions of mental health, and made an effort to look comprehensively at women’s lives and how they reported their own well-being and their own concerns. The findings suggest that well-being and social support did matter, the type of support offered by women’s organizations may have impacted the court decision-making process of these survivors of rape.

## **103. Innovative Services, Issues and Policies in the Juvenile Justice System**

### ***Juvenile Drug Treatment Courts***

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.mssstate.edu)

Drug courts are specialized court programs that utilize a multidisciplinary team, including judges and prosecutors, to integrate drug treatment and justice system case processing of criminal defendants and offenders who have alcohol and other drug abuse problems. These programs are designed to reduce drug use relapse and criminal recidivism through judicial interaction, drug testing to monitor abstinence, graduated sanctions and incentives, court-mandated drug treatment, and the provision of other rehabilitation services. Juvenile drug treatment courts (JDTC) follow a similar program model established for adult offenders, but need to be tailored to the cognitive and developmental needs of juvenile offenders. Research on JDTCs has lagged behind that of their adult counterparts. Although evidence is mounting that JDTCs can be effective in reducing delinquency and substance abuse and can produce cost savings for the justice system and taxpayers, findings vary considerably across studies. Furthermore, little is known about the factors that distinguish effective from ineffective programs. A review of the empirical literature on the effectiveness and cost effectiveness of JDTCs will be presented. In addition, factors associated with better youth outcomes, such as the incorporation of evidence-based treatment into JDTCs and involvement of parent/caregivers will be discussed.

### ***U.S. National Survey of Juvenile Justice Community Supervision Agencies***

Christy Scott, *Chestnut Health Systems, Chicago, USA* (cscott@chestnut.org)

Over 1.7 million (7%) of U.S. youth ages 12 to 17 have a substance use disorder (SUD); the rates are significantly higher among youth involved in the juvenile justice system (JJS) yet less than one-third receive treatment. Determining how juvenile justice agencies use evidenced-based screening and assessment to identify substance-using youth is paramount; such monitoring is the first critical step towards providing access for the prevention and/or treatment of SUDs, co-occurring HIV risk behaviors and mental health problems. To learn about existing practices from a nationally representative sample of counties, a national survey will be conducted with probation departments, substance use and mental health treatment providers, and judges. This paper will focus on the availability and utilization of prevention, screening, assessment, referral, and treatment for substance use, HIV, and mental health for youth under community supervision. Results will include agency descriptions (e.g., type of agency, personnel), characteristics of youth (e.g., demographics, case flow), types of screening and assessment tools/procedures used, the types of services available and to whom, the evidence-based practices used, the extent of service integration, the extent to which youth and families utilize the services, and the availability of linkage/referral services.

### ***Keeping Youth Engaging in Minor Offenses Out of the Justice System: Civil Citation***

Richard Dembo, *University of South Florida* (rdembo@usf.edu)

Monica Martinez, *13<sup>th</sup> Judicial Circuit, Juvenile Diversion Programs, Tampa, USA*  
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Civil Citation (CC) represents an innovative approach for responding to youth engaging in minor offenses. The American Bar Association (ABA) reports a recent large increase in misdemeanor cases throughout the U.S., which has placed a significant burden, including cost, on the justice system. Juvenile justice agencies are inundated with youths charged with such minor offenses as possession of alcohol and petty theft, reducing time and funds available for more serious offenses. Decriminalization efforts for minor offenses are in process throughout the U.S.; the ABA recommended CC programs as a key to the decriminalization of minor, nonviolent misdemeanors. CC has several objectives: (1) remove first or (sometimes) second time misdemeanor offenders from delinquency processing; (2) prevent life-long consequences associated with acquiring an arrest record that can hinder or prevent future employment or licensing opportunities; (3) provide an opportunity for immediate intervention and counseling services to address the personal problems leading to law enforcement contact; and (4) reduce justice system costs. As of March 2014, CC programs were in operation in fifty-four of Florida's sixty-seven counties, and they are spreading in the U.S. We discuss the Hillsborough County: its history, services, and outcomes.

### ***Linking Community Behavioural Health Services to Juvenile Probation Agencies: Challenges and Opportunities***

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Large numbers of delinquent youth are under community probation supervision in the U.S. juvenile justice system, and substantial proportions have mental health and/or substance use disorders. These behavioral health problems are often linked to their delinquent behavior and increase the risk of recidivism. Effectively managing these disorders requires early identification using evidence-based screening and assessment tools, creating assessment-driven treatment plans, linking the youth to appropriate and evidence-based community treatment, and sharing treatment progress with probation staff. In most jurisdictions, however, one or more of these components is problematic, with the result that relatively few delinquent youths under probation supervision with behavioral health problems are linked to effective treatment. Drawing on theory and empirical findings from the organizational change and implementation science literatures, this paper discusses some of the key challenges for improving linkages between the community behavioral health and juvenile justice systems (especially probation), and increasing the proportions of youths that are adequately assessed, linked and engaged to effective treatment in the community. We discuss new models of multiagency implementation interventions currently being tested in a national multisite study, which can potentially reduce the gap between behavioral health services needs and engagement in effective services.

### ***Analysis of Pre-Trial Support for Juvenile Offenders in the Arkhangelsk Region of the Russian Federation***

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High crime incidence in the Arkhangelsk region with juvenile delinquency has prompted practitioners to be implemented in the period from 2005 to 2010 the Russian-German project "Dynamic mechanism: reduction of the measures related to the restriction / deprivation of liberty in relation to adolescents and youth in conflict with the law". The project aim is the development and implementation of case management aimed at ensuring the minors rights in conflict with the law. This study purpose: to analyze the pre-trial support for juvenile offenders Arkhangelsk region Russia. 60 diaries pre-trial support juvenile were analyzed. The features of crime situation through the eyes of teenager, immediate environment and specialists (look at causes of teenage crime committed, the views of parents and next of kin of the reasons for the crime committed by teenagers, experts look at the situation). There were identified individual and psychological minor characteristics, living conditions and teenager education in the family, inner circle minor,

influence of older persons on him. There were carried out analysis make recommendations and their compliance with the identified features of teenagers and the crime situation itself.

## **104. Institutional Adjustment, Release Planning and Recidivism**

### ***DSM-5 Revisions and the Diagnosis of Substance Use Disorder with Female Inmates***

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Compared to substantial revisions for some DSM-5 psychiatric conditions, Substance Use Disorder (SUD) appeared to change little (Kupfer, Kuhl, & Regier, 2013). Closer examination reveals potentially profound impacts on SUD diagnostic rates. One major change, setting a low diagnostic threshold (2 out of 11 criteria), was intended to match DSM-5 to DSM-IV prevalence rates. This rate included DSM-IV Substance Abuse, which was wrought with problems. The low threshold may increase false-positive diagnoses, especially among prison populations. This presentation will review (1) the disadvantages and consequences of the low threshold, and (2) present an alternative stricter diagnostic model. Data from women incarcerated in a state prison were used to demonstrate the advantage of a stricter model. Findings revealed that a small but significant number of women who met DSM-5 criteria for methamphetamine (MA) SUD did not meet the stricter criteria (12%). Those diagnosed with the strict criteria used MA more days per week prior to incarceration ( $\underline{M}$  = 2.58) compared to those who met DSM-5 MA SUD but not the strict criteria ( $\underline{M}$  = .36 days) and those who met neither criteria ( $\underline{M}$  = .04). Findings suggest DSM-5 SUD criteria may subject a small number of incarcerated women to unnecessary treatment.

### ***The Impact of Psychological and Substance Disorders on Jail Adjustment and Release Planning***

Kayleen Islam-Zwart, *Eastern Washington University* ([kislamzward@ewu.edu](mailto:kislamzward@ewu.edu))

Adjustment involves an individual pattern of reaction and subsequent adaptation to a stressful life experience. A variety of personal and environmental factors have been deemed important in the process of inmate adjustment. Rates of mental illness and substance misuse among incarcerated populations are quite high, as much as 4 times that of the general public (NAMI, 2013). Research has found inmates who report a history of substance dependence exclusively have better adjustment than individuals with another disorder or no history of mental illness (Loper, 2002; Roth et al., 1971). This study examined whether jail inmates meeting criteria for at least 1 of 7 psychological disorders would adjust differently to initial incarceration than those without a mental health or exclusive substance diagnosis. Participants were 173 inmates (133

males and 40 females) incarcerated in a metropolitan county jail. Endorsement of overall psychiatric symptoms during the previous week significantly predicted initial adjustment. Interestingly, individuals with a substance disorder showed significantly poorer physical adjustment than individuals with a mental health diagnosis and no diagnosis. Intentions for treatment following release had no relationship to overall adjustment. Findings provide greater understanding of the adjustment process and avenues of potential intervention to facilitate successful release.

### ***Adjustment to Prison and its Relationship to Recidivism among First-Time Female Inmates***

Michelle Guyton, *Pacific University* (guyton@pacificu.edu)

The Women's Adjustment to Prison study examined the adjustment patterns of 150 female inmates in their first year of incarceration in a state prison. The participants were assessed for mental health disorders, personality functioning, and trauma history upon intake. Adjustment was assessed via multiple methods on five occasions across the first year. Female inmates showed high levels of mental health symptoms, low levels of maladaptive personality characteristics, and very high rates of trauma experience and substance use prior to the incarceration period. Experience of negative adjustment (i.e., violence, disciplinary reports) during the first year was relatively rare and partially predicted by trauma history. Additional recidivism data will be included to determine what, if any, relationships exist among the individual characteristics, first year adjustment, and post-release adjustment.

### ***Predicting Criminal Recidivism During and After Participating in a Mental Health Court***

Edward Byrnes, *Eastern Washington University* (ebyrnes@ewu.edu)

This study joined process and outcome evaluation through analyzing the relationship between Mental Health Court program participants' characteristics, their program participation, and their criminal reoffending. Data from 749 participants were collected from the regional court and state department of public safety databases. The criterion variables for two separate logistic regression (LR) analyses included being formally charged with a criminal offense; (a) While participating in the program, and (b) During the first year following their discharge from the program. Predictor variables included; (a) Participants' demographic characteristics; (b) Participants' length of service and discharge status; and (c) Participants' major mental illness diagnoses including comorbidity with substance use disorders. Participants' had a 41.3% recidivism rate for criminal offenses while they were in the program. Significant predictors of recidivism while in the program included; (a) Participants' length of program enrollment; and (b) Being a minority group member. Participants' had a 21.8% recidivism rate for criminal offenses

during the first year following their discharge from the program. Significant predictors of recidivism during the first year following their discharge from the program included; (a) Participants' age when they began the program; (b) Participants' length of program enrollment, and (c) Being a minority group member.

### ***Incarcerated Women's Risks and Needs in and outside of Switzerland: Preliminary Results from an Archive-Based Study***

Sandy Krammer, *University of Bern* (sandy.krammer@fpd.unibe.ch)

For a long time, risk assessments and therapeutic programs developed for incarcerated men were inconsiderately transferred to incarcerated women. However, there is more and more evidence pointing to the fact that there are both gender-neutral as well as gender-specific risks and needs. While there is evidence about this from international empirical studies, there is hardly any knowledge about this topic in Switzerland. This is not in line with recent requests by the United Nations and the World Health Organization concerning the implementation of gender-specific strategies in prison. An archive-based study was conducted in order to obtain preliminary information on risks and needs of incarcerated women in Switzerland. Data collection is still on going, meanwhile there are more than N = 1200 cases included. Assessment includes data on sociodemographics, biography, delinquency, mental health, risk prognosis and psychopathy. This presentation seeks to present these preliminary, archive-based data. Furthermore, these data are embedded into the international context in order to summarize current knowledge on risks and needs in and outside of Switzerland. Conclusions for future research will be drawn and possible therapeutic programs will be presented.

### **105. Interdisciplinary Cross-Training in Law and Mental Health**

#### ***Interdisciplinary Cross-Training in Law and Mental Health: The Example of the Program in Psychiatry and the Law***

Thomas Gutheil, *Harvard Medical School* (gutheiltg@cs.com)

The Program in Psychiatry and the Law (the "Program") resides in the Department of Psychiatry, Beth Israel Deaconess Medical Center—a teaching hospital of the Harvard Medical School. The Program represents a novel and creative manner in which law and mental health matters can be taught: in which practitioners can expand their knowledge and awareness of developments in their respective fields, and in which all participants can exchange ideas, collaborate on contributions to the professional literature, and counter the isolation that can occur in forensic practice. A distinct aspect of the Program's peer development model is its emphasis on interdisciplinary "cross-training." Many forensic training entities are comprised of attendees from diverse backgrounds who identify common issues and share how members of their own

disciplines would address that issue. While this “training by example” is a valuable process, there is another level of sharing to be achieved: that of enabling colleagues from other professions to incorporate new skills and internalize imported values to enhance their own forensic functioning. This is a truly “interdisciplinary” approach that strengthens as well as informs all participants. Attendees of this presentation will explore how they can introduce a beneficial “cross-training” element into their own collaborative settings.

## ***Interdisciplinary Cross-Training in Forensic Psychological Assessment***

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Carol Spaderna, *Aberystwyth University* ([carol\\_panpacific@yahoo.com](mailto:carol_panpacific@yahoo.com))

A broad range of mental health professionals may occasionally conduct forensic psychological testing, for a host of reasons that can include a lack of access to psychological consultation, a lack of funding for such consultation, or a genuine belief that they are technically and legally qualified to select, administer, score, and interpret the most suitable instruments for informing a particular forensic opinion. This phenomenon may have several clinical, ethical, and legal ramifications, depending upon the mental health professional’s level of training, the particular forensic issues under consideration, and the nature of the psychological tests employed. This presentation conveys an interdisciplinary “cross-training” model that seeks to identify an appropriate balance of the aforementioned issues in order to share directly those aspects of forensic psychological assessment that can effectively, ethically, and legally produce responsible, competent test users as well as optimally critical consumers of testing conducted by psychologists. Also addressed are formal supervision requirements, requisite levels of familiarity with the mechanics of test construction, and the ability to recognize and explain statistically determined interpretive limitations. Literature-based examples, references to statutory authority, and forensic case vignettes illustrate how these issues have and will continue to surface in both civil and criminal law contexts.

## ***Interdisciplinary Ethical Cross-Training and Forensic Mental Health Practice***

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Donald Meyer, *Harvard Medical School* ([Donald\\_meyer@hms.harvard.edu](mailto:Donald_meyer@hms.harvard.edu))

Each of the many disciplines relevant to forensic mental health practice—including psychiatry, psychology, social work, pastoral counseling, and the law—functions on the basis of its own finely tailored and laboriously constructed sources of ethical guidance. These sources are typically promulgated by specialty guilds with particular attention to duties that are essentially

unique to the discipline in question. For example, psychiatrists are instructed with respect to medical issues, psychologists are instructed with respect to standardized testing, and lawyers are instructed with respect to client representation. The increasingly collaborative nature of modern mental health practice has made it all the more important for members of each discipline to gain a closer understanding of the ethical parameters that define their colleagues' distinct contributions to criminal and civil proceedings. In addition, there are a number of common themes—including distinctions between clinical and forensic roles, sexual boundary violations, obtaining an examinee's informed consent, and fee structuring—that are nonetheless addressed differently by the various professions. This presentation addresses ways in which ethical “cross-training” can provide insight into the professional obligations of other disciplines while enabling greater insight into one's own professional comportment, to the benefit of litigators, litigants, and expert witnesses alike.

### ***Interdisciplinary Cross-Training in Law and Mental Health: The Legal Professional Contribution***

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

Educational opportunities for psychiatrists, psychologists, social workers, pastoral counselors, and other forensic mental health professionals frequently include a substantial legal component—delivered, as often as not, by other clinicians, and with a distinct emphasis upon how the goals of the disciplines in question can be furthered either by lobbying for changes in the law or by filtering engagement with the law through the lens of one's own primary professional identity. Even “dual degree programs” designed to offer simultaneous attainment of forensic and legal practice credentials are typically styled with the primary concerns of the mental health professions in mind. This presentation conveys a “cross-training” model in which legal knowledge and perspectives are imparted directly to forensic clinicians by members of the legal profession, as a means of developing a shared skill set and thus an enhanced basis for true collaboration between lawyers and mental health expert witnesses. The law can be presented in a positive fashion and demystified for persons from all professional backgrounds, with positive ramifications for the full range of participants in criminal and civil proceedings. Examples from graduate coursework offerings, continuing professional development workshops, and site-specific legal consultation will be employed to illustrate key interdisciplinary “cross-training” techniques.

### ***Interdisciplinary Cross-Training, Spirituality, and Forensic Mental Health Practice***

Terry Bard, *Harvard Medical School* (terry\_bard@hms.harvard.edu)

The “spiritual” component of the biopsychosocial-spiritual model of forensic mental health practice is typically the most neglected. For one thing, it is commonly viewed as the purview of persons with clerical training—the most underrepresented minority amongst the broader population of forensic mental health professionals. For another, notions of “spirituality” often inspire a tangible degree of institutional discomfort for the legal profession, which serves as the gatekeeper for all applications of forensic expertise and which in many jurisdictions is preoccupied at its highest levels with maintaining a viable separation of church and state. The lamentable byproduct of this neglect has been a restricted insight on the part of forensic practitioners into those very issues that are often uppermost in the consciousness of litigants who are now entering into the most stressful and impactful period of their lives. “Cross-training” on spiritual issues—in which members of all disciplines receive direct, skills-based instruction on matters of faith and their ethical, clinical, legal, and forensic ramifications—is a vital process for sustaining multicultural competency when rendering forensic mental health services within the criminal and civil justice systems. Attendees of this presentation will explore how a variety of institutional settings can incorporate these techniques.

## **106. International Human Rights: Micro and Macro Contexts**

### ***The Right to Vote: Implications for Prisoners and Patients Detained under the Mental Health Act***

Anne Aboaja, *University of Edinburgh* (anne.aboaja@ed.ac.uk)

Throughout British history various disenfranchised sections of society have successfully campaigned to be given the right to vote. As a result of these efforts to protect this human right, non-landowners, women, remand prisoners and most patients detained in psychiatric hospitals in the UK now have the right to vote. However, currently most convicted prisoners and convicted patients detained in hospital on a criminal section of the Mental Health Act are ineligible to vote. Surveys have shown that patients in psychiatric hospitals often fail to exercise and are unsure of voting rights. This paper reviews the voting progress made during British suffrage history and argues that existing legislation discriminates against some patients in forensic services both during hospital admission and following discharge.

### ***Problems and Contradictions in Global Policies Concerning Female Genital Cutting***

Fuambai Sia Ahmadu, *Public Health Advisor, Office of the Vice President, Republic of Sierra Leone* (fuambai.ahmadu@gmail.com)

This presentation explores ways in which anti-Female Genital Mutilation (FGM) policies in western countries may unintentionally discriminate against adolescent girls and women from

non-western ethnic groups. While the goal of anti-FGM zero-tolerance policies are to prevent the continuation of specific forms of female genital cutting practices globally, other forms such as Female Genital Cosmetic Surgeries (FGCS) are legitimized. Many African immigrant women do not consider themselves mutilated and refer to their genital operations as female circumcision. This paper raises inherent contradictions and legal problems in attempts to redefine and criminalize female circumcision as FGM while redefining and permitting physiologically comparable forms of female genital cutting such as FGCS that are practiced mainly by western, middle class, Caucasian women and girls. This paper argues that an honest human rights framework should call for the equal treatment of all girls and women who are affected by female genital cutting practices irrespective of race, ethnicity, religion, socioeconomic status, geographic origin and so on. Various forms of female genital cutting that are physiologically comparable should be regarded the same – either as mutilation and a target for global elimination or as cosmetic and a matter of choice for consenting adolescent girls and women.

## ***Domestic Violence and the Nigerian Woman***

Adeola Olatunbosun-Adedayo, *Chief Magistrate, Lagos State Judiciary, Nigeria*  
(deedeelat@gmail.com)

This is a paper which looks at the effect of culture on the incidence of domestic violence on the Nigerian woman. It traces the traditional treatment of women by the community in general and the effect this has on the behaviour of women in today's Nigerian society. Reference is made to the landmark case of Commissioner of Police v Arowolo, where a man for the first time in Nigerian history is sentenced to death for the killing of his wife. I also intend to highlight how culture affects the perception of what is domestic violence

## **107. Interpersonal Violence: Factors Impacting Victim Outcomes and Reporting**

### ***A Systematic Review of Influences on Mental Health Following Intimate Forms of Violence against Women***

Sonya Jakubec, *Mount Royal University* ([sjakubec@mtroyal.ca](mailto:sjakubec@mtroyal.ca))

Catherine Carter-Snell, *Mount Royal University* ([ccartersnell@mtroyal.ca](mailto:ccartersnell@mtroyal.ca))

Women have extremely high rates of adverse mental health consequences following intimate forms of violence such as domestic violence, dating violence and sexual assault. Effective secondary prevention of adverse mental health consequences depends upon the identification of risk and resilience factors. A Cochrane style systematic review of the literature was conducted. Risk and resilience factors influencing distress and mental health outcomes were explored.

Examples of identified risk factors included a history of childhood sexual abuse and use of avoidance coping. Resiliency factors included having positive support systems and a sense of control over the legal process. The range of risk and resiliency factors will be presented along with implications for practice. The information from this review can be used by justice and health care professionals to guide their actions when working with women who have experienced violence. It is hoped that dissemination of the results will help reduce women's risks of adverse mental health effects and further involvement in the health care and justice systems. Implications for future research will also be discussed.

## ***Secondary Victimization***

Catherine Carter-Snell, *Mount Royal University* (ccartersnell@mtroyal.ca)

Victims of interpersonal violence have exceptionally high rates of mental health disorders such as posttraumatic stress disorder and depression. Once these disorders develop there are significant life-long consequences for many including substance abuse, unemployment, chronic health conditions and suicide. These effects have additional impact on subsequent credibility, cooperation and likelihood of prosecution. Health care professionals, police and lawyers can increase victims' risks of poor mental health by the way they respond to the victim in the acute post-assault period. The majority of victims of sexual assault, for instance, describe feeling worse about themselves after their interactions with health and police personnel. This is known as "secondary victimization". The findings related to secondary victimization and contributing factors will be summarized especially as they apply to the post-assault services and investigation. The impact of court processes on risks for mental health disorders will also be discussed. The session will conclude with a discussion of factors that promote recovery and resiliency will be presented that can be used by both health and legal professionals to promote resiliency to mental health disorders, including positive responses to disclosure and techniques for interviewing and supporting victims.

## ***Respect, Defense, and Self-Identity in 19<sup>th</sup>-Century American Parricides***

Phillip Shon, *University of Ontario Institute of Technology* (phillip.shon@uoit.ca)

Ever since Oedipus unwittingly killed his father and married his mother in Sophocles' play, parricide has been a dominant motif in works of literature, film, psychoanalytic theory, and criminology. Yet, parricide, for much of the twentieth century, has been framed as an adolescent phenomenon, with child abuse proffered as the overriding cause related to the killing of parents. *Respect, Defense, and Self-Identity: Profiling Parricides in Nineteenth-Century America, 1852-1899* (New York, Peter Lang, 2014, ) provides a new way of understanding parricides by analyzing the behaviors of offenders and victims at the scene of the crime. In this 'author meets critic' session, the author discusses the sources of conflict between parents and their offspring—

adolescents and adults—across the life course, and argues that parricides are primarily shaped by factors such as respect, defense, and self-identity. Implications for a theory of parricide are discussed.

## ***Working with Perpetrators of Intimate Partner Violence (IPV) in the Criminal Justice System in England and Wales***

Sinead Bloomfield, *Interventions Services, National Offender Management Service*  
(sinead.bloomfield@noms.gsi.gov.uk)

**Purpose:** This presentation provides an overview of treatment approaches adopted by the English and Welsh criminal Justice system.

**Background:** Accredited Programmes for IPV offenders have been delivered by the National Offender Management Service (NOMS) since 2002. Programmes need to be periodically reviewed and refreshed to ensure that they adhere to best practice principles and are evidence based. The IPV programmes were reviewed to incorporate learning and developments in the field over the last decade.

**Method/Key Points:** A literature search of what work works with IPV was conducted. A summary of what we have learned from current practice of traditional domestic violence/intimate partner violence programmes is provided as well as new approaches to working with IPV

**Conclusions:** The Building Better Relationships Programmes was designed by the NOMS based on the review of the literature.

## ***The Degeneration of Love: Violence within the Family***

George Palermo, *University of Nevada, School of Medicine* ([gbpalermo@gmail.com](mailto:gbpalermo@gmail.com))

The brutality of violence takes place not only in society in general but in the micro-cosmos of the family, which ideally is the foundation of affection. The family may be nuclear, extended or alternative. Domestic violence is ubiquitous and is not limited by age, race, social status or religion. It includes, for example, shaken-baby syndrome, intimate partner violence, filicide and parricide, each with its own psychopathology. Its effects on the victim can be catastrophic. The reasons given for the violent acting out by the perpetrator of the violence are many; however, it is often a question of unilateral power and control. The abusive behavior is mixed with low self-esteem, self- and other-blaming, and at times is fueled by a raptus of desperation. Within the family it is basically a degeneration of love. The puzzle is how feelings of love can change into feelings of hate, and how people who previously loved one another can become victims and victimizers in this type of behavior.

## **108. Into the Lion's Den: Approaching Tribunal Hearings Using Principles of Respect and Dignity for Patients (Mock Tribunal Hearing)**

### ***Into the Lion's Den: Committal Process, Issues and Process in Mental Health Law in New South Wales (NSW), Australia***

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Anne Scahill, *Lawyer, Mental Health Review Tribunal, Gladesville, Australia*  
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Rohan Squirchuk, *Lawyer, Mental Health Review Tribunal, Gladesville, Australia*  
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Experience a mental health review tribunal hearing (MHRT), performed at the congress for the first time in its history. A demonstration mock MHRT hearing with a psychiatrist member, a legal member and a community member will occur. A patient, family members and the treating team - a consultant psychiatrist, social worker and nurse will present.

As an independent quasi-judicial statutory body the NSW MHRT has the power to make decisions about the care and treatment of people diagnosed with a mental illness or mental disturbance as an involuntary patient, either in hospital or in the community, in accordance with the NSW Mental Health Act 2007.

The presentation and mock hearing is unique in addressing the MHRT process to arrive at a decision after considering issues symptoms of mental illness and risk of serious harm.

Harry Perin in *DOES THE LAW ADEQUATELY PROTECT THE RIGHT TO LIBERTY?* (2010) *Plymouth Law Review* 57, 68, writes '*Lord Denning's comparison between a mental ill person and a child or wild animal is likely offensive to the modern ear. Doctors, lawyers, human rights activists have the best interests of the patient at heart, but differing priorities emerge at the MHRT hearing. Giving absolute discretion to any one of these groups will cause unease, fear and/or injustice for others. Balance is the key.*'

Such balance seems yet to be achieved in the mechanisms for challenging detention under Australia mental health law, but must nevertheless be sought tirelessly and in earnest in a MHRT hearing.

### ***Legal Representation in Mental Health Hearings in New South Wales, Australia***

Maria Bisogni, *Mental Health Review Tribunal of New South Wales, New South Wales, Australia* ([mbiso@doh.health.nsw.gov.au](mailto:mbiso@doh.health.nsw.gov.au))

Lawyers representing people with mental illness face a multitude of complex issues and challenges – there are legal, ethical and psychological issues – there may be difficulties in getting instructions, clients changing instructions and there may be ethical issues about putting a client’s view when the lawyer considers that the instructions are clearly not in the client’s best interests.

Lawyers also have to work within the parameters of often changing legislation and the common law and the practice and procedure of courts and tribunals. Recently in NSW, recovery principles have been legislatively recognised as objectives with respect to mental health consumers. Recovery represents a new challenge for both lawyers and mental health review tribunals. It means that lawyers have to perceive their role in a more expansive way, from merely putting a limited range of instructions about detention, care and medications to much broader considerations such as what the consumer thinks will make them live well. This could include matters such as employment goals and opportunities, secure housing educational achievement, social inclusion and community connections.

Lawyers may need to:

- advocate for services based on the consumer’s preferences
- work in partnership with services to achieve better outcomes
- work with consumers to articulate the consumer’s goals and preferences
- ensure the consumer’s view is heard and considered.

Recovery is intended to be a paradigm shift in the culture of mental health services, including service delivery. This shift will require a substantial change in approach for lawyers and tribunals.

Pierre de Dassel, *Barrister-at-Law, New South Wales, Australia* ([pdedassel@gmail.com](mailto:pdedassel@gmail.com))

## **109. Involuntary Psychiatric Care: Legal, Ethical and Epistemic Perspectives**

***If Forensic Psychiatry is the Science, What is its Object of Study? If it is a Branch of Medicine, What is the Disease? If it is a Specialty, What is its Topic of Expertise?***

Christian Munthe, *University of Gothenburg* ([Christian.munthe@gu.se](mailto:Christian.munthe@gu.se))

This paper analyses, from a normative and taxonomical standpoint, the apparent fact that what forensic psychiatry (FP) as a science or a branch of medicine focus on is necessarily socially constructed in a specific way relating to positive law. FP busies itself with conditions which are (a) mental health problems (in itself partly socially determined) and (b) linked to criminality – especially severe criminality – in turn a concept determined by actual legal statutes in a given society. This notion of what FP "is about" has to be held distinct from the idea of FP researching the possible causal connection between mental health factors and specific crimes of behaviour types, or that of FP employing mental health care interventions to influence the tendency of criminal or other sort of behaviour. While FP may certainly (attempt to) do these things (implying an interest in specific parts of nature, specific expertise, etc), the issue of how to characterize its generic object of study, interest or action is more profoundly conceptual in that it may inform us about what FP is and what object may or may not be properly studied or intervened upon based on FP. This, in turn, will also provide an answer to what exactly the expertise of an FP specialist is supposed to be about, as well as pertain to disputes over the proper social authority and impact of knowledge coming out of the FP area. The paper will explore and compare three distinct strategies for providing an answer to this question, which are both criticised from a normative and philosophical perspective. First, FP might try to characterise its object of interest by embracing the socio-political relativity implied by the fact that criminal law, implying that the object of FP changes with every difference between jurisdiction across countries as well as over time. This seems to imply that there is no such thing as one object of FP, no specific FP expertise, and so on and thus undermines the idea of FP as a science, specific health care speciality or expertise. Second, FP may adopt a very abstract definition of its object, possible to include all jurisdictional variations one might imagine. This, however, seems to imply a problematic boundlessness: the idea that practically any behaviour or human condition is a proper concern of FP (since any such may be criminalized in some jurisdiction). This, in turn implies normative problems both with regard to the claims about a particular FP expertise and with regard to the ethical integrity of FP as a scientific and medical field.

### ***Expertise, Evidence and Ethics in Decisions on Involuntary Psychiatric Care: Mapping the Swedish Landscape***

Susanna Radovic, *University of Gothenburg* (susanna@filosofi@gu.se)

Lena Eriksson, *University of Gothenburg* (lena.eriksson@gu.se)

The aim of the project presented here is to investigate and compare the release process in forensic psychiatric care (LRV) with that of decisions regarding involuntary psychiatric treatment (LPT), with special focus on the experts' roles in both processes. Overarching research questions are how concepts of health and ill-health are defined through praxis, how ideas of objectivity are established and maintained, and how boundaries are drawn between the field of medicine, civil protection and legal certainty and predictability. In the paper at hand, some emerging themes are discussed, such as an endemic uncertainty regarding division of responsibilities, roles and competences in medico-legal decision-making terrain; problematic dual roles in the courtroom affecting the continued treatment of vulnerable patients; implicit

expectations to display evidence in court i.e. to make the patient ‘perform’ his or her symptoms; difference in status and value of documentation in decisions and the pivotal role of rhetoric and communication in decisions regarding compulsory care.

## ***Legally Relevant Aspects of Swedish Mental Health Law Proceedings***

Moa Kindström Dahlin, *Stockholm University* (moa.kindstrom-dahlin@juridicum.su.se)

This paper aims to explore and discuss the clash between so called goal regulation and the legal standards of clarity and legal certainty in Swedish mental health law. Since both techniques are used in mental health law, the use of medical experts in legal settings is problematic. Where goal regulation is used, the legal argumentation is “goal rational”, and thereby dependent on experts to prove how a certain goal is to be achieved. When the law itself request clarity and “legal certainty” in the statutes, the legal argumentation is “norm rational” which means that the “truth” in the legal norms is not legally relevant. According to the Swedish system the lawyers are only to assess whether the legal requisites in the law are fulfilled (norm-rationality), but in their assessments they are depending on physicians’ evaluation in the particular case (goal-rationality). To decide what kind of expert knowledge that is needed, it is important to first clarify what aspects that is legally relevant. Therefore, the Swedish mental health law (and its legally relevant aspects) is mapped out. Also, it is discussed whether lawyers are (as they are believed to be) best suited to judge when inpatient mental health care is appropriate.

## ***Court Hearings Regarding the Continuation of Forensic Psychiatric Treatment: Patients’ Perspectives***

Sven Pedersen, *University of Gothenburg* (sven.pedersen@vgregion.se)

Patients within the Swedish forensic psychiatric system undergo regular court hearings to determine, among other things, the continuation of their mandated treatment. Patients and treating psychiatrists are often in the rolls of adversaries in these hearings. Patients’ experiences and perceptions of these hearings, as well as the influence the hearings have on the patients’ wellbeing and their working alliance with their caregivers have not been investigated in the Swedish setting. Data in the project will be semi-structured interviews with in-patients in forensic psychiatric care who are under special court supervision. The interviews will focus on patients’ experiences of the court hearings. How does the subjects interpret the different roles of the participants in the hearings? How does participating in the hearings influence the patients’ experience of power/powerlessness? The project aims to ascertain the experiences of patients as well as the effects on patients’ wellbeing and working alliance with their caregivers of these hearings. Data collection will begin September 2015.

## **110. Involuntary Treatment: International Perspectives**

### ***Involuntary Treatment: Laws, Processes and Safeguards in Western Australia and Chile***

Louise Southalan, *Mental Health Commission of Western Australia*  
(louise.southalan@mentalhealth.wa.gov.au)

This presentation compares the laws, safeguards and processes in Western Australia and Chile around involuntary treatment for mental illness. There are a number of factors in common between the two jurisdictions, as well as several important distinctions. Both Western Australia and Chile are undertaking substantial programs of mental health reform, including legislatively, with a view to strengthening the rights of individuals subject to involuntary detention processes. This comes at a time of increasing international consensus around rights, standards and safeguards in the area of involuntary treatment. The presentation compares the laws and institutions in the two jurisdictions and practical challenges for them in meeting international best practice, recognising that the two jurisdictions also have significant differences in terms of legal systems, traditions, sector structure and available resources. Issues considered include criteria, decision making bodies, review bodies and practical challenges such as the many remote areas in each country.

### ***Investigated Prior to Decision on Involuntary Care: Patients' Perspectives***

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

The *Swedish Care of Substance Abusers' Act* includes an evaluation by a social worker which can last several months. It was the legislator's intention that the commitment-process should provide time for the investigating social worker to encourage and motivate the patient to accept voluntary care. The evaluation could also be used to ensure that the investigated part is well informed about the applied legislation, which can reduce the feeling of coercion. The *Swedish Care of Substance Abusers' Act* does not explicitly require the investigator to inform the evaluated patients about the legislation but the advice from the National Board of Health and Welfare is that information about the process should be presented to the patient both in writing and by personal contact. This presentation will include the results from interviews with twenty-four patients that were carried out while the patients were under investigation. The interviews focused on the investigated patients' experience of participation in the evaluation process and specific knowledge with regard to the involuntary legislation.

## ***Specialist Evaluation of Involuntary Patients Admitted to Acute Emergency Psychiatric Units in Norway – 24 Hour Follow Up: Who Became Converted to Voluntary Admission?***

Kjetil Hustoft, *Stavanger University Hospital, Stavanger, Norway* (kjetil.hustoft@sus.no)

Predicting factors for conversion from involuntary referred admission to voluntary hospitalization after Norwegian Mental Health Act evaluation by specialist in psychiatry. There was an increased OR of 1.56 for conversion from involuntary referred admission paragraph to voluntary admission for patients entering the hospital with admission at evening and night in the two working shifts from 19:00 to 07:00 hours the next morning, HoNOS higher score of drinking alcohol or use of drugs, HoNOS lower score of hallucinations and delusions, and a high GAF symptom score at intake (log).

## ***Psychiatric Ambulance: A New Feature in Psychiatric Emergency Care***

Frode Bremseth, *Stavanger University Hospital, Stavanger, Norway* (frode.bremseth@sus.no)

Stavanger University Hospital started in 2010 a new pre-hospital service by creating a psychiatric ambulance vehicle in service weekdays working hours from 9 AM until 9 PM. This was the second hospital in Norway to create such a service for the population of 360.000 in the catchment area located in south - western Norway. The reason was to decrease the use of police during admission to the psychiatric hospital both in voluntary and involuntary admissions.

The police was not involved in the process of admission in 78 % of the involuntary admissions and 91 % of the voluntary admission when the psychiatric ambulance was used. In only 4.5% of 937 psychiatric ambulance missions there were used any kind of coercion. About 62 percent the main reason for this kind of specialized ambulance service were given to patients either with psychosis, suicidal situation, hostility and aggression, depression, mania or being in an unstable situation. This could tell us that the need for such a pre - hospital ambulance services may still be developed and needed. We concluded that most missions do not use police assistance and the use of coercive measures, and this may have an anti-stigma effect for better pre-hospital transportation and treatment for psychiatric patients.

## ***A Successful Monitoring System for Released Forensic Patients***

James Reynolds, *Department of Mental Health, Missouri, USA* (james.reynolds@dmh.mo.gov)

Department of Mental Health (DMH) of the State of Missouri, USA, supervises persons committed by court as Not Guilty by Reason of Insanity (NGRI). Burden of proof for release rests with the patient. Therefore, a high threshold can be expected in terms of treatment compliance, sobriety, and lawful behavior. Yearly inpatient return rate for such persons is less than 7 %, and their re-offense rate is much lower still. This is in contrast to yearly re-hospitalization rates of 25 % or more for non-forensic patients, and re-offense rates greater than 60 % for released prisoners. The forensic monitoring system of DMH exists to ensure that persons on NGRI release maintain their mental stability. The organization of the system will be outlined, reasons for the low recidivism rate will be discussed, and competing concepts of autonomy vs. paternalism in requiring treatment compliance as a condition of individual liberty will be explored. Case examples will illustrate the success of the Missouri system. Cost effectiveness will be debated in terms of resources spent so that a relatively small population of recovered persons with dangerous illnesses may live in safety outside of an institution. Lessons in treatment of non-forensic patients may be learned.

## **111. Jurisdictional Issues Related to “Forthwith Orders” in the Mental Health System**

### ***The Mental Health System: Flawed but not Broken***

Diana Clarke, *University of Manitoba* (Diana.clarke@umanitoba.ca)

Individuals living with a mental illness are known to be over represented in the criminal justice system. In Canada, the *Criminal Code* provides a formal procedure for the diversion of individuals with a mental illness from the criminal justice system. Additionally, some provincial jurisdictions have established mental health courts to facilitate diversion from the justice system toward appropriate health care services. In Canada, this framework involves both the federal and provincial governments giving rise to jurisdictional issues. One jurisdictional issue is the pronouncement of “forthwith orders”, which require that individuals deemed to require criminal court ordered psychiatric admission must be taken immediately to a mental health facility regardless of the current bed occupancy. This portion of the session will explore the influence of mental health system design and public policy considerations on “forthwith” treatment orders. Although system improvements are continuously sought, these orders can be seen as attempts to fix system shortcomings at the coal face rather than targeting levels of the system capable of broader impact.

### ***Interpreting the Criminal Code of Canada and Provincial Mental Health Acts: Local Challenges***

Jeff Waldman, *University of Manitoba* (jwaldman@exchange.hsc.mb.ca)

Legislation governing health care in Canada exists at both the federal and provincial levels of government. Although the Federal government legislates in the area, for example the *Canada Health Act*, section 92 of the *Constitution Act, 1867* gives exclusive power to the provincial legislature to make laws governing the establishment, maintenance, and management of hospitals, asylums, charities, and eleemosynary institutions in and for the Province, other than Marine Hospitals. This portion of the session will examine section XX.1 (Mental Disorders) of the *Criminal Code* (federal legislation) particularly 672.62(1)(a) which provides that no court shall make a treatment order without consent of the person in charge of the hospital where the accused is to be treated. The presentation will illustrate the differences in provincial *Mental Health Acts* in particular, Ontario and Manitoba and their impact on the diversion process. Although the context of the discussion is national, the presentation will focus on challenges specific to the interaction between Manitoba's forensic services and justice.

### ***Right to Life, Liberty and Security of the Person: Does Section 672.62(1)(a) of the Criminal Code Violate Section 7 of Canada's Charter of Rights and Freedoms?***

Celeste Waldman, *University of Manitoba* (celeste.waldman@umanitoba.ca)

Anne-Marie Brown, *University of Manitoba* (anne-marie.brown@umanitoba.ca)

This portion of the panel session will explore section XX.1 (Mental Disorders) of the Criminal Code with a particular focus on section 672.62(1)(a) which provides that no court shall make a treatment order without consent of the person in charge of the hospital where the accused is to be treated. The discussion will explore *Centre for Addiction and Mental Health v Ontario*, a recent case involving the pronouncement of a "forthwith" order in the absence of consent of the person in charge of the hospital where the accused was to be treated. The case received leave to appeal to the Supreme Court of Canada to determine the nature and scope of the provision and whether or not it violates the *Charter of Rights and Freedoms*. Although a decision has not been rendered, this portion of the panel session intends to examine the materials filed with the court to propose a conclusion about the potential violation of the accused s. 7 rights.

Lorne Sossin, *York University* ([lsossin@osgoode.yorku.ca](mailto:lsossin@osgoode.yorku.ca)) – Discussant

## **112. Juvenile Detention and Rehabilitation**

### ***Getting Current through Repurposing in Corrections: Transitioning a Juvenile Detention Facility to a Treatment Based Rehabilitation Center for Adjudicated Youth***

Aron Steward, *Woodside Juvenile Rehabilitation Center, Colchester, USA*  
(aron.steward@state.vt.us)

Presentation outlines a three year long project to transition a juvenile detention facility, historically based on behavior modification through punitive consequences, to a mental health rehabilitation center. Project began with an audit and guidelines from the State government whereby in three years' time the 30-bed, co-ed, locked facility would provide best practices for adjudicated youth at the highest level of mental health care in the state. The response to this challenge began with a safety and security expert conducting a needs assessment to determine the operational requirements to prepare the facility for delivery of best practices treatment services. Operational policy and procedure were developed including regulation on isolation, restraint, video monitoring, and staff training. Outcome statistics focused on resident and staff safety were gathered and analyzed. The second phase of repurposing was an inventory and needs assessment of the then current mental health treatment delivery practices. In response, policy and procedure was developed to support intake, assessment, treatment planning, specialized treatment services, group treatment, evidenced based practice and community reintegration services. Outcome statistics are currently being gathered facility-wide focused on recidivism rates following release and incidents of aggression, self-harm, refusal, symptom increase, medication management, and goal directed improvement while incarcerated.

## ***Structural Variations in Youth Risk of Arrest and Justice System Processing***

Tia Stevens, *University of South Carolina* (tstevens@mailbox.sc.edu)

The literature of the last three decades shows the impact of race and ethnicity on police behavior and juvenile justice processing. Researchers have traditionally attributed disproportionate minority contact (DMC) to either legally permissible factors, such as more serious offending, or to biases within the justice system. Recently, researchers have begun to emphasize the importance of community structural variations that may partially explain disparities in youth justice system processing. Using a large, longitudinal, nationally-representative sample of American youth, this study focuses on youth contact with the justice system between the ages twelve and eighteen: arrest, petition/charge, adjudication, and placement. The results indicate youth who reside in communities characterized by structural inequality are subject to increased social control, net of their self-reported delinquency. Furthermore, cross-level interaction effects show these effects depend on youth racial/ethnic group.

Udo Jesionek, *Johannes Kepler University – Linz* ([u.jesionek@weisser-ring.at](mailto:u.jesionek@weisser-ring.at)) – Discussant

Dorte Sestoft, *Ministry of Justice, Clinic of Forensic Psychiatry, Copenhagen, Denmark* ([d253103@dadlnet.dk](mailto:d253103@dadlnet.dk)) – Discussant

## **113. Law and Imagination**

## ***Privacy and a Blindspot in British Law***

Richard Mullender, *Newcastle University* (Richard.mullender@ncl.ac.uk)

This paper focuses on a number of cases that reveal a glaring imbalance in the protection British law gives to privacy. These cases concern people who have suffered gross forms of abuse from neighbours and others who have entered or made assaults on their homes. The paper will demonstrate that British law has failed to secure relevant interests in “home” and/or “family life” (two of the goods that the right to privacy in Article 8(1) of the ECHR protects). The paper will also examine failures of the imagination on the part of those concerned with the law’s operations: *e.g.*, the lawyers seeking to secure the relevant individuals’ interests. With the aim of gaining analytic purchase on these imaginative failures, the paper will draw on a contribution to law and literature scholarship made by Martha Nussbaum. In *Poetic Justice*, Nussbaum contributes to the strand of law and literature concerned with the human capacity to engage empathetically with others. As will become apparent, Nussbaum throws much light on failures of imagination. However, the paper will seek to build on her analysis. To this end, it will draw on two further sources of academic guidance that have relevance to the cases under scrutiny. They are the account of “ruthlessness” set out by the analytic philosopher Thomas Nagel, and the analysis of the human brain’s operations offered by the psychiatrist Iain McGilchrist.

## ***Getting Creative in the Common Law: From the Descriptive to the Prescriptive in Legal Imagination***

Thomas Bennett, *Newcastle University* (Thomas.bennett@ncl.ac.uk)

When novel cases come before the courts in common law jurisdictions, it is for the judges to determine whether or not the reach of the law should be extended to provide remedies in these new circumstances. Generally, liability rules are extended by a process of analogical reasoning with earlier cases. Several legal theorists developed accounts of the “legal imagination” which, it is said, is a facet of the imaginative faculties peculiar to lawyers. Often these accounts present the legal imagination as essentially reductive or descriptive, as lawyers reduce novel factual scenarios to fit within established liability rules. However, there is a danger that the cumulative effect of reductive reasoning leads to stagnation in the law, manifested in an unwillingness to extend liability in circumstances where analogical reasoning proves fruitless. The problem is brought into focus by the way in which the English common law has traditionally dealt with violations of individuals’ privacy. For the English judiciary has steadfastly refused to recognise a general right to privacy at common law, instead dealing with established categories of liability-attracting behaviour (most notably, the law on breaching confidences). This paper argues that there is a second aspect of legal imagination that warrants exploration; a prescriptive side to the imaginative faculties that enables lawyers to envisage ways of achieving advancement in the common law beyond mere argument by analogy. The paper seeks to explore the significance of this aspect of legal imagination for the operation of judging within a normative space.

## ***Re-Imagining Privacy: Attending to Betweenness***

Patrick O’Callaghan, *University College Cork* (Patrick.ocallaghan@ucc.ie)

Privacy is a value that finds expression in many different (though sometimes overlapping) areas of law: constitutional law, international human rights law, family law, tort law and data protection, to name just a few. Depending on the field of law, then, practitioners and academics who specialize in these areas will attend to privacy in different ways. Drawing on the work of Iain McGilchrist, this paper will argue that approaching the privacy *terrain* in this way is problematic because it means that we may overlook important aspects of privacy. The paper argues that we should seek to rise above the various fields and sub-fields of privacy law and survey privacy’s *territory*. In doing so, we must attend to the *relations* between the various fields rather than thinking of them as distinct ‘entities in isolation’. Using the relationship between tort law and data protection as an example, this paper will argue that attending to *betweenness* reveals latent aspects of privacy that are of fundamental importance to life in the digital age.

## ***Law, Imagination and Aspect Perception***

Emilia Mickiewicz, *Newcastle University* (Emilia.mickiewicz@ncl.ac.uk)

In his *Philosophical Investigations* and his well-known analysis of a duck-rabbit puzzle picture, Ludwig Wittgenstein alerted us to complexity of our cognitive experience. He convincingly demonstrated that the meanings of the encountered phenomena do not belong to them, but are constructed by our perception of them, which is in turn informed by the entirety of our experience. This paper argues that Wittgenstein’s analysis applies not only to perception of objects but also linguistic phenomena, including theoretical concepts that we employ to render fields of human practice coherent. This implies that theory and experience are inextricably linked and for a comprehensive understanding of complex human phenomena, such as law, it is necessary to consider the relationship between the two. Contemporary theoretical accounts of law, such as formalism, often fail to appreciate the importance of the lived experience to law and seek to explain it in arbitrary and detached fashion. These accounts not only lead to an arbitrary impoverishment of a much richer field, but also cannot explain changes that take place within it. Ludwig Wittgenstein’s account of aspect perception provides an attractive alternative to these formal accounts. To employ it effectively, however, an imaginative effort, which will be explored in this paper, is required.

## **114. Learning from Criminal Justice Practices: Bringing about Organizational Change**

## ***Learning from Ineffective Justice Interventions: Further Consideration of Theoretical Mechanisms***

Christopher Sullivan, *University of Cincinnati* (christopher.sullivan@uc.edu)

Evaluations of justice system interventions frequently reveal modest or nonsignificant effects. Researchers and practitioners likely do not learn as much from this research as they might as these studies may become part of the “file drawer problem” or, at least, are not mined effectively to understand the mechanisms driving such outcomes. Arguing that this knowledge is important for further program development, this paper uses data from a recent multisite juvenile drug court study (n=1372 from 9 courts) to consider evaluation outcomes in relation to program theory. The study employs moderator and mediation analysis of important baseline (e.g., offender risk, nature of substance use problem), intermediate (e.g., intensity of supervision, number of hearings), and outcome (recidivism) variables to better understand the factors that generate findings that run contrary to the expectations of program advocates and investigators. The results of this “postmortem” analysis will then be discussed in terms of specific and general recommendations for improving the study, development, and implementation of juvenile justice interventions.

## ***Reducing Gang Violence across Cultures: The Impact of Focused Deterrence Approaches in Cincinnati, Ohio and Glasgow, Scotland***

Robin Engel, *University of Cincinnati* (robin.engel@uc.edu)

This research focuses on two cities with very different demographics and gang culture that have implemented focused deterrence strategies: Cincinnati, Ohio, and Glasgow, Scotland. Both the Cincinnati Initiative to Reduce Violence (CIRV) and Glasgow’s Community Initiative to Reduce Violence (CIRV) are multi-agency, community collaborations designed to reduce gun violence perpetrated by violent groups/gangs. Drawing upon ethnographic research with police officers, young offenders, street workers and community leaders, along with quantitative evaluations, this research examines the differing nature and causes of youth violence and the perceived effect on youth and communities of focused deterrent approaches to reduce violence. A 42-month evaluation demonstrated a 41% reduction in group-member involved homicides in Cincinnati since CIRV’s inception and a 50% reduction in the level of violent offending by gang members who have engaged with the Glasgow version of CIRV. And yet, in terms of local demographics, group dynamics and the sociological and criminological nature of gang culture these two cities - Cincinnati and Glasgow - could not be more different. These differences in gang-related violence and the similarities of the effectiveness of the strategies implemented to reduce violence are discussed.

## ***The Development of the Ohio Risk Assessment System – Misdemeanor Assessment Tool (ORAS-MAT)***

Jennifer Lux, *University of Cincinnati* (jennifer.lux@uc.edu)

Edward Latessa, *University of Cincinnati* (edward.latessa@uc.edu)

At the core of effective correctional programs is the use of a validated risk and needs assessment instrument. Such assessments offer correctional agencies a clear understanding of the level of risk an offender poses to the community and helps correctional staff identify offenders' unique criminogenic needs to be targeted for change. The present study reports on the results of a large statewide project to develop a risk and needs assessment instrument for misdemeanor offenders—the Ohio Risk Assessment System—Misdemeanor Assessment Tool (ORAS-MAT). More specifically, the study will focus on the creation of the ORAS-MAT, explore reasons why it might be necessary to have separate risk and needs instruments for misdemeanor and felony offenders, as well as investigate the implications for managing and treating misdemeanor offenders in the community.

## ***Antecedents of Organizational Citizenship Behavior in Law Enforcement Agencies***

James Frank, *University of Cincinnati* (james.frank@uc.edu)

Hannif Qureshi, *University of Cincinnati* (hanifq@gmail.com)

The use of discretion by police officers has received considerable attention. Most of this attention has been directed at the misuse of discretion and the negative outcomes that result. Most police officers use discretion to make decisions to create a friendly work environment and provide better service delivery. In this sense, discretion is a tool, which can also be used to achieve organizational goals effectively. Following the trend in psychology that focuses on enhancing happiness and strengths of people, and the emphasis in business on increasing worker productivity, the present study focuses on employees who create a positive work atmosphere and make the job worthwhile for themselves and others. It seeks to determine what motivates officers to engage in citizenship behaviors. Using data collected through a self-administered survey of 830 officers in Haryana state in India we explore the antecedents of organizational citizenship behavior. Specifically the study addresses three related questions; 1) what existing measure of OCB is most applicable to the work of service agencies such as the police; 2) what factors motivate officers to engage in citizenship behaviors; and 3) is there a difference in antecedents between manufacturing and service organizations?

## **115. LGBT Mental Health: Realising Human Rights**

## ***Social Determinants of Lesbian, Gay, Bisexual and Transgender Mental Health: Identities, Intersections and Inclusion***

Ruth McNair, *University of Melbourne* ([r.mcnaire@unimelb.edu.au](mailto:r.mcnaire@unimelb.edu.au))

The mental health of lesbian, gay, bisexual and transgender (LGBT) people is generally worse than that of the general population. The underlying reasons for this disparity are not yet well understood. Questions arise including whether discrimination is the major determinant, or violence experiences, or lack of social support, or something deeper and more structural. This presentation outlines evidence for social and legal determinants of LGBT mental health and suggest that they relate to sexual or gender identity, intersections and social inclusion. Sexual and/or gender identity influence mental health in positive and negative ways. On the one hand, higher levels of openness can lead to better health, and better health care, while at the same time exposing to greater exposure to discrimination. On the other hand, lower levels of openness, can lead to greater marginalization, more difficulty connecting with like-minded community, but reduced discrimination. Intersections relate both to the effect on mental health of multiple identities for an individual, and to the level of support between LGBT and non-LGBT people. Inclusion within social and legal arenas, or conversely structural stigma, are also important influences. The mental health of LGBT people will ultimately benefit from understanding the complexity of these social determinants.

## ***Social Support and Wellbeing for Bisexual and Lesbian Women***

Mary Heath, *Flinders University* ([mary.heath@flinders.edu.au](mailto:mary.heath@flinders.edu.au))

Ea Mulligan, *Flinders University* ([ea.mulligan@bigpond.com](mailto:ea.mulligan@bigpond.com))

Existing research documents significant challenges to bisexual and lesbian women's health and identifies lack of social support as a risk factor in their lower mental health status. While community participation has been identified as potentially protective, there is little evidence about the strategies non-heterosexual women use to achieve well-being. This study aimed to provide qualitative insights into the ways communities might contribute to bisexual and lesbian women's well-being through semi-structured interviews with 47 women. Participants' accounts suggested community engagement could provide resources and social contact, enhancing women's confidence, self-esteem and well-being. However, participants perceived that achieving these benefits required actively choosing or creating a supportive community. Though many of the participants spoke about the benefits of community, they also offered critiques of communities as sometimes exclusionary and censorious and therefore a risk to well-being requiring management or resistance. Bisexuals and lesbian women often participated in different communities. While lesbians faced more restrictive social norms, bisexual women described lower access to community resources. Participants' accounts indicate that communities based on sexuality are potential sources of social capital. However, the social ties and norms which make

‘bonding’ social capital an asset can produce undesirable consequences such as exclusion and pressure to conform.

## ***Reclaiming Biopolitics: Sexual Orientation Change Efforts and the Religious Paradigm of Psychiatry***

Craig Konnoth, *University of Pennsylvania* (ckonnoth@law.upenn.edu)

In recent years, United States jurisdictions have prohibited therapists from carrying out sexual orientation change efforts (SOCE) on children. While some therapists admit that SOCE have a religious basis, others claim that it is merely another form of mental health treatment. This paper traces the history of SOCE as part of a broader therapeutic approach in conservative Protestant circles. As psychiatry began to displace religion as a means of counseling over the course of the twentieth century, various religious denominations—including Catholics and mainstream Protestants—resisted. Their efforts failed. However, evangelical Protestants reimagined religious counseling using psychotherapeutic methods. As Foucault famously explained, these methods allow the exercise of an unprecedented degree of pervasive control over the individual. In this way, these religious therapists were able to displace a secular model of control with a religious model that furthered their aims. It is easy to argue that because of its religious basis, such modes of intervention are invalid. But the history of these treatments also bring into relief the role psychotherapy plays as a mode of social control, and the ability of it to be harnessed by various other normative paradigms, raising questions about the ultimate goals of mental health work itself.

Helmut Graupner, *Austrian Society for Sexologies, Vienna, Austria* – ([hg@graupner.at](mailto:hg@graupner.at))  
Discussant

## **116. Long-Stay Institutions**

### ***Long-Stay in Forensic-Psychiatric Settings in the UK***

Birgit Völlm, *University of Nottingham* (birgit.vollm@nottingham.ac.uk)

**Introduction** Forensic-psychiatric services are costly and very restrictive for patients. Clinical experience and the limited research available indicate that some patients may stay for too long in these settings. On the other hand, a proportion of patients may, however, require long-term, potentially life-long, secure forensic-psychiatric care but their needs may not be met by existing service provision designed for faster throughput. Here we report the initial findings of a three year study on long-stay patients in forensic care conducted in England. For the purposes of our study we define ‘long-stay’ as more than 10 years in high secure or more than 5 years in medium secure care (or a combination of both).

**Methods** The overall project uses a mixed-methods approach including analysis of administrative data, case file reviews, patient interviews, interviews with clinicians and commissioners and a Delphi survey. Here we report first findings from the analysis of administrative data and case file reviews.

**Results** Initial findings indicate that over to 25% of the forensic population fulfill our criteria for long-stay, a greater number than originally estimated. Groups particularly ‘at risk’ for long stay include patients with learning disabilities and those with a history of sexual offending.

**Conclusions** The high number of long-stay patients in high and medium secure services calls for specific service provision for this patient group as well as improved interventions to meet their need.

### ***Long-Stay Detainment in German Forensic Psychiatry – Tasks Remaining Under New Jurisdiction***

Herbert Steinböck, *Klinik für Forensische Psychiatrie und Psychotherapie*  
(steinboeck2002@yahoo.com)

Jurisdiction and legislation in Germany have changed in behalf of preventive detention of healthy prisoners as well as of mentally ill offenders in recent years. Especially, the principle of proportionality is on focus. As a consequence of this change, we are confronted with two questions: What does that mean in terms of psychiatric needs for longterm detained forensic psychiatric inpatients, and which changes of the care system for these patients are required. The presentation deals with both questions by the example of the experiences of a large forensic hospital near Munich, discussing methodological problems of case identification, group heterogeneity and the challenge of networking within the social psychiatric field under the dilemma of risk and reintegration.

### ***Long-Term Psychiatric Treatment of Mentally Ill Prisoners in Berlin/Germany***

Norbert Konrad, *Institut für Forensische Psychiatrie* (norbert.konrad@charite.de)

Psychiatric care of prisoners is subject to wide regional variations in Germany, especially regarding inpatient treatment. Although hospitalized psychiatric patients in prison closely resemble those in forensic psychiatric security hospitals with regard to sociodemographic (percentage of women, age peak) and forensic characteristics (delinquency, prison experience), marked discrepancies in the diagnostic spectrum necessitate very different treatment planning based on general clinical psychiatry when considering the approach and especially the treatment duration. In Berlin, we try to develop a care structure within the prison system, which addresses inmate-specific problems and circumstances as well as the possibility of inpatient and outpatient

treatment and semi-hospitalization according to the principle of “equivalence”. The Berlin penal system offers a kind of semi-hospitalization in the form of a follow-up unit in closed prisons for those no longer requiring full inpatient care but in need of long-term psychiatric care. The presentation will deal with this concept and first experiences.

### ***Long-Stay of Forensic Patients in Québec: More Coming In, Less Going Out***

Jocelyn Aubut, *Institut Philippe Pinel, Montréal, Canada* (aubutj@videotron.ca)

The pressures on the only forensic psychiatric hospital and other forensic services in Quebec are rising at an alarming rate. Although some of this pressure stems from the demographic rise in Quebec, the main factors affecting the pressure on these services arise from changes in politics and policies. More judges are demanding psychiatric assessments and there is no check and balance to determine if these demands are all appropriate. The federal government has passed laws to make it “tougher” for offenders to be recognized as mentally ill at the time they committed their offence, and at the same time making harder for those who have been recognized as such to get out of forensic hospitals. All of these changes are not backed up by any evidence-based data. Politics are overriding science and psychiatrists should question their participation in this system.

### ***COST Action IS1302: Long-Term Forensic Psychiatric Care***

Birgit Völlm, *University of Nottingham* (birgit.vollm@nottingham.ac.uk)

The number of forensic beds has increased rapidly in several countries during the last two decades. The duration of treatment is also increasing. Strong societal demands for coercive measures against “dangerous” mentally disordered persons and an increasing focus on reducing risk, as well as reduced funding for aftercare are likely contributory factors for these changes. A significant proportion of mentally disordered offenders may require long-term, potentially life-long, forensic psychiatric care.

The current services, designed to accelerate throughput and providing intensive treatment with a view to rehabilitation back into the community, may not be appropriate for the group of long-term forensic psychiatric patients. Due to different legal frameworks, policies and resources in European countries, treatment programs and care provided for these offenders vary substantially within Europe.

**COST Action IS1302** aims at establishing a European network of researchers, clinicians and service providers about long-term forensic psychiatric care. The network is open for practitioners and experts from different disciplines and from different career stages. For this Action researchers and clinicians join their expertise and research activities to set the basis for

comparative evaluation and research on effective treatment and the development of ‘best practice’ in long-term forensic psychiatry in Europe.

## **117. Mass Murder: Patterns in Manifestos (I)**

George Woods, *Morehouse School of Medicine* ([gwoods@georgewoodsmd.com](mailto:gwoods@georgewoodsmd.com)) - Moderator

### ***Seung Hui Cho: Mass Murder as Revenge***

Melissa Spanggaard, *University of South Dakota* ([Melissa.spanggaard@usd.edu](mailto:Melissa.spanggaard@usd.edu))

On April 16, 2007, Seung Hui Cho used two handguns to shoot and kill thirty-two people, wounding seventeen, on the campus of the Virginia Polytechnic Institute and State University. His rampage ended when he shot himself. Cho was born in South Korea and came to the United States with his family when he was 8 years old. Prior to the shootings, Cho had been accused of stalking two female students, but neither victim pressed charges. In 2005, Cho made suicidal statements to a roommate, prompting a brief stay in a psychiatric hospital. He was released and ordered to undergo outpatient treatment. Faculty at Virginia Tech had also become concerned about his behavior. On the day of the killings, Cho sent a multi-media manifesto to NBC News, which was comprised of text, pictures, and video. In this presentation, this manifesto will be examined in an effort to discover clues to the motives behind the spree killing.

### ***The Manifesto of Behring Breivik – Language in Threat Assessment: Part I***

Cecilia Leonard, *SUNY Upstate Medical University* ([Cecilia.leonard@va.gov](mailto:Cecilia.leonard@va.gov))

Terje Tørrissen, *Psychiatrist, Ottestad, Norway* ([terjeto100@hotmail.com](mailto:terjeto100@hotmail.com))

Anders Behring Breivik (ABB) carried out a massacre in Norway on July 22, 2011. He detonated a bomb in Oslo, killing eight persons and severely injuring nine others. He then drove to the island of Utøya, where went on a calculated shooting rampage, leading to the death of sixty-nine youngsters and leaving thirty-three others severely wounded. The author performed an analysis of ABB’s writing style in his extensive manifesto which he published hours before the attacks. The language used by Breivik offered vast detail for threat assessment. The speaker will offer a discussion on his attempt to indoctrinate anticipated followers and to document his careful preparation for the massacre, while also attempting to exempt himself from any liability for the outcome.

## ***The Manifesto of Behring Breivik – Language in Threat Assessment: Part II***

Terje Tørrissen, *Psychiatrist, Ottestad, Norway* (terjeto100@hotmail.com)

Cecilia Leonard, *SUNY Upstate Medical University* (Cecilia.leonard@va.gov)

The court appointed two teams of psychiatrists to conduct a forensic evaluation of Anders Behring Breivik, who had carried out the massacre on July 22, 2011 in Norway. The first team concluded that he suffered from Schizophrenia. The second team determined that he has Narcissistic Personality Disorder and strong antisocial personality traits. The speaker, who was one of the psychiatrists who evaluated Breivik will discuss the Norwegian Penal Code that was in effect at the time of the trial. He will offer a discussion about the manifesto and address several areas of diagnostic concern that arose out of this case.

## ***“My Final Thoughts”: from the Arizona Shooter’s Website***

Dan Cotoman, *Wake Forest University* (cotomand@yahoo.com)

The speaker will use the case of Mass Murder perpetrated by the shooting event which happened in Arizona, US (2011) in order to launch a discussion about language in threat assessment. The writings in the shooter’s blog could give clues about likelihood of violence. Nobody currently knows what the future of media and internet will bring to our mental health field. However, after just superficially checking with the old DSM 4 or the newer version, DSM 5, one can identify in the Arizona shooter's blog specific key words that could meet the criteria for derailment, repetition, non sequitor, etc. , just to pinpoint a few of the textbook definitions which help professionals across the world to speak the same language. The question is how we, as professionals, would use this “golden” source of information not only with our patients, but also for the best interest of our community.

## ***Killer Cult Members and the Insanity Plea: Exploring the Line between Belief and Delusion***

Brian Holoyda, *University of California, Davis* (holoyda@gmail.com)

Cults are charismatic groups defined by members' adherence to a set of beliefs and teachings that differ from mainstream religions. Cult beliefs may appear unusual or bizarre to those outside of the organization, which can make it difficult for an outsider to know whether or not a belief is cult-related or delusional. In accordance with these beliefs or at the behest of a charismatic leader some cult members may participate in violent crimes like murder and later attempt to plead not

guilty by reason of insanity (NGRI). It is therefore necessary for forensic experts evaluating cult members to understand how the court has responded to cult members and their beliefs when pleading NGRI for murder. Based on a review of extant case law in the United States, cult member defendants have not yet successfully plead NGRI on the basis of cult involvement despite receiving a broad array of psychiatric diagnoses that could qualify for such a defense. With the reintroduction of cult involvement in the DSM-5 criteria for Other Specified Dissociative Disorder, however, there may be a resurgence of dissociative-type diagnoses in future cult-related cases, both criminal and civil.

## **118. Mass Murder: Patterns in Manifestos (II)**

Jagannathan Srinivasaraghavan, *Southern Illinois School of Medicine* (jagvan@gmail.com) - Moderator

### ***Mass Murders in the UK – “I wish I had stayed in bed”***

Tony Adiele, *Advanced Forensic Psychiatry & Medical Law Service, Cambridge, UK* (dysgenesis@yahoo.co.uk)

Historically, mass killings have been reported in Britain from time immemorial. One of the earliest reports includes the mass murder of Druids in Anglesey, Wales in AD 61. However, mass killings (in this context, the sudden homicide of four or more extra-familial persons in peaceful time, by one person in one location or locality, occurring in one single day, using an offensive weapon), is a relatively rare occurrence in the United Kingdom. This presentation will illustrate the three more recent mass killings with the highest number of body count in the UK (Derrick Bird in Cumbria, England on 02 June 2010, Thomas Hamilton in Dunblane, Scotland on 13 March 1996 and Michael Ryan in Hungerford, England on 19 August 1987). They all committed suicide on the same day of the mass slaughter. During crisis negotiation with the Police just before he killed himself, one of the killers expressed a wish to have stayed in bed on that fateful day. Following psychological autopsy, any similarities or comorbid mental health profile of the perpetrators, as well as any public policy failings or legal restitutions resulting from these odious incidents will also be highlighted.

## **119. Mass Murders and Terrorism**

### ***Cultural Psychology and Terrorist Behavior***

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

Terrorist behavior has been a form of violence aiming at intimidating large antagonistic communities, and there are many examples of culturally approved expressions of violence against certain groups. Despite a handful of cultural variations, terrorist behaviors share major

characteristics that constitute a phenomenon that may be referred to as “the culture of terrorist behavior.” Distinctive social psychological, cognitive, emotional and behavioral aspects of it may be deemed essential elements of most patterns of terrorism. Among others, the following psychological attributes of these behaviors will be discussed in this presentation: brainwashing, mimicking as a form of social learning, the extensive use of the images of the enemy dehumanizing potential victims, anger and hyper vigilance and fanaticism and compulsive aggressive and self-destructive behaviors of perpetrators effectively reinforced and instigated by the terrorist groups leaders. Attributes of culture such as individualism, collectivism, tightness and complexity will be interpreted as mitigating/moderating factors for terrorist behavior, and some practical recommendations will also be offered.

## ***Psychopathological and Behavioural Comparisons of Terrorist Actors and Mass Casualty Offenders***

Paul Gill, *University College London* ([paul.gill@ucl.ac.uk](mailto:paul.gill@ucl.ac.uk))

Emily Corner, *University College London* ([e.corner.12@ucl.ac.uk](mailto:e.corner.12@ucl.ac.uk))

Expanding upon the multidisciplinary statistical approach utilised by Corner and Gill, (Forthcoming) this work focuses upon behavioural comparisons of group and lone actor terrorists, and mass casualty offenders. Throughout the history of terrorist research, the overarching consensus of opinion has demonstrated there to be a false dichotomy; targeted violence is the action of a rational terrorist or a mentally unstable civilian. More contemporary research provides fresh evidence against this dichotomy and demonstrates differences in prevalence of mental illness across terrorist actor types. This research is novel, in that it also considers a control group of non-politically motivated mass casualty offenders. By utilising and collaborating three unique open source datasets, the current work models, and builds upon Corner and Gill's inferential statistical analyses. 1) Comparisons are made between group and lone actor terrorists, centred upon their ideological preferences. 2) Inferential statistical analyses test multiple hypotheses, measuring the effect of mental illness on antecedents and behaviours of lone actors and mass casualty offenders. 3) Mental illness is conceptualised as a categorical variable; the effect of number and co-morbidity of diagnoses upon antecedents and behaviour is analysed. Resulting statistical evidence is presented in line with contemporary theories and evidence, and implications for security and mental health practice discussed.

## ***Mass-Murder and Psychological Autopsy***

Andreas Frei, *Lucerne Psychiatry* ([andreas54frei@hin.ch](mailto:andreas54frei@hin.ch))

A study has recently been published about homicide-suicide in Switzerland. One of the conclusions of the study was that it is deplorable that in many of these tragic cases the survivors

are left puzzled without knowing what the exact reasons were and a psychological autopsy should be performed. In February 2013, a forty-two-year-old foreign worker in Central Switzerland unexpectedly shot four of his colleagues at his workplace in the canteen, wounded five more seriously, and eventually was shot during the event. The district attorney ordered a psychological autopsy which revealed that the perpetrator had suffered from a schizophrenic psychosis. This result was generally seen as a relief because there was no evidence that the perpetrator either was a victim of mobbing or was treated unfairly by his supervisors at work. The presentation will discuss how to perform such an investigation and strongly recommend proceeding like this in similar cases.

## ***Memory in the Context of Post-Dictatorship in Argentina***

Ana Deutsch, *Program for Torture Victims, Los Angeles, USA* ([adeutsch@ptvla.org](mailto:adeutsch@ptvla.org))

The dictatorship in Argentina (1976 to 1983) left a profound wound in Argentinean society. Thousands of people disappeared and thousands survived after years in jail enduring severe torture. As the society emerged from difficult years, it unanimously declared, "never again," and action was taken to bring to justice those responsible for the atrocities committed. The process began and continues 38 years later. Organizations like the *Mothers and Grandmothers of Plaza de Mayo* became stronger over the years in pushing for justice. Children of the disappeared also founded an organization called H.I.J.O.S., meaning *Sons and Daughters for Identity and Justice Against Oblivion*. The private mourning for the lost ones and for the victims became public as the facts were shared and became visible and known for everybody.

This presentation explores how the process of justice exposed the truth, deepened the need to continue the trials and the need to keep the memory of those most affected as well as the memory of their particular personal histories otherwise distorted by official discourse.

The presentation will also put in perspective the events and their consequences, explaining how this knowledge may reshape inner processes associated with individual and collective subjectivity.

## ***Responses to a Proposal to Sanction Health Professionals Who Torture***

Peter Golden, *Victoria Coalition for Survivors of Torture, Victoria, Canada*  
([petergolden@shaw.ca](mailto:petergolden@shaw.ca))

The participation of health care professionals in torture and other forms of cruel, inhuman and degrading treatment is an on-going and increasingly pervasive problem. Despite the existence of instruments of international law and the rules and procedures of national regulatory bodies, health care professionals continue to be involved in the designing and implementation of illegal practices in most countries of the world.

The Victoria Coalition for Survivors of Torture has developed a proposal for an International Health Professionals Ethics Oversight Committee to address the gaps in national and international regulations to sanction health professionals involved in unethical standards of practice.

The proposal has been presented to various organizations over several years including the World Health Organization, the United Nations, the World Medical Association and the American Psychological Association; and it has been discussed at meetings of the International Academy of Law and Mental Health, the International Liberation Psychology Congress, the International Council of Nurses Congress and the Canadian Bioethics Society Conference.

This session will analyze the various responses to this proposal on the national and international level and highlight flaws and inconsistencies in the responses and look for ways to overcome the resistance to the implementation of an effective internationally structured response to stop the continued involvement of health care professionals in torture.

## **120. Medical and Research Ethics**

### ***Is the Bucharest Early Intervention Project Like the Tuskegee Syphilis Study?***

Gregory Pence, *University of Alabama at Birmingham* (pence@uab.edu)

In fall 2013, former president of the American Society for Bioethics, Joseph Fins, M.D. criticized psychologists who sponsored the 14-year old Bucharest Early Intervention Project, one of the most famous studies in psychology and the source of evidence that lack of parental involvement in early years causes later retardation and mental illness. In so criticizing, Fins invoked the Tuskegee Study, administered by the United States Public Health Service in rural Alabama between 1929 and 1972 to document the effects of untreated syphilis in 400 African-American men. Because USPHS could have treated the 400 men with heavy metals or penicillin, the Tuskegee Study is now judged to be unethical research. This talk considers whether the lack of interventions for 68 Romanian orphaned toddlers between 2000 and 2014 should be similarly judged. For both studies, the social and historical context is important.

### ***The Wellbeing of Clergy Contributors to Human Research Ethics Committees***

Aviva Kipen, *University of Melbourne* (ravkipen@netspace.net.au)

The well-being of clergy contributors to human research ethics committees - Victoria, Australia”  
When guilty clergy betray their position of trust in relation to those in their care, a shadow is cast also upon innocent clergy who endure - along with all citizens - the public scrutiny of the wrongdoers through commissions of inquiry and prosecution. Some perpetrators never acknowledge

their crimes. Along with victims and their communities, innocent clergy experience anguish and remorse resulting from the treachery of clerical colleagues, abusers and the hierarchies that have protected them. By contrast, unheralded clergy contribute to the Australian intellectual endeavour through mandated service on Australia's in-house Human Research Ethics Committees (HRECs). Pastoral care is provided by "ministers of religion" on behalf of intended research participants and for the protection of the institutional sponsors and their staffs. Whilst Australia has no established church and its governance is broadly secular, clergy of all faiths are entitled to contribute to mandated pastoral care positions on HRECs: a Catholic priest may follow a Buddhist Monk, Rabbi or Imam. Qualitative interviews have revealed that by contributing to the governance of research, in compliance with national regulations, clergy derive degrees of intellectual nourishment, peer respect, recognition for their contributions, and a sense of being accorded equal status with their committee colleagues which may be absent in their regular working environments. Clergy service to the law of ethical conduct of research is altruistic, personally enriching and is also a repudiation of the crimes of other clergy.

### ***In Defense of Free Will: Neuroscience and Criminal Responsibility***

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

Neuroscience has linked the experience of free will to a specific network of widely-distributed brain areas encompassing frontal motor and parietal monitoring sites whose coordinated activity provides a sense of agency. These findings provide the basis for what I propose as an inchoate neuropsychological model of free will that may shed light on the issue of criminal responsibility by demonstrating (a) how the experience of intentionality and agency is generated by specific interactions of this discrete frontal-parietal network (b) how mental disease/defect may compromise this network, and (c) how such pathologies may lead to disturbances in the sense of agency that often are central to the phenomenological experience of schizophrenia.

### ***Deliver Us from Evil? Neuroethico-Legal Issues in the Use of Neuroscience in Public Safety and National Security Agendas***

James Giordano, *Georgetown University* (jg353@georgetown.edu)

In light of the recent events of terrorism and publicized cases of mass slayings and serial killings, there have been calls from the public and policy-makers alike for neuroscience and neurotechnology (neuroS/T) to be employed to intervene in ways that define and assess, if not prevent, such wanton acts of aggression and violence. Ongoing advancements in assessment (e.g. - neuroimaging; neurogenetics) and interventional neuroS/T (e.g. - novel drugs and drug delivery systems; deep brain stimulation) have enabled heretofore unparalleled capacity to evaluate and target the structure and function of the brain, yet each and all are constrained by certain technical and practical limitations. Herein, I present an overview of the capabilities and constraints of current assessment and interventional neuroS/T, address neuro-ethical and legal issues fostered

by the use and potential misuse of these approaches in national security and defense agendas, and discuss how neuroethics may inform science and the law to guide right and sound applications of neuroS/T to “deliver us from evil” while not being led into temptations of ampliative claims and inapt use.

## ***Moral Relativism or Just Different Normative Assumptions? Islamic Bioethics vs. International Bioethics Regulations***

Abdallah Adlan, *King Saud Bin Abdulaziz University for Health Science* (aadlan@hotmail.com)

Community-oriented cultures, like Islamic ones, may be perceived as problematic when applying the liberal individual-oriented norms in health related issues (HRI). This tension leave the celebrated individual-oriented norms (ION) in struggle to answer the questions of how, those HRI, are ought to be governed outside Western Europe and North America. Despite the international efforts to suggest a universal set of bioethics guidelines, such tension was reported to suggest that the West normative systems operate differently than the East ones. The most prominent example is informed consent, which, in a very casual characterization, was stemmed from a version of individualism that idolizes the right of person to choose. Mostly all bioethics regulations are centered on protecting the individual wellbeing by giving hem/her the right to choose. In this paper I will discuss such a tension by using Saudi Arabia as an example of Islamic-oriented culture. I will also discuss weather we are confronted with a case of moral relativism or it is just different inherited assumptions that resulted in prioritizing different set of norms in different places. I will, also, explore how Islam bioethicist would respond to that question in a reflexive, yet critical to different account of Islamic bioethicist responses.

## **121. Medical Ethics in China**

### ***Urban Demolition and Mental Health in Post-Mao China***

Qin Shao, *The College of New Jersey* (shao@tcnj.edu)

This presentation deals with the legal and emotional impact of China’s rapid urbanization since the 1990s on city residents. The demolition of neighborhoods and relocation of residents at a large scale has been infested with corruption and lawlessness. As a result, many residents have become known as “nail households” because they have resisted demolition and “occupational petitioners” because they have continued to appeal even decades after their violent eviction. Both the “nail households” and “occupational petitioners” have suffered the loss of their homes, or the threat of it, difficulties in their daily life created by the authorities who sometimes cut off their utility to force them out or to punish them for their resistance, other intimidation and violence sanctioned by the Chinese state, including surveillances, beating, and black jail—extra-legal detention centers to keep petitioners for months at a time without due process. They are

also isolated from their previous communities. While these people have been traumatized by the loss of their homes and the abuse, the authorities have often dismissed them as “crazy people.” Based on years of field research in Shanghai, this presentation examines the officially sanctioned violence and injustice in China’s urbanization and the mental toll it has taken on those who have been severely affected by this process.

## ***An Assessment of the Impact of Global Professional Ostracization on Transplant Abuse in China***

David Matas, *University of Manitoba* (dmatas@mts.net)

The China Transplant Congress, held in Hangzhou in October 2013, had many foreign expert attendees. That meeting produced a declaration committing Chinese hospitals to ending the sale of organs and the sourcing of organs from prisoners. An open letter from The Transplantation Society to President of China Xi Jinping, February 2014, stated that "even as the new [organ donor] program is being piloted, it has already been infiltrated by persons driven by the same corrupt practices who have assumed authority for the distribution of organs." The letter asked China to get matters right. The Chinese government then publicly abandoned the commitment to end the sourcing of organs from prisoners. Instead, the director of the China Organ Donation Committee, Huang Jiefu, asserted that China would incorporate the sourcing of organs from prisoners into its voluntary donor system. The categorizing of sourcing of organs from prisoners as voluntary led to the refusal to allow 35 Chinese participants for ethical reasons to attend the World Transplant Congress in San Francisco in July 2014. For the most recent Hangzhou transplant conference held in October 2014, many overseas transplant experts who had attended in October 2013 and were expected in October 2014 failed to attend. This ostracization led Huang Jiefu in November 2014 to complain that the Chinese transplant profession was being treated unjustly, but also led him to publicize, for the first time within China, global criticism of Chinese transplant abuse, albeit only to dismiss this criticism. Global ostracization of the Chinese transplant profession therefore seems to be having an impact. The question this paper will address, keeping in mind the historical response of the World Psychiatric Association to psychiatric abuse in the Soviet Union, is the extent to which the global medical profession through ostracization, can impact on transplant abuse in China.

## ***The Controversial Involvement of Pharmaceutical Companies in the Chinese Transplant System***

Arne Schwarz, *Independent Researcher, Germany* (arneschwarz@yahoo.com)

In China more than 100,000 transplanted human organs have been procured from executed prisoners according to official Chinese statistics. This has been possible because in China more people are sentenced to death and executed than in all other countries combined. The European

Parliament is even deeply concerned over credible reports on organ harvesting from non-consenting prisoners of conscience. The international medical community has condemned transplanting organs of prisoners because prisoners are not in a position to give consent freely. But some multinational pharmaceutical companies turn a blind eye on the unethical organ procurement in China. They are promoting, testing, selling and even producing their anti-rejection drugs in China. Although this was criticized already in 1994 by Human Rights Watch, it has gone on unnoticed by the international public. But since some years these questionable practices of pharmaceutical companies raised the attention of NGOs, parliaments and media and stirred controversy. In this presentation the involvement of pharmaceutical companies in the unethical Chinese transplant system will be discussed in the light of international ethical standards. Such a discussion is especially urgent because since this year China is procuring organs from prisoners by the same procedures as organs donated by free citizens, thus blurring the fundamental difference between consent in freedom and in custody.

### ***Two's Company – Three's a Crowd? Legal and Ethical Issues in Regulating Mitochondrial Donation***

Seamus Burns, *Sheffield Hallam University* (s.burns@shu.ac.uk)

The Department of Health's recent open consultation, titled 'Mitochondrial Donation- A consultation on draft regulations to permit the use of new treatment techniques to prevent the transmission of a serious mitochondrial disease from mother to child', which sought views on draft regulations on the use of new techniques, (i.e. maternal spindle transfer, (MST), and pro-nuclear transfer, (PNT)), to prevent mothers passing serious mitochondrial diseases to their children, signals a welcome attempt by government to try and secure hopefully informed, balanced and constructive comments from interested parties and bodies and the wider public on ethically controversial but potentially highly significant emerging scientific developments and techniques. The new techniques may have implications for the institution of the family. These will be considered in the paper. Mitochondrial disease will also be explained, as will the 2 techniques, the regulatory regime supervising the new techniques, the scope of the regulations, the status of the mitochondrial donor, information to be given to mitochondrial conceived persons and consideration of ethical issues concerning the new techniques.

### **122. Mental Health among Aboriginal Children and Adolescents: Prevalence, Evaluation and Intervention**

#### ***Cigarettes, Alcohol and Cannabis Use among Aboriginal Children in Quebec: Prevalence and Correlates***

Myriam Laventure, *Université de Sherbrooke* (myriam.laventure@usherbrooke.ca)

Julie-Christine Cotton, *University of Sherbrooke* ([Julie.Christine.Cotton@USherbrooke.ca](mailto:Julie.Christine.Cotton@USherbrooke.ca))

Young people who use cigarettes, alcohol or cannabis before the age of twelve years old increase the risks of developing a problematic substance use during adolescence. Aboriginal youth are two to six times more likely to make early use of cigarettes, alcohol and cannabis. This study aims to: (1) describe the nature and frequency of psychotropic substance use of Aboriginal children aged between nine and twelve years old and (2) identify the characteristics associated with the fact of consuming or not psychotropic substances. The sample consists of 161 Aboriginal children (seventy-four girls) with an average age of 10.7 years (s.d. 1.1). The results indicate that among the Aboriginal children, 71.2% had initiated to at least one substance, 28.8% are abstinent, 40% are explorers, and 31.2% have a high-risk substance use. The children's age, the number of hyperactivity, depression and behavioral problems symptoms, the parental consumption of cigarettes and drugs, the low quality of supervision, the inconsistent discipline, as well as the accessibility to cigarettes, alcohol or drugs at home, are all variables associated with the severity of the participants' substances use. These results will be discussed in a methodological and preventive approach.

### ***Screening for Mental Health Problems in Children Aged Between 8 and 11 Years Old: Validation of the Dominic Interactive among Aboriginal Children***

Mathilde Garneau, *Université de Sherbrooke* ([mathilde.garneau@usherbrooke.ca](mailto:mathilde.garneau@usherbrooke.ca))

Myriam Laventure, *Université de Sherbrooke* ([myriam.laventure@usherbrooke.ca](mailto:myriam.laventure@usherbrooke.ca))

Aboriginal youth present in a large proportion, emotional and behavioral. However, few psychological test used in clinical settings has been validated for this population. The purpose of this presentation is to set out the relevance of validating the tests for the Aboriginal clientele, the transcultural validation methodology of Vallerand and the results of the cross-cultural validation study of the Dominic Interactive among Innu Aboriginal children (N = 97) of Quebec. The Dominic Interactive was chosen for its characteristics corresponding to the Aboriginal culture and its demonstrated good psychometric properties in various. The indices of reliability and validity have been shown to be satisfactory and comparable to other validation studies of this instrument. The clinical thresholds seem appropriate for four scales (MDD, ODD, CD, ADHD) while for the three scales of anxiety the Innu youth are overrepresented. Besides these clinical thresholds that could be revised, the Dominique Interactive seems appropriate for Innu children. Further research would allow to verify the generalisation of these results among other aboriginal nations and to verify the clinical utility of the tool.

### ***The Adaptation Process of an Addiction Prevention Program to Personal and School Characteristics of the Aboriginal Children of Quebec***

Julie-Christine Cotton, *Université de Sherbrooke* (Julie.Christine.Cotton@USherbrooke.ca)

Myriam Laventure, *Université de Sherbrooke* (myriam.laventure@usherbrooke.ca)

Each year, in the absence of preventive resources in addition adapted for Aboriginal youth, programs developed for the general population are deployed in the Aboriginal schools of Quebec. However, the lack of adaptation of these programs to the characteristics of the population undermines their effectiveness. This study aims to describe the adaptation process of an addiction prevention program for the Aboriginal youth of primary school age. The adaptative process is based on the model of Kumpfer et al. (2008). To do this, the System d program was implemented in four Aboriginal primary schools in Autumn 2011. To adapt the program, individual and group interviews were conducted with one school administrator, two school educators, two teachers, six facilitators and nine parents. The main adaptations carried out concern the number of workshops and their duration, the addition of interactive teaching methods, the extension of the content for it to be adapted to the Aboriginal reality, the improvement of the parent component through the establishment of a web platform and the addition of a community component. These results will be discussed in conjunction with the necessity of using a recognized adaptation model and a mixed research design involving different categories of respondents in order to facilitate the adaptation of a program.

### ***What Is Done and What Should be Done to Prevent or Treat Youth Substance Use and Abuse in Canadian Inuit Regions: Inuit Perceptions***

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Myriam Laventure, *Université de Sherbrooke* (myriam.laventure@usherbrooke.ca)

Youth alcohol and drug use is a major health concern in Canadian Inuit regions, or the regions in northern Canada inhabited by the Inuit. Few data are available on youth substance use and abuse in these regions. Interventions to prevent or treat youth substance abuse in these regions are even less well-documented. The Nunavik Regional Board of Health and Social Services and The Inuit Tapiriit Kanatami (ITK) requested two subsequent studies in 2003 and 2007 on substance use in the Canadian Inuit regions of Nunavik, Inuvialuit, Nunatsiavut and Nunavut. The aim of this presentation is to discuss participant experiences with interventions and actions regarding youth substance use and abuse in their communities. Data collection occurred between 2004 and 2009. The qualitative part of the study consisted of 161 semi-structured qualitative interviews with youth, parents, leaders and elders. Thematic content analysis of the material revealed many aspects of respondent's reality and perceptions about what is presently done and what should be done to find an effective social and health answer to youth alcohol and drug misuse in the Canadian Inuit regions.

## **123. Mental Health and Human Rights in Correctional Settings: Guantanamo Bay (GTMO) and Beyond**

### ***The Balance of Dual Loyalties in Correctional Settings: Is There a “Little GTMO” in Every Prison?***

George David Annas, *SUNY Upstate Medical University* (annasg@upstate.edu)

The Detention Center at Guantanamo Bay, Cuba (GTMO) supposedly houses the “worst of the worst” criminals, purported to threaten the security of the United States. While many at GTMO may, indeed, be dangerous, more than half of the remaining prisoners have been cleared for release. But, even for the most dangerous, standard professional ethical guidelines state that the care in this population should be the equivalent of what is available in the community (APA, 2000). Despite the lack of transparency, it appears that mental health treatment is sub-standard, despite the enormous budget of this facility. Professionals in the correctional health setting often struggle with dual loyalty issues and countertransference. But what happens when we not only view our prisoner patients as criminals, but as “the enemy?” GTMO has been the site of numerous accusations of Human Rights violations, including torture, forced-feeding, and willful neglect of mental health and routine care. Even if only a fraction of these accusations turned out to be true, one rightfully would wonder how such actions could go on without any medical professional intervening. Whether via direct complicity, rationalization, or fear, might GTMO be an extreme representation along a spectrum that occurs at all prisons?

### ***Do We Treat Them the Same? The Prisoner as a Patient***

Brandon Reynolds, *SUNY Upstate Medical University* (Brandon.reynolds@omh.ny.gov)

The concept of retributive justice dates back to antiquity. The Biblical Old Testament prescription of “An eye for an eye” and Roman law of the “Lex Talionis” both share the idea of exacting punishment in exact proportion to the offense committed; indeed, the Lex Talionis is the source of the English word “retaliate.” At present, the United States criminal justice system operates under its Constitutional Eighth Amendment proscribing against “cruel and unusual [and excessive] punishment.” Modern legal/mental health interpretations of the Eighth Amendment provide for, at the very least, mental health treatment equivalent to what the patient-prisoner would have access to in free society. The unique challenge of delivering such care in this setting is in separating the patient from the criminal; however, this can be viewed as part of the larger movement of de-stigmatizing incarceration, thinking not of “criminals” but rather of those who are convicted of committing crimes. Such thinking goes further than the Eighth Amendment, but it is also the surest way of safeguarding the Constitutional, healthcare, and human rights to which all imprisoned people are entitled.

## ***Beyond Deliberate Indifference: an Internist's Experience with the Consequences of Ignored Mental Illness in the World's Highest Security Prison***

Sondra Crosby, *Boston University* (scrosby@bu.edu)

Assuring adequate medical care is challenging in a correctional setting, and there is perhaps no more striking an example of this as in the U.S. detention center at Guantanamo Bay, Cuba (GTMO). In addition to the enhanced security which at times is beyond what would be considered "supermax," Government, Military, and no lack of political pressure, converge in this environment. While providing ethical medical care can be challenging enough in this environment, mental health care often takes its seat even further in the back. With a focus on first-hand experience at GTMO, this presentation is an Internist's perspective on how frequently detainees have little to no access to mental health care and the additional challenge of advocating for them. Cases presented include a prisoner whose mental impairment was largely ignored, even after his hyperphagia caused him to gain over 200 pounds over a 4 year period, as well as a prisoner with evidence of severe PTSD neglected in regard to investigation or treatment. What led to such failures among the medical, mental health, and remaining staff? What might be done differently in the future? What still needs to be done for this all but forgotten population?

## ***A Bioethicist and Human Rights Expert's Analysis of Denial of Mental Health Care and Human Rights at GTMO***

George J. Annas, *Boston University* (annasgj@bu.edu)

How can physicians and other health professionals resist pressures to compromise care of prisoners in an isolated setting like Guantanamo? What is the role of obeying orders from military superiors, following classified medical protocols, and prohibiting outside mental health care to prisoners? What actions might make it more reasonable to expect military physicians and nurses to follow basic principles of medical ethics and human rights even when pressured not to do so? This presentation will provide examples of how government and military influence has negatively affected the care of the prisoners at Guantanamo Bay, Cuba (GTMO). This presentation will also address the legal protections that may exist for medical practitioners attempting to practice ethical care in this "Legal Black Hole" (Steyn, 2004). Are the laws themselves inadequate or are they simply not being followed and enforced? Not only a legal black hole, but a human rights black mark on the reputation of the United States. How might the US still provide proper treatment to current and past GTMO prisoners, especially for PTSD? What can we learn from this and where do we go from here?

## **124. Mental Health and Illness Education Initiatives for Police: Successful Cross-Sector Collaboration**

Wendy Stanyon, *University of Ontario Institute of Technology* ([wendy.stanyon@uoit.ca](mailto:wendy.stanyon@uoit.ca)) – Moderator

### ***Ethical Leadership in Policing: Doing the Right Thing***

Scott Logan, *Durham Regional Police Service, Whitby, Canada* ([slogan@drps.ca](mailto:slogan@drps.ca))

Meghan Naccarato, *Durham Regional Police Service, Whitby, Canada* ([3664@drps.ca](mailto:3664@drps.ca))

In response to two fatal shootings of individuals in the community who were living with mental illness, a member of the Durham Regional Police Service (DRPS) senior leadership team took the initiative and contacted a nursing faculty member at the local university. A very successful collaboration between DRPS, the University of Ontario Institute of Technology, and Ontario Shores Centre for Mental Health Sciences, a tertiary care mental health facility in the community, developed as a result of the leadership shown by DRPS. In this presentation, two DRPS frontline officers will discuss the rationale for developing this partnership, the challenges from within the police service and the community, as well as the requirements for achieving a successful cross-sector partnership. They will also talk about the benefits of the collaboration (for DRPS and the community) and maintaining the collaboration, including the challenges that inevitably arise.

### ***The Durham Regional Police Service Mental Health Support Unit: The Benefits and Challenges of Cross Sector Collaboration***

Scott Logan, *Durham Regional Police Service, Whitby, Canada* ([slogan@drps.ca](mailto:slogan@drps.ca))

Meghan Naccarato, *Durham Regional Police Service, Whitby, Canada* ([mnacarrato@drps.ca](mailto:mnacarrato@drps.ca))

In 2008 Durham Regional Police Service (DRPS) created a Mental Health Support Unit in collaboration with community mental health services. Plain-clothes police officers team up with mental health professionals to address the mental health needs of individuals living in the Durham Region in Ontario, Canada. The Durham Region is located within the Greater Toronto Area (GTA) and is home to more than 600,000 people. Two DRPS police constables will discuss their role with the Mental Health Support Unit, including the challenges they experience and the benefits of the services they provide.

## ***Evaluating Police Officers' Ability Respond Effectively: Individuals Challenged by Mental Illness Describe Their Encounters with Police***

Wendy Stanyon, *University of Ontario Institute of Technology* ([wendy.stanyon@uoit.ca](mailto:wendy.stanyon@uoit.ca))

This presentation will highlight findings from an ongoing research study designed to determine whether police officers – after having completed a series of interactive, video-based simulations – are applying the knowledge they have gained in subsequent on-the-job interactions with individuals in the community who are challenged by mental illness. This collaborative research initiative (a university, tertiary mental health facility and regional police service) builds on the findings from a prior study undertaken by this unique partnership that examined the use of simulation to educate police about mental illness and how to effectively interact with mentally ill persons. The researchers were able to conclude that simulation training is at least as effective as face-to-face education; however, because the primary objective of the simulation training is long term transfer of knowledge, further research was planned to evaluate whether police officers are applying their acquired knowledge following the training program. This level of evaluation may also lead to the identification of factors that are inhibiting or conducive to knowledge transfer, which could help police services in creating environments that provide optimum conditions for the sustained success of simulated training resources. A demonstration of the simulations will also be included in this presentation.

## ***A First-Hand Learning Experience: Police Officers' One-Day Visit to a Mental Health Facility***

Christina Baker, *York Regional Police Service, Toronto, Canada* (873@yrp.ca)

This presentation will describe a one-day mental health/illness awareness session provided for York Regional police officers in collaboration with Ontario Shores Centre for Mental Health Sciences and the University of Ontario Institute Technology. Approximately once a month a group of frontline officers from YRPS visits the tertiary care mental health facility. The day includes discussions about different mental health scenarios officers may encounter, with a focus on effective communication strategies and de-escalation techniques. There is also an opportunity for the officers to tour the facility including an in-patient forensic unit, and to engage in a discussion with an individual who is currently a patient on one of the forensic units. Sergeant Christina Baker from the York Regional Police Training Bureau will highlight the benefits of this collaborative education initiative for both the police service and community they serve, as well as provide an overview of the officers' feedback.

## ***The Ontario Police College (OPC): Advancing the Safety of Ontario's Diverse Communities by Setting Evidence-Based Standards for Police Training, Education and Assessment of Learning***

Christina Baker, *York Regional Police Service, Toronto, Canada* (873@yrp.ca)

Wendy Stanyon, *University of Ontario Institute of Technology* ([wendy.stanyon@uoit.ca](mailto:wendy.stanyon@uoit.ca))

The OPC's primary clients are police and civilian members of all police services in Ontario, including municipal and regional police services and the Ontario Provincial Police (OPP). Other clients include government employees from provincial and municipal enforcement agencies and clients from other provinces and abroad. This presentation will provide an overview the OPC with a focus on the mental health/illness education courses/workshops/seminars provided through the College, including the components of the basic constable training that prepare new recruits with the knowledge, skills and judgment to respond to situations involving individuals challenged by mental illness, and the mental health/illness related topics that are covered in the advanced patrol training-refresher course.

## **125. Mental Health, Anxiety, Lawyers and Students**

### ***Mental Health Problems of Indian Students: Some Challenges for the New Millennium***

Sadhan Das Gupta, *University of Calcutta* (sdgcal@rediffmail.com)

With the advancement of modern technology and rapid social changes, tremendous life stresses has also been installed as an outcome. It has robbed our day to day well being and happiness. In a developing country like India, the younger generation (especially the student population) is becoming the most prominent victim of such life stresses. Different forms of Mental Health issues like – 'Test Anxiety', 'Depression', 'Suicidal Ideation', 'Substance Dependence', 'Aggression and Violence', 'Minority Stress of LGBT Students', etc. are the most important concerns of the present millennium.

This presentation will cover all the areas as mentioned above. Each study has randomly selected a large number of students (both from Higher classes of schools/colleges) maintaining different inclusion/exclusion criteria. Considering specific aims and objectives standardized psychological tools have been used for their evaluation. Data have been analysed with appropriate statistical tools (SPSS) and results are interpreted in Indian Context.

## ***Emerging Treatments in the Management of Patients with Mood and Anxiety Disorders – Practical and Ethical Considerations***

Dusan Kolar, *Queen's University* (dusan.kolar@queens.ca)

Objective: Critical review of appropriateness and ethical aspects of using medication with addictive potential in the treatment of patients with mood and anxiety disorders. Benzodiazepines (BZDs) were commonly prescribed medications in the past and as a result we do have a number of patients addicted to benzodiazepines. There is a new practice of using synthetic cannabinoid, nabilone for patients with severe PTSD. There is an apparent tendency among clinicians of prescribing nabilone for patients with unipolar and bipolar depression. Increased popularity of medical marijuana as a possibly effective treatment for a number of medical conditions, including major depression and anxiety disorders presents a new and potentially dangerous movement in clinical practice and a change in treatment paradigms in psychiatry. Finally, unrealistic optimism about ketamine in treating patients with major depressive disorder may raise concerns and ethical dilemmas over time. Ketamine infusion is an effective short-term treatment for patients with severe depression with suicidal ideation, but oral ketamine formulations may pose a significant risk of developing prescription medication addiction, because ketamine is a widely abused substance. In conclusion, synthetic cannabinoids, medical marijuana and ketamine similarly as benzodiazepines in the past may be associated with a risk of developing the prescription medication addiction.

## ***The Mental Health of an Emotionally Intelligent Law Student***

Colin James, *Newcastle Law School* (colin.james@newcastle.edu.au)

Many law students struggle to perform well in law school, and some exhibit symptoms of anxiety and depression that seem related to their legal education experience. While some students are distressed by their perceived expectation to 'think like a lawyer', others seem to thrive on the challenges of legal education and can engage well with the new way of thinking that law school requires. This paper argues the difference in the student experience is likely to be a function not of the student's cognitive performance, but of their emotional competence. In particular, a student is more likely to have a positive experience at law school if they can avoid 'performance anxiety' and not feel they should be always at the top-of-the-class. In general students who have good self-awareness, in knowing how they feel about their performance, will have a better experience, as opposed to students who are less self-aware and are internally oppressed by a dominant thought that they must perform well at any cost. Legal educators can help students improve their experience at law school by helping them distinguish emotions from cognitions, to develop their self-awareness and to identify, understand and accept the things they cannot change.

## ***Building the Brain-Compatible Legal Research Course: Consideration of Stress and Other Elements for Instructional Design***

Robert Linz, *University of Colorado* (Robert.linz@colorado.edu)

Legal research pedagogy suffers from a sound theoretical basis. Instructors utilize a variety of techniques developed through experience to teach the concepts and skills of legal research. In the past 30 years, neuroscientists have made great strides in understanding how the brain functions. Educators have noted these developments with particular interest in how teaching techniques should be changed to reflect this new understanding of brain information processing. Legal educators should note well how emotions and stress impact learning as law school is typically a stressful environment for students. Based upon neurological research and classroom experience, educators have developed a list of instructional techniques and strategies to improve student learning. In this presentation, Professor Linz will discuss research in brain-compatible curriculum design with particular application to teaching legal research. He will also discuss how stress impacts learning and what librarians can do to reduce stress in the classroom and library environments.

## **126. Mental Health Care Legislation in India**

### ***Laws Relating to Mental Health Care in India***

Ganesan Gopalakrishnan, *MVJ Medical College, Bangalore, India* (sowmanasya@gmail.com)

The laws governing Mental Health Care in India are aimed at safeguarding the public from dangerous patients by isolating them from the outside. However, in the contemporary world, there has been a paradigm shift from custodial care to community care and from charity based to right based approach. Epidemiological studies of psychiatric disorders in India, reveal a variable prevalence of 9.5-370 per 1000 people. The provision of mental health care in India is far from satisfactory due to stigma, inadequate budget and an acute shortage of trained mental health personnel. The Erwadi tragedy of 2001, where 28 inmates of a faith based mental asylum died in a fire accident, triggered the National Human Rights Commission in India to put in place its recommendations and a suitable legislation for the care of the mentally ill.

The following acts are scheduled in our constitution for laws relating to mental health care in India.

1. Indian Lunacy Act, 1912.
2. Juvenile Justice ( Care & Production of Children Act, 2000)
3. Mental Health Act, 1987 of India.
4. Narcotic Drugs & Psychotropic Substances Act, 1985.
5. National trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple disabilities Act, 1999
6. Persons with Disabilities Act, 1995.

7. Protection of Human Right Act, 1993.
8. Protection of Women from Domestic Violence Act, 2005.
9. Rehabilitation Counsel of India Act, 1992.

## ***The Indian Mental Health Act (1987)***

T.P. Sudakar, *Sri Venkateshwara Medical College* (sudhakartp@gmail.com)

The Mental Health Act (MHA) was enacted in 1987, and came into force in 1993, replacing the Indian Lunacy Act, 1912. It defined a "mentally ill person" as a person who is in need of treatment of any mental disorder other than mental retardation. The act enabled the formation of "The Mental Health Authority" at central and state level. This authority oversees the licensing of psychiatric facilities and renewal of the license every five years. The act also stipulates guidelines for voluntary and involuntary admission. Involuntary admission should be through the court's reception order. The civil rights of the mentally ill are also dealt with in this act.

The major limitations of this act are :

1. Hospital standards have not been achieved due to the acute shortage of manpower resources.
2. MHA excludes government mental hospitals from obtaining licenses and does not ensure the minimum standards for mental health care in these establishments.
3. Review procedure under MHA 1987 for involuntary admission into a protected set up was not a professional decision.
4. Obtaining a reception order is very difficult under the current MHA 1987.
5. Guardianship of mentally ill patients was more to isolate the subject from the society and human right protection is inadequate.
6. Poor knowledge among the local police and judiciary are a problem in the implementation of the act.
7. The legal definition continue to differ from medical definitions creating confusion

## ***Laws and Regulations on Sexuality and Relationship with Special Reference to India: A Critical Appraisal***

T.S. Sathyanarayana Rao, *JSS University, Mysore, India* (tssrao19@yahoo.com)

India is a vast country, indeed a subcontinent with the population close 1.2 billion and a mélange of many cultures, religious faiths and ethnicities living harmoniously. It is also a land with many traditions of yore still in practice and often they create various degrees of conflicts. Indian state is also known for plethora of laws and regulations which are consistently at variance with traditional beliefs and practices and scientific realities. Legal knowledge in sexual medicine is indeed a necessity for both the practitioners and the specialists. In fact, it is a prerequisite for a competent therapist. Apart from examination and treatment, the therapist need to be proficient with documentation, certification, and reporting of the cases evaluated. Attention to the legal issues whould form part of management of every case. The present scenario of a changing

society with western influence, with opportunities for freedom and privacy in a basically conservative society has lead to a mixed bag of results. Recently many stringent laws on major offences like rape are in vogue. Indian laws are codified but there are significant problem in their implementation and the reasons are many. There are contradictory rulings even from the judicial fraternity time to time. The legal states of sub-sexuals; gays/lesbians (couples, marriage, parents) gender identity, homosexuality and transsexualism are controversial to name a few. Clarifications are needed regarding government policies and legislation in this regard and the legal experts and sexologists and psychiatrists have to focus on this. The Presentation briefly looks at the historical developments, the laws governing sex and relationships and their critical appraisal with the suggestions for the future developments.

### ***Current Perspectives in Handling of Mental Health Care Bill 2013***

K. Jagadisha, *Formerly KIMS, Bangalore, India* (abhayajagdish@gmail.com)

Mental Illness is not a priority as a health issue in any part of the world, more so in developing nations like India. Physical (Medical) illness always takes priority over mental illness. They have been largely ignored or neglected to answer the issue of disparity and priority. Rights based approach was taken by the drafters of the law. This right based approach is the heart and soul of this legislation.

The drawbacks of Mental Health Care Bill, 2013 are as follows:

1. The bill needs to facilitate the implementation of National Mental Health Programme
2. Exclusion of non hospital centers from the Mental Health Establishment definition.
3. Need to define Mental Health Rehabilitation Centers.
4. The drawbacks containing the definition of Mental Illness, Supported decision making and advanced directive, Duties of the appropriate government, Licenses of Mental Health Establishments as per the new bill will be explained at the time of presentation.
5. Conflict of power between central and state mental health authorities.
6. Further reformation of administration, treatment and discharge clauses.
7. Provision of adequate resources to implement the bill.
8. The bill continues to raise many professional apprehensions which are not addressed properly.
9. The stakeholders in the mental health management were not adequately defined and their concerns not considered.

### ***A Study on Personality Dimensions of Musicians and Non-Musicians: A Comparative Study***

R. Gopalakrishna, *Bangalore University* (rgkbub@gmail.com)

The overall aim of this study was to examine the differences between musicians and non-musicians in their personality dimensions. The more specific aims were to examine the differences in emotional adjustment, social concern, assertiveness, value orientation leadership

qualities, communication skills, self-awareness, self-confidence, interpersonal relation and stress management between the two groups (musicians vs non musicians). As there were two types of groups to be studied, two different samples were chosen: purposive and random (100 each). A semi structured interview schedule and a personality index was used to collect required data. Analysis of variance was done among the four groups (male musicians, female musicians, male non musicians and female non musicians) revealed significant difference in communication skills. t- test conducted between the musicians and non- musicians revealed a significant difference for the personality dimensions of communication skills, interpersonal relations and leadership qualities. t- test conducted between the male musicians and male non musicians revealed a significant difference in communication skills. t- test conducted between female musicians and female non musicians revealed significant difference for value orientation. Psychology and music are two serious disciplines. Music holds a key position in regulating orderly expression of the emotional forces. Thus all the deep seated urges of man find their outlet in music. Thus all the deep seated urges of man find their outlet in music. Time and again findings of the empirical research has proved that music has a creative expression covering Freud's concept of sublimation. Education to be comprehensive, it must not care only for the physical and intellectual needs, but also to the emotional and aesthetic needs for the harmonious development of the personality.

## **127. Mental Health Courts**

### ***Mental Health Treatment Coordination in the Context of Mental Health Court: Staff and Participant Perspectives***

Matthew Epperson, *University of Chicago* (mepperson@uchicago.edu)

A primary goal of mental health court (MHC) is to provide access to mental health treatment and a diversion from incarceration. This study examines mental health treatment provision and coordination for persons with serious mental illnesses in a large Midwestern U.S. city MHC. In-depth interviews were conducted with 31 MHC participants and 5 MHC staff. Transcribed interviews were analyzed using grounded dimensional techniques. MHC staff play multiple roles in the coordination of mental health treatment, from compliance monitoring to direct service provision. The most common function is that of case management, which entails active communication with treatment providers, both for the purposes of treatment coordination and court monitoring. MHC participants express a range of views on whether intense staff involvement in their mental health treatment is needed or desired. Participants display a continuum of mental health treatment engagement, from nonadherence to recovery/change, and movement on this continuum is related to personal motivation and their relationship with MHC staff. MHC plays a critical liaison function between criminal justice and mental health treatment systems, and staff approaches can either hinder or facilitate client engagement. Monitoring strategies and training recommendations for MHC staff are made to enhance this function.

## ***Mental Health Court Consumers' Perspectives on Success: What Key Outcomes Are We Missing?***

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

Bradley Ray, *Indiana University-Purdue University at Indianapolis* (bradray@iupui.edu)

When evaluating mental health court (MHC) effectiveness, researchers often measure criminal recidivism (e.g., new arrests, violations, time to new arrest). Less often, effectiveness is defined by reductions in psychiatric symptoms and substance use. In this analysis, we expand the literature by examining how MHC participants define success. We conducted in-depth interviews with 26 MHC participants from two well-established MHCs in the Midwestern United States. Maximum variation, purposive sampling was used to obtain a sample of men and women with varying mental illness diagnoses, substance use severities, and criminal histories. Using thematic analysis, we identify that MHC participants perceive success in nuanced ways compared to researcher-defined successes. Although participants view reduced substance use and “staying out of trouble” as success, they also report that MHC facilitates longer periods of sobriety, recovery-oriented outcomes (e.g., able to define and work towards goals; engagement in life; feeling “at peace”), and improved relationships with family. Participants also perceived success through mood stability, increased patience and ability to care about others, and greater understanding of mental illness. Results indicate that measures of success within MHCs should not be limited to recidivism and symptom severity as many other recovery-oriented and psychosocial factors are important to MHC participants.

## ***The Cultural Practice of Therapeutic Jurisprudence in Felony Mental Health Courts***

Ursula Castellano, *Ohio University* (castella@ohio.edu)

The principles of therapeutic jurisprudence are widely adopted by mental health courts (MHCs), yet few studies critically examine how staffers maximize the positive aspects of law without subverting the standards of procedural justice. This paper reports on findings from an ethnographic study of two felony MHCs and focuses on how and why court professionals challenge judicial decisions to sanction noncompliance for serious offenders. The author identifies rhetorical, symbolic and material resources that MHCs staffers draw upon to defend against perceived treatment inequalities and due process violations for participants charged with noncompliance. This empirical issue is particularly salient in felony courts since the legal stakes are higher for participants facing prison terms. The data, in turn, reveals how MHC teams reconcile conflicting institutional perspectives on how to respond to problem cases. Implications for theory and research on the cultural practice of therapeutic jurisprudence in mental health courts are discussed.

## ***Perceived Coercion and Mental Health Court Completion***

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A growing number of studies have reported that participation in mental health court can reduce offending among persons with mental illnesses. Among these studies mental health court completion is one of the strongest predictors of reduced recidivism leading some researchers to examine what factors are associated with completion. These studies have generally relied on objective indicators from official records; few have addressed whether participant perceptions of the mental health court are associated with completion. Drawing from procedural justice theory and research on coercion, we hypothesize that lower levels of perceived coercion will be associated with completion. Using data from both interviews and administrative records, we find that respondents with higher perceived coercion were less likely to complete mental health court. Perceived coercion varied significantly by if and when participants were told about the voluntary nature of the court. Those defendants who reported being told about the voluntary nature of mental health court prior to their first court appearance were significantly less likely to perceive the process as coercive as those who were not. Our findings suggest that perceived coercion is related to completion and that these perceptions may be the result of participant awareness of the voluntary nature of the mental health court process.

## ***Mental Health Courts: Advances and Questions to Be Answered***

Virginia Aldigé-Hiday, *North Carolina State University* ([vmaldige@ncsu.edu](mailto:vmaldige@ncsu.edu))

This presentation will compare and contrast the findings of this session's four papers with each other and with prior research on mental health courts in the United States and Canada. It will summarize accumulated empirical evidence on what we know about the operation of the courts, their procedures and their programs, and what we know and don't know about their effectiveness.

## **128. Mental Health in Forensic Institutions**

### ***Model of Prioritization in Forensic Psychiatry in Quebec – Regional and National Vision***

Renée Fugère, *Université de Montréal* ([renee.fugere.ippm@sss.gouv.qc.ca](mailto:renee.fugere.ippm@sss.gouv.qc.ca))

Forensic services started in a rather modest fashion in Quebec with the opening of a psychiatric hospital in a provincial detention center (1927), the opening of the McGill clinic of forensic psychiatry in the early 50's and finally the opening of the first maximum security hospital the Philippe-Pinel Institute in 1970. Through the years of the development of various groups assisting this population, it became important to reflect upon the need to develop a more efficient way to render services. This presentation will acknowledge the contribution of the first group appointed by the Ministry of Health and Social Affairs at the initiative of the Philippe-Pinel Institute, the overall problems of six decades of practice will be described as well as the proposed model of a national organization providing forensic services. Challenged by a change of government, the Montreal Agency decided to appoint a regional working group to consider a regional model of care that might facilitate not only the regional services in forensic psychiatry, but serve as a pilot project for the overall prioritization of care in general psychiatry for patients with or without a forensic identity. The next steps in the implementation will be listed. We hope this presentation will help to open the discussion with other groups regarding the organization of their forensic services.

## ***The Care Program Approach (CPA) within a High Secure Forensic Setting***

Robert Gibb, *Consultant Forensic Psychiatrist, NHS Lanarkshire, UK* (robertgibb@nhs.net)

### Background

The Care Programme Approach (CPA) is a management system used for reviews of mental health patients in Scotland. Annual and intermediate reviews of care are held. Multi-disciplinary reports and risk assessments are compiled that reflect the patient's clinical progress. Involvement of the patient and the Named Person should be demonstrable.

### Aims

The audit aims to ascertain if staff are completing:

- Case summary and individual discipline summaries
- Violence risk assessment and management profile
- Care and treatment plan objectives

### Results

- 94% completion of psychiatric section for annual reviews
- Key worker recommendations included for 83% of intermediate reviews
- 100% completion of pharmacy reports for annual and intermediate reviews
- 100% completion of security reports for intermediate reviews
- There has been a steady improvement over the five year audit period

### Conclusions

The audit has been carried out annually since 2009. Areas of good practice and areas for improvement are contained within the audit report. The results of the audit highlight that CPA paperwork is being completed as per the CPA Guidance.

## ***The Psychiatric Consultation-Liaison Service in the Penitentiary System Hospital Center***

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The Penitentiary System Hospital Center is the reference center for health service provided to all inmates in the State of São Paulo, Brazil. It comprises 375 medical beds, specialists in infectology, gynecology, psychiatry, general practice and surgery. The psychiatric consultation-liaison service is responsible for the treatment of the psychiatric demands that are either overlapped, worsened, or caused by the organic illness that led to hospitalization. The initial treatment is triggered by the specialist that the patient or by the mental health staff. The frequency of the treatment is determined individually, varying according to the gravity of the case. The team of the psychiatric consultation-liaison treats psychiatric morbidity, and seeks to enhance psychological relief, patients' adaptation to the incarceration, decrease hospitalization duration and to coordinate both within the medical staff and between the patient and his doctor. The consultation-liaison team attends annually up to 300 new psychiatric cases, adding to the numerous other follow-ups that are and treated and followed up after an initial evaluation. After discharge, the patients are referred for follow-up service in a specific clinic.

## ***Research on Psychopathy in Latin America and Chile***

Elizabeth Leon Mayer, *Universidad Nacional de La Plata* ([elyleonmayer@gmail.com](mailto:elyleonmayer@gmail.com))

The construct of psychopathy has become one of the most important constructs in the forensic

area and it is central when doing violence risk assessment. It has proved a useful measure in areas such as the prison system when granting parole and other conditional release benefits. In Latin-American countries such as Chile and Argentina there has been a growing interest in testing the cross-cultural validity of the construct and the validity and reliability of worldwide used instruments such as the PCL-R and its derivatives. In this paper, Latin-American findings on prevalence and psychometric properties are reported. The general conclusion is that the psychopath profile is identified in Latin-American prisons with proportions that do not differ from Anglo-Saxon prisons and that the Latin-American versions of the PCL-R and its derivatives perform as reliable and valid instruments in male population. There are also preliminary finding in women population.

## **129. Mental Health in Global Perspective: Attitudes of Peace**

### ***The GIPGAP Project: Improving Quality of Life through Education and Research***

Sherri McCarthy, *Northern Arizona University* (sherri.mccarthy@nau.edu)

Using an instrument known as PAIRTAPS, an international collaborative team of university faculty collected data in over 40 countries around the globe about perceptions of peace, reconciliation, war, terrorism and government aggression. The lead researcher developed a website for dialogue about experiences related to the project, and over 6 data-based volumes summarizing the research have been published to date, most recently Springer's *International Handbook of War, Torture and Terrorism* (Malley-Morrison, McCarthy & Hines, 2013). Hundreds of articles in academic journals and presentations at scientific meetings around the world resulted. Understanding how attitudes vary tied to beliefs, history and recent experiences related to war, aggression and terrorism is vital to inform governmental and UN peace-keeping policies and strategies, policing and international law. If properly applied, this data is vital to improving quality of life. By briefly explain the research instruments, methodology and analysis, recommendations for developing and conducting similar comprehensive international research through collaboration will be derived. Through teaching psychology courses at the university level, public policy and events can be influenced. GIPGAP is a model for others to consider when developing research and teaching agendas that tie psychology content to law, mental health, public policy and international quality of life.

### ***What are Rights? Definitions Applied to Peace Education***

Luciana Karine de Souza, *Universidad Federal do Rio Grande do Sul* (sfulquez@uabc.edu.mx)

This presentation will examine data from GIPGAP participants living in countries in the Global South (Brazil, Columbia, Philippines, Malaysia, India, Algeria and Ghana; N=747). Definitions of human rights will be examined. Participants in these countries, all once colonies of Western

nations, provided definitions of “rights” that were coded for 1) basis (inherent, legal or moral), 2) nature (freedoms, right to peace, or other specifications) and 3) outcome/function/purpose. Basic descriptive analysis indicated rights were more often considered inherent or moral, rather than legally-granted. Nature of rights often took the form of social duties to the individual. These findings added normative support from the overlooked Global South regarding the salience of human rights and may be used to contribute to developing peace protocols that incorporate local definitions of individual rights and institutional responsibilities. Results suggest interventions aimed at peacekeeping and supporting human rights should focus more on the fostering of universal human values and ethics—i.e. implementing peace education—and less on policy and governmental action, regulation and law to support quality of life in this region. The presenter will provide the data, then offer applied strategies for peace education and engage the audience in discussion of other uses for the data.

## ***Views on National Security in Western Europe***

Sandra Fulquez, *Universidad Autonoma de Baja California* (sfulquez@uabc.edu.mx)

Albertina Kempton Aros, *Chicanas por la Causa ECD Migrant Early Head Start, USA*  
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Data was collected from Iceland, Sweden, Germany, France, Spain and Portugal in 2010 on the Personal and Institutional Rights to Aggression and Peace Survey (PAIRTAPS) by GIPGAP collaborators. The sample (N=445) expressed divergent views on national security. Likert-type responses to one item from the survey, “National security is essential for family and individual security” and free response to “The best way to achieve security for individuals and families throughout the world is..” are discussed. As the presenters noted in their recent chapter in *International Handbook of War, Torture and Terrorism*, less than half of respondents agreed with the first statement, and only 8% saw family security and national security as inextricably tied together. Over 20% considered national security “an illusion or impossibility.” In terms of how to best achieve security, nearly 90% felt “universalistic or pro-social practices at the individual level” were key. “Acceptance, tolerance, understanding, forgoing violence against other schools of thought, colors or religions and learning through travel and exchange” were cited frequently in response to how national security can be achieved. These responses are different from the responses in other parts of the world, in particular the U.S., where strength, surveillance and military power were frequently noted.

## **130. Mental Health Law: Applications and Assessments in the US, India and Australia**

### ***Applying Restorative Principles in Mental Health Governance: A Case Study of Care Plan Coordination***

Alikki Vernon, *LaTrobe University* (a.vernon@latrobe.edu.au)

The presentation describes a program that is facilitating constructive conversations and improved relationships when addressing complex mental health concerns and conflicts. The program is discussed in the context of the current system of mental health governance in Australia, which includes the operations of the mental health tribunal and the search for a more comprehensive approach to mental health matters. The St Lukes Care Plan Coordination Program in Victoria applies restorative principles in facilitated conversations between consumer, carer, health, community and social service workers to coordinate ongoing care for the consumer. The Care Plan Coordination process appears consistently to improve communication and interaction among all those involved. It enhances professional relationships between service providers, and results in greater engagement and a more therapeutic experience for the consumer.

## ***Nature Abhors a Vacuum – The Mental Health Parity Act: A Response to the Void***

Richard Kirschner, *Attorney-at-Law, Washington D.C., USA* (leaglerick@gmail.com)

### I. The Void

- a. Insurance Plans – Health insurance plans had been including additional charges or limitations for mental health and substance abuse services more restrictive than those applied to medical/surgical benefits.

### II. The Response

- a. Emergency Economic and Stabilization Act of 2008 (H.R. 1424) included the Mental Health Parity and Addiction Equity Act of 2008 sponsored by Senators Paul Wellstone and Pete Dominici [Wellstone-Dominici Act of MHPAEA]

### III. Purpose

- a. MHPAEA, effective late 2007, was designed to improve access by patients to mental health and substance abuse treatment services by reducing the financial impediments to access to care.
- b. Health insurance plans covering both medical and surgical benefits and mental health or substance abuse disorder benefits cannot include financial requirements, e.g., co-payments, cost sharing or treatment limitations such as number of visits or days covered for mental health and/or substance abuse services that are more restrictive than those applied to medical and surgical benefits covered by the plan.

### IV. Impact

- a. All businesses with 50 or more employees that offer group health insurance, including self-funded health plans subject to ERISA, are affected.

### V. Exclusion/Limitations

- a. The Act does not require insurers to cover mental health and substance abuse disorders (MH/SUB). It does not require that specific mental health services be covered.

- b. The Act applies to plans already offering mental health and substance use disorder services, and only affects cost sharing and treatment limitations for services that are covered.
  - c. MHPAEA does not mandate that a plan provide MH/SUB benefits. If a plan provides medical/surgical and MH/SUB benefits it must comply with MHPAEA parity provisions.
  - d. The Act does not apply to insurers that sell insurance policies to employers with 50 or fewer employees that sell insurance policies to employees or to insurers that sell policies to individuals.
- VI. Financial Protections
- a. If a plan that offers medical/surgical and MH/SUB benefits imposes financial requirements, e.g. deductibles, co-payments, co-insurance and out of pocket limitations, the financial requirements applicable to MH/SUB can be no more restrictive than the predominant financial requirements applied to “substantially all” medical/surgical benefits.
- VII. Protections Relating to Treatment Limitations
- a. MHPAEA provides similar protections for treatment limitations, e.g., limits on frequency of treatment, number of visits, days of coverage or similar limits on scope or duration of treatment.
- VIII. Out of Network Benefits
- a. If a plan that offers medical/surgical benefits on an out of network basis also offers MH/SUB benefits, it must offer the MH/SUB benefits on an out of network basis as well.
- IX. The Significant Impact of the MHPAEA
- a. The Act has brought about coverage changes for approximately 103 million participants in 420,700 ERISA-covered employment-based group health plans of more than 50 participants, as well as an estimated 29.5 million participants in approximately 23,000 public non-federal employee group health plans sponsored by state and local governments with more than 50 participants.

## ***Post-UNCRPD Alignment of Mental Health Laws in India: It Has to Be Done, but Is This the Best Way?***

Anirudh Kala, *Clinical Director, Mind Plus* (anirudhkala@gmail.com)

India was one of the first countries in the world to sign the *United Nations Convention On Rights of Persons With Disability* (UNCRPD) in 2007. This legally bound the country to realign its laws in order to comply with the provisions of the convention, which has the same legal force as that of an inter-national treaty. Two key pieces of legislation, *Mental Health Care Bill, 2013* and *Rights of Persons With Disability Bill, 2014* are currently in the parliament awaiting discussion. This presentation will discuss the effect that these two laws, when passed, will likely have on the practice of psychiatry, on the rights of the mentally ill and on the support by the families who bear the brunt of the mental illness. The likely effect of the new concepts of Advance Directives

and persons with mental illness having full legal capacity at par with others, concepts which are new to the country, are discussed as is the non-debate about mental illness versus mental disability.

### ***Proposed New Legal Framework for Northern Ireland***

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

In Northern Ireland the Mental Capacity Bill has been developed to create a comprehensive legislative framework to protect people's autonomy, ensure support is provided if people's decision making ability is impaired and provide safeguards and substitute decision making if a person, even with support, is unable to make a decision. The intention is to create a framework that applies to everyone, including those with mental health problems, and so avoids the discrimination of separate mental health law that is not based on decision making ability. This presentation will explore the drivers for this approach being taken in Northern Ireland, some of the decisions in the process so far, the main provisions contained in the Bill, the key roles and safeguards, and outline the anticipated passage through the Assembly. Areas of debate identified in the development of, and consultations on, the Bill will be discussed including the exclusion of children, the application to the criminal justice system and some of the past and current anxieties. It will be argued that this unified, functional approach to supported and substitute decision making is a positive response to the UN CRPD. The plans and timetable for implementation will also be presented and all advice welcomed.

### ***Human Resources Management Practices Associated with Lower Mental Health Insurance Claims: Results from the SALVEO Study***

Alain Marchand, *Université de Montréal* ([alain.marchand@umontreal.ca](mailto:alain.marchand@umontreal.ca))

This study examined the contribution of health and wellbeing human resources practices to variations in companies' mental health insurance claims. Data came from the SALVEO study. They were collected in 2009-2012 within 37 Canadian companies with more than 30 employees randomly selected from a list of over 500 companies insured by a large insurance company. Companies were classified into two groups according to the median three-year incidence claims rate of the total population of the insurer clients, and 65 health and wellbeing practices in their organisation were evaluated. Low incidence claims rate companies were using practices associated with shorten work-time, reduction of overtime, employees involvement in company' decision processes, and yoga workshops. Employees involvement in company' decision processes were the most important practice distinguishing companies in term of low-high incidence claims rates. These preliminary results indicate that companies can really do something to provide better human resources practices that take care of workers' health and

wellbeing. The results obtained here open rooms for public health policies directed toward the integration of workers' health and wellbeing into general health and safety regulations.

## **131. Mental Health Law: Tracking Mental Health Legislation in the Commonwealth**

### ***Seven Years of the Mental Health Act 2007: Compulsion, Rights and the Approved Mental Health Professional***

Sotirios Santatzoglou, *Keele University* ([s.santatzoglou@keele.ac.uk](mailto:s.santatzoglou@keele.ac.uk))

Sue Read, *Keele University* ([s.c.read@keele.ac.uk](mailto:s.c.read@keele.ac.uk))

After a decade of legislative activity, the (UK) Mental Health Act 2007 amended the Mental Health Act 1983, which the courts had described as 'out of date in its approach'. The 2007 reform is mostly unprincipled, trying to find a balance between human rights concerns and the issue of the protection of the public from dangerous patients, with the emphasis being more on the latter. Among other reforms, the MHA 2007 replaced the *Approved Social Worker* with the *Approved Mental Health Professional*. Under the reform, the AMHP tasks, which include Mental Health Act Assessments, can be carried by other practitioners as well, such as community psychiatric nurses. Firstly, this paper will discuss the rationale to broaden the group of practitioners who can act as AMHP and explore whether this change is critical with respect to patients' compulsion and rights. Secondly, the paper will explore the impact of this reform in broadening the group of the AMHP practitioners and examine whether a new working culture has been emerging (or not) in relation to direction of practice between the dilemmas of compulsion and rights. Finally, the paper will conclude with recommendations for future practice.

### ***Comparison of the Use of Mental Health and Mental Capacity Law across Jurisdictions in the UK and Ireland***

Phil O'Hare, *University of Central Lancashire* ([po-hare@uclan.ac.uk](mailto:po-hare@uclan.ac.uk))

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

Over the last fifteen years there have been considerable changes to the legal and policy frameworks for mental health and mental capacity across the different jurisdictions of the UK and Ireland. There has been data collected and analysed for each of these areas by the relevant monitoring bodies: the Care Quality Commission for England and Wales; the Mental Welfare Commission for Scotland; the Regulation Quality Improvement Authority in Northern Ireland; and the Mental Health Commission in the Republic of Ireland. There has been much less attention, however, on comparing the use of these frameworks across jurisdictions. In this

presentation a range of indicators of the use of legal powers will be considered including: the rates of compulsory admission to hospital; the rates of compulsory community powers; and the rates of use of mental capacity legal provisions. A number of other factors will be considered including: the number of in-patient beds; the number of voluntary admissions; incarceration rates; policy developments; and, if possible, the overall level of funding for mental health services. Possible explanations for trends over time and between jurisdictions will be presented. Possible systems for future monitoring and comparison will also be discussed.

## ***International Principles of Mental Health Legislation in the Context of Saudi Arabia's First Mental Health Act***

Yazeed H. AlSanad, *University of Toronto* ([yazeed.alsanad@mail.utoronto.ca](mailto:yazeed.alsanad@mail.utoronto.ca))

Significant advancements in the understanding and treatment of mental illnesses through basic and clinical research have paved the way for the improvement in mental health care. Concurrently mental health legislation in different countries across the world has also changed. However these changes have created many controversies, making it difficult to achieve a consensus across different societies. Despite existing international consensus on the principles of mental health legislation, mental health acts continue to vary on a global level. This presentation will aim to review those international principles whilst overviewing some of the global controversies regarding mental health legislation particularly in the context of the development of the first Saudi Arabian Mental Health Act. Some of the first Act's unique features will also be highlighted such as its clinical and collaborative language, the right to treatment, the right of receiving a faith healer and the legislative ability for other non-MD professionals to temporarily hold a patient for a psychiatric assessment.

## **132. Mental Health Probation**

### ***Early Termination from Severely Mentally Ill (SMI) Probation: Examining Predictive Factors for Offenders Who Complete SMI Probation Prior to the Expiration of Their Original Sentence***

Philip Mulvey, *Illinois State University* ([pwmulve@ilstu.edu](mailto:pwmulve@ilstu.edu))

A growing body of research has focused on the effectiveness of mental health courts/caseloads in community corrections, as well as the extent to which various factors can predict an individual's success in these areas. While attention to offenders involved with mental health specialty programs is growing, prediction of successful completion of probation for offenders with mental illness is in its infancy. This is an important area of inquiry because general predictors of probation success and recidivism may apply differently to individuals with mental illness, which would have clear and meaningful implications for specialty probation caseloads. Accordingly,

the current study examines the highly desired outcome of early termination from SMI probation in order to identify the predictors of this outcome. To address this question the authors use data for offenders on the SMI probation caseload in Maricopa County Arizona (Phoenix area) between 2007 and 2012 (n = 2813). Of these offenders a subset (n = 427) of individuals the SMI caseload completed their probation sentence after being granted early termination.

### ***Exploring the Effect of Marriage on Probation Outcomes among Probationers with Significant Mental Illness***

Matthew Larson, *Wayne State University* ([mattjlarson@wayne.edu](mailto:mattjlarson@wayne.edu))

Philip Mulvey, *Illinois State University* ([pwmulve@ilstu.edu](mailto:pwmulve@ilstu.edu))

The issue of selection bias has long been of interest to criminologists, especially life-course scholars interested in the implications of various life statuses. These concerns have motivated an emphasis on advanced quantitative techniques in studies in this area, including research on marriage and crime. On one hand, these advanced approaches help us ensure that identified effects are not influenced by individuals' propensity to enter the institution. On the other, they have kept the field from developing a more nuanced understanding of how marriage might matter for some particularly at-risk groups. This study aims to further our understanding of the relationship between marriage and crime by assessing the role of marriage for a group of offenders who were on the Severely Mentally Ill (SMI) caseload in Maricopa County, Arizona from 2007 to 2012 (n = 2813). Specifically, we use intake data and offender risk/needs scores to examine the association between marriage and various probation outcomes. Our findings contribute to the literature on marriage and crime, as well the literature on risk/needs, and highlight the need for more specialized studies in this area. Future research and policy implications are discussed.

### ***Violence Prediction Using Different Theories***

Henriette Haas, *University of Zurich* ([henriettehaas@psychologie.uzh.ch](mailto:henriettehaas@psychologie.uzh.ch))

No single theory of violence has been universally accepted by a majority of established researchers. All theories may produce empirical evidence for their validity, yet some of them state the opposite of each other. To test different theories empirically, we used the dataset (N = 21,312) of the Swiss recruits' study of 1997. It covers the topic of violence with 900 variables across the lifespan of twenty-year-old males which constitute about seventy percent of the cohort. The psychopathology model ranked as the best model in terms of predicting violence right after the comprehensive interdisciplinary model. Next came the rational choice and lifestyle model and third the differential association and learning theory model. Psychopathology has some more advantages over other theories: It contains more dynamic variables and thus provides specific, measurable goals for offender rehabilitation, like treating attention deficit disorder and

hyperactivity, impulsive acting-out, cognitive distortions, and addictions. New insights into the causes of offending and its prediction can be gained.

## ***Mental Health Courts***

Frank Herrmann, *Boston College* (herrmannf@bc.edu)

American prisons have been forced to become some of the largest mental health facilities in the United States. These correctional institutions, hugely overburdened with inmate population and grossly understaffed with trained mental health professionals, are largely incompetent to address the pressing needs of mentally ill inmates. Partially in response to this incarcerative crisis, an increasing number of American legal jurisdictions have created "mental health courts". These specialty courts are designed to divert persons charged with crimes from incarceration by addressing the accused's underlying mental health problems while the defendant remains in the community, or, at least, not in prison. This paper will consider the typical legal, financial, and restorative challenges these courts encounter in their attempts to provide services to accused persons with mental difficulties; survey what evaluations have been made concerning the effectiveness of these courts; and, report the experiences of recently developing urban courts in the state of Massachusetts.

## **133. Mental Health Problems in a Changing Society: Suicide, Withdrawal and Violence**

### ***Death and Suicide Due to Overwork: The Psychiatrist's Role in a Changing Work Environment***

Isao Takayanagi, *Arisawabashi Psychiatric Hospital* (yagiisao@aqua.ocn.ne.jp)

Many industrialized countries, including Japan, are struggling to survive in an increasingly globalized economy. Over the past few decades, the work environment for Japanese employees has become severe. Since the government amended the *Worker Dispatch Law* in 1999 (aiming to loosen restrictions of employment), the number of temporary workers who often work under unfavorable conditions, has risen sharply. Permanent workers have also been encouraged to work for longer hours to improve productivity. As worrying consequences of these trends, two peculiar phenomena have been noticed: death from overwork and work-related suicide (labeled as *karōshi* and *karōjisatsu*, respectively, in Japanese). It has been reported that the unusually long working hours can lead to sudden death from heart attack or stroke. Mental stress may be responsible for the increased incidents of suicide among middle-aged individuals. Growing public concern led the government to enact the *Prevention of Death from Overwork Law* that will soon come into force. Under these circumstances, the psychiatrist's role has become multifaceted. They are expected not only to maintain workers' health but also to establish the

relationship between mental illness and eventual work-related suicide if the deceased person's relatives demand compensation. In the presentation, clinical, legal and ethical problems regarding psychiatric practice in the workplace will be discussed.

### ***Social Withdrawal among Adolescents: The Japanese Hikikomori Phenomenon***

Minori Utsunomiya, *Aichi-Prefectural University* (utu@ews.aichi-pu.ac.jp)

Hikikomori, meaning “acute social withdrawal” in Japanese, is an increasingly worldwide phenomenon. Hikikomori is officially defined as “people who have socially withdrawn from society for six months or more” by the Japanese Ministry of Health, Welfare and Labor. In 2010, the Japanese government estimated that there were approximately 696,000 Hikikomori cases in Japan, and quickly took measures to deal with helping Hikikomori, including the establishment of a new law. This study aims to clarify the Hikikomori problem in Japan by analyzing previous research and case studies. This report primarily treats Hikikomori as a human rights issue of young people. Hikikomori should not be treated as the result of a person's weak nature in dealing with his or her distress. Rather, it should be treated as an intertwined problem of personality tendencies, experiences of failure, family relationships, and social environment. These are the exact reasons why the Hikikomori problem cannot be easily resolved. This presentation will illustrate how indispensable the welfare and mental health professions are in helping to support and treat Hikikomori.

### ***A Psychopathological Study of a Schizophrenic Patient Treated under the Japanese New Forensic Psychiatric Service Due to an Extended Suicidal Attempt***

Shingo Toshioka, *Higashi Owari National Hospital, Nagoya, Japan*  
(yoshisn@eowari2.hosp.go.jp)

This presentation will report on a study on a schizophrenia female patient who committed extended-suicide involving her daughter. The number of patients treated who committed extended-suicide has grown since Japan started a new forensic psychiatric service under *The Medical Treatment and Supervision Act*, established in 2005. Psychiatric service under this law accepts patients who have committed serious crime such as murder or rape and have been judged to hold no or diminished criminal responsibility due to their psychiatric illness. When a patient who attempted extended-suicide survives, he or she, as a result, will be considered murderer and be treated under this law. It was presumed that most extended-suicides were caused by depression. But after seeing many cases of individuals who committed extended-suicide, it was found that psychotic features due to schizophrenia and delusional disorder could be a cause. In the presentation, the focus will be on some characteristic psychopathology of a schizophrenic patient

who killed her daughter in an attempted extended-suicide. She had chronically suffered from auditory hallucination after she delivered her daughter. In addition to schizophrenic symptoms, she had delusions of culpability typically observed in depressive patients. She was convinced that she had caused irreparable damage to the company she worked for and that she herself was unworthy to live.

## **134. Mental Health Tribunals**

### ***A Comparison of Mental Health Act Review Tribunals in Canada***

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John Gray, *Western University* ([jegray@shaw.ca](mailto:jegray@shaw.ca))

Most Mental Health Acts in Canada include an independent tribunal to review applications by involuntary patients who wish to be discharged against medical advice. These tribunals (referred to as review panels or review boards) are usually appointed by a provincial minister and include a lawyer as chair, a physician and a lay person. There are differences in the legislation and operation of review panels in different provinces. For example the discharge criteria in British Columbia and Saskatchewan differ. In addition the manner in which patients are informed about the panel and the degree of support they receive in applying for discharge to the review panel and presenting their case in a hearing, differ.

This paper will describe these differences in law and procedure and compare statistics in British Columbia and Saskatchewan. Comparisons will include the percentage of certified patients; the numbers and percentage who appeal; the numbers and percentages of patients whose appeal is successful and who are discharged. Possible reasons for any differences will be discussed and the significance of these findings and review panels in general in indicating whether the Mental Health Act is serving the purpose for which it was intended will be addressed.

### ***Swedish and Canadian Mental Health Legislation Compared***

Tuula Wallsten, *University of Uppsala* ([tuula.wallsten@ltv.se](mailto:tuula.wallsten@ltv.se))

John Gray, *Western University* ([jegray@shaw.ca](mailto:jegray@shaw.ca))

Sweden, population 9 million, has one national *Compulsory Psychiatric Care Act*. Canada, population 33 million, as a federation, has 13 mental health acts with considerable variation. We compared Swedish provisions with the most similar and most different Canadian provisions.

The most clinically significant difference found was that Sweden admits involuntarily only for the purpose of treatment. The court requires a treatment plan for an involuntary admission. Some Canadian provinces admit to detain as treatment necessary for release can be refused. The consequence of refusal can be continued suffering and long deprivation of freedom rights.

Swedish committal criteria do not allow a person who is "likely to suffer significant mental or physical deterioration" to be admitted. Most Canadian jurisdictions now do. This allows for earlier intervention rather than waiting for the harm criterion to be reached and is important in community treatment orders (CTO).

Swedish CTOs require that the person currently be an involuntary inpatient. In Canada one province requires one admission but others require extensive previous hospitalization. In Canada a psychiatrist, or two, authorize CTOs but in Sweden it is an administrative court.

Admissions over 28 days and extensions and CTOs must be authorized by the administrative court in Sweden. In Canada only Quebec uses courts. Other rights issues studied included rights notification, admission procedures, renewals and appeals to tribunals or courts.

## ***Implementing Mental Health Reform in Israel***

Uri Aviram, *Hebrew University of Jerusalem, Ruppin Academic Center*  
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Presentation is on efforts to reform mental health (MH) services in Israel, transferring the locus of treatment and care from MH hospitals to the community. Objective was to understand hindering and facilitating factors of implementing the last leg of the reform efforts, integrating ambulatory and inpatient MH services into the general medical system as required by the National Health Insurance Act (1994). The study used quantitative and qualitative methods to assess trends of population served, budgets, personnel and programs, focusing on current efforts to implement the transfer of the MH insurance and service responsibilities to the health-care organizations. Findings indicated significant reductions in rates of psychiatric beds, changes in budget allocations, and increase in psychiatric rehabilitation services during the last fifteen years. Current efforts focus on expansion of ambulatory services across the country and hiring additional personnel for the delivery of services. Less attention has been given to issues such as evidenced based programs, evaluation, identifying populations at risk. Factors endangering the success of the reform are discussed, referring to major issues that that should be addressed in order to provide better MH services, integrating them into the general healthcare system and to improve quality of life for people in need.

## ***Creating a Cultural Analysis Tool for the Implementation of Ontario's Mental Health Laws***

Ruby Dhand, *Thompson Rivers University* (rdhand@tru.ca)

In this presentation, I describe research that was used to create a Cultural Analysis Tool (CAT) for the implementation of Ontario's Mental Health Laws. The CAT consists of specific thematic questions that can serve as a cultural and equity analysis instrument for practitioners to use in the implementation of Ontario's civil mental health laws. The rationale behind creating the CAT is based on research suggesting that ethno- racial people with mental health disabilities experience

inequities and differential outcomes while interacting with Ontario's civil mental health laws. This study contributes to a better understanding of how equitable outcomes for ethno-racial people with mental health disabilities interacting with Ontario's civil mental health laws can be achieved. The CAT was developed through an iterative process involving a comprehensive review of the literature and qualitative data drawn from thirty-five semi-structured interviews with seven members of each of the following groups: (1) ethno-racial people with mental health disabilities including in-patients and ex-patients, (2) lawyers who practice in the area of mental health law, (3) health care professionals including psychiatrists, nurses and social workers, (4) service providers such as front-line case workers at mental health agencies and (5) adjudicators, government advisors and academics.

## ***Assessing the Participation in Court Proceedings across Mental Health Laws: A Comparative Study***

Marie Fallon-Kund, *Marie Curie Maratone, Nottwil, Switzerland* (marie.fallon-kund@paraplegie.ch)

Persons are more likely to accept decisions of legal authorities when they feel that the processes are fair and their motives legitimate. Participation in decision-making processes plays a key role in the acceptance of court decisions regarding one's own health or affairs. The 2006 United Nations Convention on the Rights of Persons with Disabilities underlines the importance of participation and its articles 12 and 13 set out that persons with disabilities should be supported as well as provided with procedural accommodations in order to participate in tribunal hearings. Thus, there is a need to define these supports and accommodations. Given the many variations of hearings across legal systems, this presentation aims to compare different concepts of participation as included in national legislations and case law in the light of international human rights trends. To this regard, a sample of mental health legislations across European countries was analyzed, representing a variety of patterns regarding mental health tribunals. Countries allowing for a geographical coverage of Europe, as well as representing different compositions (single judge or interdisciplinary) and nature (judicial or administrative) of the tribunals were included. Good practices enhancing the participation of persons with mental health problems are highlighted.

## **135. Mental Illness and the Rule of Law**

### ***The Rule of Law and Compulsory Psychiatric Care***

Annika Staaf, *Malmö University* (annika.staaf@mah.se)

So far hardly any Swedish scientific projects have dealt with the rule of law in the area of health and medical care. Legal research concerning the area focuses on different aspects of patient rights, but not on the rule of law itself. The rule of law is a central requirement for the

administrative regulation and a decisive aspect of quality within the services of the public sector (Marcusson 2010). It is often perceived as a "silent" prerequisite and taken for granted among patients as well as among health care professionals. This has, in turn, led to a lack of analysis and research regarding the implementation of the rule of law, within the health care sector. The aim of our study is to investigate the rule of law as a central objective in compulsory psychiatric care. The overall aim is to include the rule of law as a necessary aspect of quality and find ways to operationalize the concept. The rule of law has special relevance in these situations, as the patient here finds him/herself in a particularly vulnerable situation, dependent on the care provider and subject to means that affect his or her integrity. Different versions of involuntary measures and the formal, as well as the substantial side of the rule of law are taken into account. Special attention is given to the fact that care is increasingly provided in collaboration with different care providers, and the possible implications this has for patients.

## ***Standardised Forms for Documentation in Psychiatric Care and the Rule of Law***

Lotta Wendel, *Malmö University* (lotta.wendel@mah.se)

**Background:** During the last decades the organisation of the health care sector in most western countries, and in Sweden in particular, have been transformed towards an increased focus on economy, efficiency and quality assessment. The transformation includes an increased focus on the importance of and the forms for documentation of the care. In many cases standardised forms for documentation have been introduced, for example regarding different care plans regarding the care of the patient in psychiatric care, that the County Councils and the Municipalities are obliged to collaborate on.

**Aims:** The aim of this study is to analyse what the implications of standardised forms of documentation are with regards to the legal position of the patient. How well do standardised forms of documentation meet the demands that follow from the rule of law?

**Methods:** The standardised forms for care planning regarding patients in compulsory non-institutional psychiatric care in the 21 County Councils in Sweden were collected and analysed.

**Results:** The rule of law does not seem to be a central aspect when most of the forms are constructed. Demands for equality before the law, transparency, predictability and legality are not met.

## ***The Stage-Value Model: Implications for the Changing Standards of Care***

Daniel Görtz, *Lund University* (Daniel.gortz@soc.lu.se)

The standard of care is a legal and professional notion against which doctors and other medical personnel are held liable. The standard of care changes as new scientific findings and technological innovations within medicine, pharmacology, nursing and public health are developed and adopted. This study consists of three parts. Part 1 describes the problem and gives concrete examples of its occurrence. The second part discusses the application of the Model of Hierarchical Complexity on the field, giving examples of how standards of care are understood at different behavioral developmental stage. It presents the solution to the problem of standards of care at a Paradigmatic Stage 13. The solution at this stage is a deliberative, communicative process based around why certain norms should or should not apply in each specific case, by the use of so-called meta-norms. Part 3 proposes a Cross-paradigmatic Stage 14 view of how the problem of changing standards of care can be solved. The proposed solution is to found the legal procedure in each case on known behavioral laws.

### ***Knowing the Right to Mental Health: the Social Organization of Research for Global Health Governance***

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

Those advocating for the rights of mentally ill people from diverse locations have been struggling to produce indicators and evidence that can both account for their experiences in practice, while demonstrating accountability within the rules of global health governance. Indicators of mental health and development and the “scaling up” of corresponding treatment and services goals have been at the forefront in this field that is known discursively as “Global Mental Health” (GMH). What happens at the intersection of accounts of health rights, mental health and development practice that legitimize some notions of rights while obscuring others? This institutional ethnography (IE) explores the right to health in the international mental health field, and a subfield concerned with equitable access to treatment in developing countries and for marginalized people elsewhere. A specific mental health advocacy organization was a site of institutional ethnographic exploration for this study. Our main objective in this research was to explore how it is that advocates, researchers and policy-makers in mental health engage with the right to mental health as a feature of contemporary global health governance discourse. A knowledge and consciousness of the social organization of the right to mental health in this way provides an alternative to new and better theorizing of GMH. Uncovering the practice of this diplomacy through critical institutional ethnographic approaches is a timely critique that points the direction to alternatives to increasingly objectified notions of GMH and human rights infiltrating global health diplomacy.

### ***Putting Rhetoric into Practice: One Year on from Victoria’s Mental Health Act 2014***

Eleanore Fritze, *Victoria Legal Aid, Melbourne, Australia* (eleanore.fritze@vla.vic.gov.au)

After five years of planning and consultation, Victoria's *Mental Health Act 1986* was replaced by the *Mental Health Act 2014*, which commenced on 1 July 2014. The new Act promised a paradigm shift towards recovery-orientated practice and greater protection for patients' rights through significant reforms. For instance, a treatment order no longer permits a psychiatrist to simply impose involuntary treatment on a patient which the psychiatrist believes is necessary or best practice. Instead, patients are presumed to retain capacity to consent to treatment. Capacity is assessed on a decision by decision basis. If a person has capacity, informed consent must be sought in relation to each individual element of proposed treatment. Psychiatrists may only treat someone against their wishes if it is the least restrictive way of providing them with the minimum necessary treatment. Psychiatrists are also mandated to consider a range of principles and sources of information before arriving at any decisions. One year in, this presentation will explore how psychiatrists, patients and lawyers have navigated the new processes in practice. As a senior lawyer in Victoria Legal Aid's Mental Health & Disability Advocacy team, by far the state's largest mental health legal service, Eleanore is well-placed consider whether and to what extent the rhetoric behind the new Act has resulted in the intended cultural change within services and consequent benefits to patients.

## **136. Mental Insanity Defense and Genetics**

### ***The Neuroscience of Criminal Psychopaths***

Kent Kiehl, *University of New Mexico* (kkiehl@unm.edu)

Psychopaths account for an estimated 30-50% of the \$3.2 trillion annual societal cost of crime in the United States. Despite this enormous societal burden, very few large-scale studies have sought to delineate the underlying neurobiology of psychopathy. Over the last several years we have deployed a one-of-a-kind mobile MRI system to eight prisons in two states to help address this limitation. In the last five years over 3000 inmates have volunteered for MRI research studies. This presentation will summarize the neuroscience findings from large-scale studies of brain gray matter density analyses to the latest cognitive neuroscience findings of moral decision making in psychopathy. The potential legal and policy implications for this work will be discussed.

### ***The Role of Psychopathy and Impulsivity in Predicting Chronic Violent and Nonviolent Offending in Female Prisoners***

Nicholas Thomson, *Durham University* (n.d.thomson@durham.ac.uk)

Psychopathy is considered one of the best predictors of violence and prison misconducts (Edens et al., 2008), and is arguably the single most important clinical construct in the correctional setting (Hare, 1996). However, concerns have arisen to the generalizability of psychopathy in

women. To date, few studies exist that examine and validate this association in female offender samples. The present study included 182 ethnically diverse female offenders. The aim was to statistically predict violent and nonviolent misconducts over a 21 month period using official records of prior violent criminal offense (e.g., homicide, manslaughter, assault), and self-report measures of psychopathy, impulsivity, and empathy. We conducted a confirmatory factor analysis on the Levenson Self-Report of Psychopathy scale (Levenson et al., 1995), and found the three factor model (Brinkley et al., 2008) was a better fitting model than the two factor. Using Poisson regression, we found that callous psychopathic traits and past violent criminal offense were the most robust predictors for violent misconducts, while antisocial psychopathic traits and impulsivity best predicted nonviolent misconducts. Prior research has suggested that the link between psychopathy and criminality is a lack of empathy (Jolliffe & Farrington, 2007). However, our findings suggest that in female offenders the link between psychopathy and violent behavior is more robust when low empathy is accompanied by cruelty, guiltlessness, and the willingness to hurt others to achieve personal goals. We discuss the implications associated with predicting violent and nonviolent misconducts in female offender samples.

### ***Behavioral Genetics in Criminal Trials: Where Do We Stand?***

Silvia Pellegrini, *University of Pisa* ([silvia.pellegrini@med.unipi.it](mailto:silvia.pellegrini@med.unipi.it))

Giuseppe Sartori, *Università di Padova* ([giuseppe.sartori@unipd.it](mailto:giuseppe.sartori@unipd.it))

Stefano Ferracuti, *University of Rome Sapienza* ([stefano.ferracuti@gmail.com](mailto:stefano.ferracuti@gmail.com))

Pietro Pietrini, *University of Pisa* ([pietro.pietrini@med.unipi.it](mailto:pietro.pietrini@med.unipi.it))

Increasing evidence suggests that specific genetic variants may affect the development of antisocial behavior, not in a deterministic manner, but rather by modulating the impact of environmental factors on behavioral traits. Factors mainly involved in deviant behavior are monoamine oxidase A (MAOA), serotonin transporter (5HTT), catechol-O-methyltransferase (COMT) and Dopamine Receptor D4 (DRD4). As part of forensic psychiatric expert evaluations, we genotyped the following allelic variants: 5-HTTLPR, SLC6A4 rs25531, COMT rs4680, MAOA u-VNTR, DRD4-exon 3 VNTR, DRD4 rs1800955 in sequentially recruited inmates convicted with impulsive crime, mostly murder. Further, when possible, individuals underwent structural and/or functional magnetic resonance imaging (MRI) to measure brain morphometry and neural activity during response inhibition tasks. All the examined risk allelic variants were more frequent in criminals compared with control subjects without any history of antisocial behavior. Furthermore, combinations of at least two (or more) genetic risk variants were much more frequent in criminals than in control subjects. Interestingly, a recent hypothesis describes these "risk-genes" as "plasticity" rather than "vulnerability" genes. That is, these genetic variants would influence the individual susceptibility to both negative and positive environments. Our findings open new possibilities of intervention for the rehabilitation of convicted people, with potentially important forensic implications.

## ***Canadian Jurors and the Not Criminally Responsible on Account of Mental Disorder (NCRMD) Defence***

Evelyn Maeder, *Carleton University* ([evelyn.maeder@carleton.ca](mailto:evelyn.maeder@carleton.ca))

Research from the United States has established that Americans have negative attitudes toward the insanity defence, but very little research has examined Canadians' perceptions of the Canadian equivalent, the Not Criminally Responsible on account of Mental Disorder (NCRMD) defence. In a series of studies, jury-eligible Canadians' attitudes toward the defence, verdict decision-making in cases of NCRMD, and the influence of education regarding the defence, education regarding mental illness, and mental illness type on each have been evaluated. Results from these studies have shown that largely negative attitudes toward the NCRMD are resistant to change, even following education meant to directly address misconceptions of the nature of the defence. Potential future directions for this research will be discussed, particularly in light of newly-enacted legislation in Canada (the Not Criminally Responsible Reform Act) that will increase the punitive nature of dispositions for those found NCRMD.

## ***Revoking the Conditional Release Status of Mentally Disordered Offenders (Insanity Acquittees)***

Samuel Adjorlolo, *City University of Hong Kong* ([sadjorlolo2-c@my.cityu.edu.gh](mailto:sadjorlolo2-c@my.cityu.edu.gh))

Heng Chool Chan, *City University of Hong Kong* ([oliverchan.ss@cityu.edu.hk](mailto:oliverchan.ss@cityu.edu.hk))

The release of insanity acquittees on certain conditions into the communities after a period of institutionalization is a very delicate and sensitive decision confronting forensic mental health professionals (FMHP), and other concerned institutions, such as the court. Release decisions are predicated on the expectation that the insanity acquittees will follow some specific rules or conditions to avert recidivism and/or readmission to mental health institutions for treatment. In addition, acquittees posing minimal or no risk to themselves and to the communities are likely to be released back to the communities. Unfortunately, some acquittees are not able to uphold and maintain the conditions of release which result in the revocations of their release. Understanding the factors that are associated with the revocation of conditional release could guide future release decision making. In view of this, the insanity defense literature was examined, spanning the period 2004 to 2014 (11 years), to illuminate some of these factors. The present study will discuss the prevalence of, as well as the influence of demographic, criminological, clinical, and previous revocation and/or supervision group on the revocation of conditional release. Brief recommendations on how to improve upon release decision, and how to ensure acquittees adhere to and maintain the release conditions will be offered.

## ***Genetic Background of Extreme Violent Behavior***

Marja-Riitta Rautiainen, *University of Eastern Finland* (marja-riitta.rautiainen@thl.fi)

Violent crime affects the quality of life and is a healthcare and an economic burden in societies. Previous studies show that violent offending is moderately heritable; however, the underlying genetic elements are largely unknown. Thus far, only two genes have been reported in association with violent offending. The monoamine oxidase A gene (MAOA) low active genotype and childhood maltreatment interaction has been found in connection with violent convictions. MAOA has become known as the ‘warrior gene’, and it has even started influence the court sentences in the USA. Recently, a variant in serotonin receptor 2B gene (HTR2B) was associated with substance abuse and a risk of committing impulsive violent crimes. We conducted a candidate gene study on MAOA and HTR2B, and performed a genome-wide association study (GWAS) in Finnish violent offenders. A highly statistically significant association was revealed for MAOA low activity genotype, but not for HTR2B. The GWAS study identified a suggestive candidate gene, CDH13, for severe recidivistic violent behavior. Although our study implicates that 5-10% of all severe violent crime in Finland is attributable to specific MAOA and CDH13 genotypes, only the actual mental capability of the offender matters when punishment or legal responsibility is considered.

## **137. Military Families in the US**

### ***Resilience and Vulnerability among Military Families in the United States***

Jay Mancini, *University of Georgia* (mancini@uga.edu)

William Milroy, *Veterans Aid, London, UK* ([ceo@veterans-aid.net](mailto:ceo@veterans-aid.net))

Military families are families in transition, and faced with unique work demands. Research shows that military families also face unique vulnerabilities and challenges, and demonstrate substantial resilience at the same time. This presentation is based on a 2013 study of 273 military families, including military members, their spouses, and their adolescent children (total sample size of 904 individuals). We address two broad research questions, one being the overall well-being of youth in these families, and the other around family well-being and functioning. Among the findings are that families are fairly high in cohesion, an indicator of well-being, and that they are balanced with regard to closeness and distance in their family relationships; there were differences between military members and civilian spouses along dimensions of over-dependence on one another, with military members reporting greater dependence. Whereas the majority of adults in the sample reported rigid family patterns, relatively few reported chaotic family patterns. These findings are further analyzed and discussed with the contexts of socioeconomic status, external social support, and mental health indicators of depression and anxiety. Implications for prevention and intervention are offered, including the significant role informal social networks can have in family well-being.

## ***“And They Lived Happily Ever After”... Sometimes: Life after Military Reintegration for US National Guard Service Members and Spouses***

Angela Huebner, *Virginia Tech* (ahuebner@vt.edu)

The use of an all voluntary military force in the United States (comprised of 1% of the U.S. population) necessitates that service members and their families endure multiple separations due to military deployment. Such prolonged separations can have lasting impacts on families, both positive and negative. Our study is based on longitudinal data from Army National Guard service members (and their spouses/significant others) all of whom were part of the same battalion that deployed to Afghanistan in December 2011. Specifically, data for this presentation were drawn from face-to-face in depth interviews conducted at six and 18 months post-deployment with 30 couples. The study was framed using the Family Resilience Model of Family Stress (Patterson, 1988), which assumes a relational perspective on family adaptation with recursive effect such that overall family adaptation (X) is influence by the interaction of the stressor event (A), the potential pile up of demands (AA), family resources (BB), situational appraisal and schema (CC), and family problem solving and coping (PSC). Patterns of adaptation during reintegration after military deployment will be presented along with implications for mental health providers.

## ***Relationship Support for Couples Separated by Military Service: Legal and Psychological Issues***

Carol Spaderna, *Aberystwyth University* (carol\_panpacific@yahoo.com)

This presentation explores the current status of the professional literature and further analyzes established and innovative clinical practice techniques and attendant legal representation issues with regard to the relationships of military personnel separated from their families. The majority of studies addressing military psychological services focus upon the traumatic experiences of combat personnel. A lesser but still substantial degree of attention is paid to the challenges and preferred coping strategies for persons separated from their militarily employed partners under conditions of armed conflict. There is a need for greater emphasis on the toll that enforced separation takes on close personal relationships *between* members of these two cohorts, with respect to reservists as well as active combatants. Counseling plays a key role in perpetuating family ties potentially sundered by stressful circumstances, while adroitly managed legal services can do as much to hold a partnership together as they can to advocate for adversaries when the damage to a relationship is seemingly inseparable. This presentation identifies how mental health professionals and legal representatives can aid warriors and their distant partners to strengthen and preserve ties between absent loved ones—both during periods of absence and once a tour of duty has just been concluded.

## ***Coming Home: Experiences and Implications of Reintegration***

Lydia Marek, *Virginia Tech* ([lmarek@vt.edu](mailto:lmarek@vt.edu))

Military families are known for their resiliency when challenged with the pressures that accompany the deployment cycle and military family life in general. Nonetheless, the deployment tempo of the last decade, with its multiple and lengthy separations, has been found to have tested the resiliency of these families. Researchers have found that deployment cycle stress often spills over into domains outside of the home and affects the service member and their family's emotional health and well being for months if not years into the future. This presentation is based on a 2013 study of 440 service members, 370 partners of service members, and 136 adolescents (total sample of 946 individuals) which examined the factors that contribute to more positive outcomes and reduced stress for reintegrating military families. The presentation will focus on these known factors and will address how the phases of deployment are related to each other; contributions to better reintegration coping including: preparation and expectations of reintegration, family and parental satisfaction, communication, program outcomes, and how PTSD symptomology, rather than PTSD diagnosis, impact reintegration stress. Additionally, a systemic approach will be discussed to help military families develop healthy cohesive family systems throughout the deployment cycle.

## **138. Mindfulness, Policing and the Law**

Wendy Stanyon, *University of Ontario Institute of Technology* ([wendy.stanyon@uoit.ca](mailto:wendy.stanyon@uoit.ca)) – Moderator

### ***Mental Illness Stigma within a Police Culture***

Heather Stuart, *Queen's University* ([hstuart@me.com](mailto:hstuart@me.com))

This presentation describes the results of a mental health related stigma scale describing the culture of stigma within a police detachment. Data were collected from officers attending a mandatory workshop (90.5% response). Factor analysis showed the scale to be unidimensional. Cronbach's alpha was 0.82. Results highlight a considerable degree of cultural stigma, particularly pertaining to behavioural items such as disclosure of a mental illness to a supervisor or colleague and the expectation that someone who had a mental illness would be discriminated against at work. Officers were less likely to endorse items that reflected devaluation (such as taking someone's opinions less seriously). Findings highlight that (a) police officers work in a culture that is highly stigmatizing toward mental illnesses (b) stigma is a key barrier to a creating a healthy workplace for police officers, and (c) anti-stigma programs focusing on police are needed.

## ***The Histories of Mindfulness and Mindfulness Meditation***

Michele Chaban, *University of Toronto* ([chabanmichele@gmail.com](mailto:chabanmichele@gmail.com))

The contemporary history of mindfulness and mindfulness meditation is founded on ancient practices that date back 2500 years to a time when warriors dreamt that right, more than their might, might bring about a civilized society. The new neuro-sciences are suggesting that those ancient practices made sense. Mindfulness meditation is one of the most evidence based approaches to bringing change in people and the cultures they live in. Learn how contemporary science is confirming what this ancient warrior tradition knew about the integration of mind and body in the cultures we live in.

### ***Enhancing Mental Potential in Law Enforcement Professionals with Mindfulness & Technology***

Michael Apollo Chabior, *University of Toronto* ([michael.apollo@utoronto.ca](mailto:michael.apollo@utoronto.ca))

Mindfulness Meditation has been shown to enhance cognitive function, resilience, situational awareness and a host of other social/neuro-physiological benefits. Professional mindfulness training in high-stress arenas is rolling out at an exponential pace - this presentation will provide an overview of the professional programs and leading technology available to enhance mental potential within your setting.

### ***Enhancing Resiliency in Law Enforcement Professionals***

Michael Apollo Chabior, *University of Toronto* ([michael.apollo@utoronto.ca](mailto:michael.apollo@utoronto.ca))

Michele Chaban, *University of Toronto* ([chabanmichele@gmail.com](mailto:chabanmichele@gmail.com))

Individuals in certain professions (e.g. the military and policing) are more vulnerable to developing anxiety disorders (e.g. PTSD), simply by the very nature of the work they do. Increasingly, law enforcement organizations and other first responder agencies are exploring functional skills development through mindfulness-based programs that can help individuals manage the traumatic stressors they experience on the job by strengthening their resiliency and enhancing their ability to respond rather than react during critical incidents. This will be a highly interactive session; participants will have the opportunity to experience several types of mindfulness practices.

### ***Mindfulness, Policing and Skillful Responding***

Frank Musten, *Ottawa Mindfulness Clinic, Ottawa, Canada* ([frank.musten@gmail.com](mailto:frank.musten@gmail.com))

The unpredictable demands of law enforcement often place police officers in situations that require clear decision-making while physiologically activated. This activation can range from typical levels of up-regulation to levels that disrupt cognitive processing. The results in turn can range from misperceptions that have minor negative consequences to reactivity that can be harmful to the officer and persons involved. Actions can be put into play that may escalate a situation needlessly or cause physical and emotional harm to those involved. The psychological outcomes of such incidents often are mental health difficulties for the officers, sometimes as severe as PTSD. Mindfulness practices and treatments have been demonstrated to be effective in reducing the effects of post-trauma experiences both generally and for first responders. Recent work with police officers also shows positive effects for the officers in reducing stress in their daily routine. This presentation explores the physiological basis for dysregulation to understand its impact on cognitive processing. The usefulness of mindfulness practices to increase wellbeing, buffer against traumatic experiences and as a treatment to mitigate the effects of trauma is presented.

### **139. Moral Myopia: Ethical Blind Spots Encountered in Forensic Psychiatry**

Alison Abdool, *Homewood Health Centre, Guelph, Canada* ([AAbdool@homewoodhealth.com](mailto:AAbdool@homewoodhealth.com))  
- Moderator

The objective of this symposium is for the audience to gain insight into ethical blind spots encountered in forensic psychiatry. Moral myopia is defined as a distortion of moral vision, ranging from short-sightedness to near blindness, which affects an individual's perception of an ethical dilemma and it hinders moral issues from coming clearly into focus, particularly those that are not proximate, and may, therefore, compromise ethical decisions. Clinicians working in the field face ethical issues that are unique to forensic psychiatry. When making clinical decisions, a clinician operates under the assumption that the decision made was rational, thoughtful, and ethical. However, during the clinical decision-making process, an individual may be oblivious to the presence of moral myopia that blocks the view of ethical blind spots in that clinical situation. Failure to consider ethical blind spots in forensic psychiatry settings can result in a disastrous outcome, as a compromised clinical decision not only hinders a patient's recovery and rehabilitation but also can result in dangerous outcomes. In context of business ethics, Bazerman and Tenbrunsel have described on how inattention to ethical blind spots can result in ethical breakdown in organizations. They suggest that most ethical breakdown result not because of a maleficent intent but because of collective myopia towards ethical blind spots during decision making. Similarly, using clinical examples, we will highlight the ethical blind spots and the moral myopia encountered in forensic psychiatry setting and hope this awareness will help in preventing ethical challenges in clinical forensic settings. We will be discussing common clinical practices in forensic psychiatry such as risk assessments, clinical monitoring, treatment refusal

and access to personal items and reflect on how they may present as ethical challenges for a clinical team.

## ***Risk Assessments in Forensic Psychiatry***

Usha Parthasarathi, *St. Joseph's Hospital, Hamilton, Canada* (upartha@gmail.com)

Forensic psychiatry presents unique ethical challenges relative to other medical specialties due to the emphasis on managing risk in clinical practice. Ethical principles of beneficence and non-maleficence that are paramount in medicine may come secondary to the principle of truth and objectivity in forensic psychiatry. Frequently, clinicians in forensic settings must navigate polarized value systems of patients and colleagues when making clinical decisions. To work in this complex environment, there is an expectation that clinicians will operate from high level of ethical sensitivity. Making decisions around patient care and recovery, while balancing risk to society requires evaluation of a clinical situation through the lens of others' moral vision. Being unaware of one's own ethical blind spots in this process can have serious consequences if misaligned and it leads to unrealistic expectations from the clinical team, patient, and society. A morally myopic vision can also give rise to the development of a risk-averse environment that may limit creativity and innovation and may be detrimental to recovery and rehabilitation of the patient.

## ***Staff Gender in Psychiatry: Are We Seeing the Picture Clearly?***

Marie Gold, *St. Joseph's Hospital, Hamilton, Canada* (goldm@stjosham.on.ca)

Pamela George, *St. Joseph's Hospital, Hamilton, Canada* (pgeorge@stjosham.on.ca)

Staff interactions with patients are an integral part of an individual's recovery journey. There is a high ratio of female caregivers in the healthcare community, which is inversely proportional to the gender ratio in the patient population in forensic psychiatry. This talk will examine both the benefits and challenges of having a higher female staff ratio who work with a predominantly male patient population in creating a safe and therapeutic environment. Caregivers in forensic psychiatric settings work in an environment that is characterized by locked doors, security guards, strict rules and routines in the face of physical and verbal threats. In this environment, female caregivers are called upon to prevent threats of violence and protect both patients and staff. Feminine qualities have been traditionally viewed as obstacles in preventing violence. What does female caregiver represent for a male forensic patient? Therefore, the importance of considering gender issues in Forensic environment will be discussed in this talk.

## ***Contraband and Restricted Items in Forensic Psychiatry***

Andrew Marlowe, *St. Joseph's Hospital, Hamilton, Canada* (amarlowe@stjosham.ca)

Patients in the forensic psychiatric setting are burdened with increased restrictions in their day to day lives. Accommodations are governed by numerous restrictions and privileges with the objective of providing a safe and therapeutic environment. Balancing risk and recovery can be a complex task with many ethical challenges. Safety is the primary consideration when hospitals develop guidelines on contraband or restricted items. Even something as simple as a pen can be considered a contraband item- it can, and has, been used as a weapon to cause serious harm. The same pen is utilized by patients to write to loved ones, fill out legal forms, and is a powerful symbol of freedom of expression. It is worth reflecting on the risks and benefits of withholding such items, with a specific focus on the ethical dilemmas involved.

### ***Routine and Nightly Clinical Monitoring in Forensic Inpatient Units***

Tianjiao Li, *St. Joseph's Hospital, Hamilton, Canada* (lit@stjoes.ca)

Hourly monitoring is an accepted standard for nursing staff across hospital settings, which was initially introduced in acute hospital settings and is now common clinical practice across most inpatient units. The basis for hourly monitoring is to assess patients' clinical well-being and to determine safety concerns and the need for professional intervention. In the current risk averse medico-legal environment, routine clinical monitoring is considered a standard tool for risk liability management for the hospital organization. Clinical monitoring is an intervention that requires nurses to routinely have direct visual contact with a patient throughout day and night shifts. This may involve requiring nurses to enter the room and shine a flashlight in order to ensure the patient is fine. Hourly, or more frequent clinical monitoring at night can however disrupt sleep patterns, which is clearly an essential for physical and cognitive well-being. How might moral myopia occur in the context of being cognizant of others' needs?

### **140. Mothers and Parenting Capacity**

#### ***News Photographs and Story Tones for Female Offenders: Does Race/Ethnicity Matter?***

Pauline Brennan, *University of Nebraska* (pkbrennan@unomaha.edu)

This presentation examines how photographic depictions of female offenders differed by race and ethnicity. Few have focused solely on the media's treatment of offenders, in general, and fewer have looked closely at how the media depict female offenders, in particular. Existing literature on gender stereotypes, racial and ethnic stereotypes, and media depictions of offenders provided the basis for this study. Research regarding media portrayals of crime and offenders has generally focused on the textual narratives of crime stories, and has generally suggested that

racial and ethnic minorities are inclined to be depicted as dangerous, crime prone, drug-involved, and otherwise socially-troubled. But, findings from such research may not be telling the full story if one considers that most people do not read news stories in their entirety. Rather, most consumers look only at photographs, captions, and headlines. We believe that photographic images have a substantial impact on a story's overall tone, while also providing a primary mechanism by which offender race/ethnicity is determined. We predicted that minority women would be depicted less favorably than white women, and conducted an analysis of front-page newspaper articles that featured female offenders to test our expectation. These articles were gathered from eight widely available U.S. newspapers during the 2006 calendar year. We found that minority women who engaged in crime were depicted more negatively than their white counterparts; the visual imagery and affiliated captions were considerably more negative for black and Hispanic women. Our findings suggest that the print media play a role in fostering negative attributions and stereotypes about minority women, which may explain their disproportionate confinement in prisons across the United States.

### ***New Mexico's Plan to Allow Female Inmates to Express Breastmilk to Improve Mother and Infant Bonding and Health, and to Reduce Recidivism***

Carol Suzuki, *University of New Mexico* (Suzuki@law.unm.edu)

All major health organizations strongly support breastfeeding as the preferred method of feeding for newborns and infants. Breastfeeding enhances the bonding between the mother and infant, reduces rates of breast cancer and ovarian cancer in the mother, and is associated with lower diabetes rates and fewer allergies and dental caries in children. Federal and New Mexico state laws support breastmilk expression and breastfeeding to some extent. In New Mexico adult correctional facilities, although some programs allow children to visit with their parents, children cannot live with their incarcerated mothers. Given the importance of breastfeeding and breastmilk to the health of the inmate and the infant, New Mexico is embarking on a pilot project to allow inmates who give birth while incarcerated to express breastmilk for delivery to the child. Considerations in developing this program include accommodations to ensure safety of breastmilk throughout the expression, storage, and transportation process; and to ensure equipment and materials are not diverted for prohibited purposes. Outcome questions include whether program participation provides sufficient incentive to suspend or prevent drug use, and if milk expression and bottlefeeding of breastmilk provides sufficient interpersonal mother/infant bonding to reduce recidivism and provide the infant with health benefits equivalent to breastfeeding.

### ***Constructing Motherhood***

Cortney Lollar, *University of Kentucky* (cortney.lollar@uky.edu)

The state of Tennessee recently arrested a woman for criminal assault two days after she gave birth, due to her use of narcotics during pregnancy. Although Tennessee is currently the only state in the U.S. to have brought criminal charges against a woman for prenatal drug use, the state's actions reflect a growing national trend that subjects women to arrest and incarceration for the use of drugs during pregnancy or while breast-feeding. Every major medical organization has spoken out against the prosecution of pregnant women who use drugs, and many anticipate these statutes will have a disproportionate impact on poor mothers and mothers of color. These laws also rely on a troubling ideal of motherhood that remains under-recognized and unchallenged. This presentation discusses the unfounded assumptions and inaccuracies underlying social constructions of "motherhood," particularly where they intersect with race, sexuality, addiction, mental illness, and poverty. Unpacking these presumptions is of critical importance, as the U.S. legal system has endorsed these mistaken theories through the adoption of criminal laws penalizing prenatal drug use. Only by challenging the erroneous presumptions motivating these laws can opponents have a chance of effectively eliminating them.

### ***Ethical and Legal Dilemmas in the Treatment of Pregnant and Postpartum Women with Major Mental Illness***

Anna Spielvogel, *University of California, San Francisco* ([anna.spielvogel@ucsf.edu](mailto:anna.spielvogel@ucsf.edu))

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Women must negotiate numerous potential impediments to her autonomy, such as poverty, violence, and mental illness. Health care providers are dedicated to supporting patients in making autonomous decisions about their health, however this goal must be balanced with the principals of non-maleficence and beneficence. Such dilemmas become even more complex in the face of pregnancy and the care of infants. Women who place their fetus at risk by making risky health care choices secondary to mental illness, substance use, or religious or cultural preferences, results in interface between providers and the legal system. This presentation will focus on the clinical, legal, and ethical dilemmas that arise in the provision of care to pregnant and postpartum women with severe mental illness, in a public hospital setting in San Francisco. When are involuntary interventions such as psychiatric hospitalization or the administration of psychiatric medication to mentally ill pregnant women indicated? How does a woman's mental state impact her ability to chose to terminate a pregnancy? How might we care for a woman who is in psychotic denial of being pregnant? How do we address the question of independent moral status of the fetus? We will discuss the dilemmas that arise from such cases and provide guidelines for the effective role of the psychiatric consultant in navigating and integrating the various perspectives, towards optimizing outcomes for both women and children.

### ***Ethical and Legal Issues in the Management of Mental Illness in Pregnancy and Post-Partum***

Maddalena Miele, *St. Mary's Hospital* (maddalena.miele@nhs.net)

Agnieszka Klimowicz, *Kent and Medway NHS* ([agaklimowicz@yahoo.co.uk](mailto:agaklimowicz@yahoo.co.uk))

There is growing evidence that untreated mental health problems in pregnancy and *postpartum* increase the risks of developing psychological dysfunctions and psychiatric problems later in life. The confidential enquiry into maternal death reported consistently that suicide is one of the leading causes of overall maternal death. The past two decades have seen the development of specialist dedicated perinatal mental health services. "Perinatal" describes the period surrounding birth, i.e. before and after birth, therefore management of perinatal mental health problems requires coordinated multidisciplinary specialist input across both adult and early years services. In England the legal framework for the psychiatric management of pregnant women spans across different legislations centered on either the mother, [Mental Health Act 1983 (MHA)], or the baby, (Children's Act 1989), rights. The introduction of the Mental Capacity Act 2005 (MCA) added further complexity and challenges to this end. The Authors will present two clinical cases requiring careful management at the interface between these three legislative frameworks and will discuss the ethical and legal issue deriving from the challenges of protecting the mother's rights to make an informed choice without compromising the rights of the unborn.

## **141. Music Therapy with Mentally-Ill Offenders**

### ***The Development of a Short-Term Trauma Focused Music Therapy Intervention in a Penitentiary Psychiatric Center in the Netherlands***

Clare Macfarlane, *Vrije Universiteit* (claremacfarlane@dji.minjus.nl)

Treating trauma is not the first thing that comes to mind when working with psychiatric offenders within a correctional setting. This presentation will touch on the prevalence of PTSD among the patient population in the penitentiary psychiatric center (PPC) in Vught and the necessity to reduce PTSD symptoms. Although EMDR is an option and is also offered as treatment, not all patients are able (or willing) to participate due to language difficulties and emotional instability. Time is of the essence, with an average duration in the PPC lasting only 3 – 5 months, increasing the need for other short-term trauma focused treatment modalities. A music therapy intervention was designed based on the neurosequential model of therapeutics by Bruce Perry and using a transformational design model as described by Michael Thaut in neurological music therapy as well as taking common practice into account. First target of the intervention is to regulate arousal levels before moving on to the trauma focused section of the treatment. An exploratory study is underway. Some of the (preliminary) results will be shared in this presentation.

## ***Group Music Therapy for Reducing Aggression and Emotional Restraint, Improving Emotional Expression of Violent Offenders: An Exploratory Study***

Yu-Fei Yin, *Peking University* (yinyufei1009@sina.com)

This exploratory study aimed to explore whether group music therapy can reduce aggression and emotional restraint, and improve emotional expression for violent offenders. Forty male violent offenders from one Chinese prison were randomly assigned into experimental group or control group. The experimental group received one hour of group music therapy once a week for 20 sessions. The control group received standard care as usual without any therapy sessions. The outcomes of aggression, emotional restraint, and emotional expression were tested on self-report scales two times (pretest and posttest). A total of 31 participants completed the whole study. Results suggested that aggression was reduced in music therapy compared to standard care. Second, the level of emotional restraint was increased in both groups, but the increased level was higher in the control group than the music therapy group. Third, there were no positive changes in emotional expression in both groups. The results suggested that music therapy was helpful in reducing aggression and emotional restraint of violent offenders.

## ***Therapy for Improving Mental Health in Offenders: State of the Evidence***

Christian Gold, *Uni Research, Bergen, Norway* (christian.gold@uni.no)

Recent studies have shown positive effects of music therapy in mental health care. Offenders often have mental health problems, although not necessarily diagnosed, and the main goal of correctional institutions is unrelated to treatment. We conducted a pilot randomized controlled trial (RCT) and a systematic review of RCTs. In the pilot study, one hundred thirteen male Norwegian prisoners were randomized to music therapy or standard care. No effects were found, but important lessons were learned for future trials: ensuring sufficiently long duration of stay; a sufficient number of music therapy sessions; low drop-out rate; and including only participants who have at least some mental health problems. The meta-analysis included five RCTs ( $n = 409$ ) of music therapy for offenders in correctional settings. Music therapy was effective for self-esteem ( $ES = 0.55$ ), anxiety ( $ES = 0.64$ ), depression ( $ES = 0.59$ ), and social functioning ( $ES = 0.38$ ; all  $p < 0.01$ ). Effects increased with the number of sessions. Overall, these findings demonstrate the value of music therapy for offenders. Important areas for future research are female offenders, long-term effects, and relapse prevention.

## ***Therapeutic Relationship as a Subject of Controversial Debate in the Work with Mentally Ill Offenders and Its Meaning for Music Therapy***

Anna-Kristina Stekl, *Ministry Of Justice, Justizanstalt Göllersdorf, Germany* ([ak.stekl@gmx.de](mailto:ak.stekl@gmx.de))

The therapeutic relationship as an important common factor regarding the success of any therapeutic treatment is a highly discussed issue in the work with mentally ill offenders. Lots of different, sometimes even opposed perspectives from ethical, legal, social and therapeutic points of view have to be considered. Every therapeutic relationship has to be implemented in the area of conflict between proximity and distance between patient and therapist. Both aspects are considered to be essential regarding security issues.

Music therapy is a highly relationship-oriented therapeutic approach which lays in its nature of interacting, communicating and sharing via music. Questionnaires about different aspects of therapeutic relationship were completed from patients and employees from different occupational groups of the Justizanstalt Göllersdorf (an institution for the treatment of mentally ill offenders) in Lower Austria as well as from music therapists working with mentally ill offenders. The results were linked with music therapeutic methods and interventions.

### ***Creative Approaches to Address Mental Health in Offenders: The Importance of Music Making in Forensic Institutions***

Biljana Coutinho, *SRH University Heidelberg* ([biljana.coutinho@hochschule-heidelberg.de](mailto:biljana.coutinho@hochschule-heidelberg.de))

Music therapy gained attention as an innovative treatment option to address mental health issues and is nowadays also part of different treatment programs for offenders in diverse penal institutions. In order to summarize the available literature describing active music making with adult offenders, a systematic search of 13 databases was conducted. From originally 1632 articles, 28 were included in the review. The search revealed mainly qualitative and narrative reports including articles on music therapy in group and individual setting, educational music making, choir interventions and musical projects. To help understand the current use of music making in the forensic settings, the musical interventions from the included articles are described in detail. Based on the literature review and on findings from practical work in German forensic institutions, implications for future research in music therapy with offenders are discussed.

### **142. Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure Epidemiology, Diagnosis and Humane Alternatives to Incarceration**

Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) is listed in the Diagnostic and Statistical Manual, 5th Edition (DSM-5) under “Specified Other Neurodevelopmental Disorder” to describe the wide range of neurocognitive, neurodevelopmental, and neurobehavioral problems associated with prenatal alcohol exposure. This Symposium aims to highlight ND-PAE as a worldwide epidemic cause of intellectual disability; explain the hidden costs to society, including incarceration of affected individuals; and provide a diagnostic paradigm for forensic evaluations and service planning. Therapeutic

residential housing for young adults transitioning from high school to provide vocational supports and socialization will help reduce incarceration rates and institutionalization.

## ***The Epidemic Caused by Our Social Drug of Choice – The Hidden Costs to Society***

Susan Rich, 7<sup>th</sup> Generation Foundation, Inc. Potomac, USA (dr.sdrich@gmail.com)

The Substance Abuse and Mental Health Services Administration's Fetal Alcohol Syndrome (FAS) Center for Excellence reports that Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of intellectual disability, with prevalence of all FASD combined being at least 10 per 1,000, or 1 percent of all U.S. births. Approximately 50% of pregnancies unplanned in the U.S. and binge drinking is at epidemic proportions among childbearing age women, leading to an estimated 2-6% of U.S. school age children affected by FASD. Prevalence rates have long since exceeded Down's Syndrome, spina bifida, cerebral palsy and autism combined. Financial costs exceed \$6 billion annually, with lifetime costs at least \$2 million for one individual with FAS. 40 years of clinical information and more than 30 years of carefully controlled animal studies have shown that the condition occurs well before pregnancy recognition - information that went into the 1981 U.S. Surgeon General's advisory on alcohol. Annual animal research costs exceed \$30 million, with few significant advances in ameliorating neurodevelopmental outcomes. Nonjudgmental methods for interviewing informants, including the biological mother, and gathering information about prenatal alcohol use will be explored. DSM-5 diagnostic criteria and a framework for understanding social, behavioral, cognitive, and adaptive vulnerabilities in individuals with ND-PAE.

## ***The Science behind Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure – an Approach to High Risk Prevention***

Susan Rich, 7<sup>th</sup> Generation Foundation, Inc. Potomac, USA (dr.sdrich@gmail.com)

Sydney Butin, Salisbury University (sbutin1@gulls.salisbury.edu)

Daniela Mielke, Winnicott Institut (dmielke05@googlemail.com)

Animal and human studies over the last 40 years have demonstrated the neurodevelopmental sequelae of prenatal alcohol exposure, yet it has only recently been introduced in the DSM-5. This presentation highlights the stage-specific embryogenesis of prenatal alcohol effects – underscoring the neurodevelopmental deficits beginning in early stages of pregnancy. A binge amount of alcohol - as little as 4-5 drinks – exquisitely timed in the late 3<sup>rd</sup> to early 4<sup>th</sup> week (less than one Long Island Iced Tea) is enough to cause the full Fetal Alcohol Syndrome. Focusing prevention efforts on already pregnant women – a form of intervention, or inducing the condition in more animals only perpetuates the problem. With 50% of pregnancies unplanned and 1 in 8 childbearing age women binge drinking, we need to move our efforts upstream. Promoting

contraception for reproductive age alcohol consumers is an efficient and cost effective way to prevent FASD – like the mass public health effort to prevent HIV. Prevention approaches geared at high risk young adult alcohol consumers provides an efficient, affordable alternative to a lifetime of suffering for affected individuals and their families. The Better Safe than Sorry Project is a multimedia, social networking campaign to engage adolescents and young adults in preventing prenatal alcohol exposure through preconception planning and contraceptive use. Examples of peer-to-peer training materials and FASD prevention informational cards with condoms to be distributed in colleges, juvenile detention centers, jails/prisons, and other venues will be presented. Primary prevention, ultimately, will lead to healthier outcomes as women learn to use contraception if using alcohol, and to plan their pregnancies carefully in order to avoid alcohol prior to pregnancy recognition.

## ***The Connection between School Shooters and Prenatal Alcohol Exposure***

Jody Allen Crowe, *Concordia University, St. Paul*  
([jodyallencrowe@healthybrainsforchildren.org](mailto:jodyallencrowe@healthybrainsforchildren.org))

Jody Allen Crowe, longtime educator, researcher, and author, will present his findings on adolescent school shooters and the connection to prenatal alcohol exposure (PAE). His research includes his hometown school where a school shooting occurred in 1966, as well as over sixty-nine school shootings since that time. The presentation will provide an educator's look at how PAE is impacting schools, communities, and entire nations. Crowe spent 18 years working with Bureau of Indian Education tribal contract schools in Minnesota and Idaho, as well as Executive Director of two charter schools. He started studying the research on fetal alcohol syndrome in 1989 and continued throughout his tenure as teacher, principal and superintendent, using his knowledge of PAE to develop innovative programming for students. His work was recognized by the National Indian School Board Association with the School of the Year Award in 2002 and a Harvard School of Business John F. Kennedy Award. Crowe founded Healthy Brains for Children in 2008. He introduced the *Think Before You Drink* initiative putting pregnancy test dispensers in bars, and the *My Baby's Breath* initiative using incentivized monitored breathalyzers with alcohol-involved pregnant women. He is an adjunct professor with Concordia University, St. Paul.

Lauren Grenier, *Siena College* ([li01gren@siena.edu](mailto:li01gren@siena.edu)) – Discussant

## **143. Offender Rehabilitation: Factors Associated with Offending, Treatment and the Process of Change**

### ***Exploring the Roles of Alcohol in Intimate Partner Violence***

Liz Gilchrist, *Glasgow Caledonian University* (liz.gilchrist@gcu.ac.uk)

Alcohol has been identified as a common feature of intimate partner abuse (IPA), via intoxication at the time of abusive events, and as a correlate of abusive relationships. Alcohol problems are linked with higher likelihood of physical and psychological abuse. Surprisingly little is known about how this association functions. Much of the reluctance to investigate this area has been due to a focus on societal level explanations for IPA, but also at the individual level, a desire to avoid allowing perpetrators to use alcohol as an excuse. This study has a) explored the links between alcohol and relationship conflict at a group level, and b) followed this up qualitative interviews to explore the meanings of the relationships identified. This talk presents the initial quantitative data from the study indicating the high co-occurrence of alcohol and abuse within our population. Initial analyses suggest that whilst some participants made reference to alcohol to excuse their violence, many other types of links were also identified, from focussing on the victim's alcohol use and this as having a role in relationship conflict, echoing previous discourses around victim blaming, to avoiding alcohol when involved in general violence so as not to dull the impact.

### ***Applying the Self-Regulation Model to Intimate Partner Violence: Implications for Assessment, Treatment and Research***

Erica Bowen, *Coventry University* (e.bowen@coventry.ac.uk)

This paper considers some of the ways in which intervention approaches for perpetrators of intimate partner violence might be enhanced through explicit consideration of the offence process and how expertise in offending develops over time. It is suggested that the routine use of coercive controlling violence in intimate relationships is likely to follow an approach-explicit pathway. Such 'generally violent/antisocial' or 'intimate terrorists' are not only likely to be at highest risk of offending, but also the most difficult to treat. They are more likely to hold entrenched offense-supportive attitudes, have long developmental histories of violence, and utilise their expertise in intimidation to offend in ways that avoid reporting and detection. It is suggested that conceptualising this group of perpetrators as evidencing the approach-explicit offending pathway within Ward and Hudson's (2000) Self-Regulation Model may lead to advances in assessment and treatment. Recommendations for future research are also discussed.

### ***Offender and Facilitator Engagement in Offending Behaviour Programs***

Emma Holdsworth, *Coventry University* (emma.holdsworth@coventry.ac.uk)

Systematic reviews of engagement research have revealed inadequate and inconsistent definitions and assessments of engagement and an absence of theory. A constructivist grounded theory methodology was employed to develop a theory of engagement in group offending behavior programs (TEGOBP) that accounts for facilitators' engagement as well as that of offenders'. Interviews and observations of sessions were used to collect data from 23 program facilitators and 28 offenders. Offenders' engagement was a process of 'moving on', represented by a number of conceptual categories including early ambivalence, negotiating the group, and acknowledging and accepting. Facilitators' engagement was a process of building engagement, by personalizing treatment frameworks using 'the hook', a cornerstone of treatment similar to the working alliance. It also involved disarming group members and dealing with initial resistance, and establishing roles and positions in the treatment framework. There were a number of barriers to both offenders' and facilitators' engagement identified, that were rooted in program and referral factors. The TEGOBP provides 4 distinct developments in engagement research as well as a number of important implications for research and practice that are discussed.

### ***Associations between Sex Offenders' Preferences for Treatment Providers' Interpersonal Qualities, Treatment Attendance, Completion and Satisfaction, and Attachment***

Sarah Brown, *Coventry University* (sarah.brown@coventry.ac.uk)

One-hundred and twelve adult Australian male child sexual offenders were invited to provide self-report data on their developmental history, childhood and adult attachments, sexual offending, treatment experiences and preferences for therapists' qualities believed to be important for effective treatment. Personal therapist characteristics perceived as most important for treatment effectiveness were trustworthiness and genuineness. Professional qualities perceived as most important included therapist competency and confidence. Parental and adult attachment problems were typical of this sample. Less secure maternal attachment was associated with therapist trustworthiness and less secure paternal attachment with therapist genuineness. Adult attachment anxiety was positively associated with optimism, while adult attachment avoidance was inversely correlated with therapist genuineness. Offenders reported being generally satisfied with sex offender treatment programmes, with satisfaction positively correlated with the number of programmes attended, but not with the number completed. Preferences for confrontational therapist style were positively correlated with programme satisfaction ratings. Confrontational and accepting styles were positively correlated with the number of programmes completed. The findings of this exploratory study will be discussed in relation to effective treatment engagement, treatment completion and the importance of responsivity factors that are often overlooked in the provision of sex offender treatment programmes.

### ***Mentoring Difficult to Treat High-Risk Intimate Partner Violence Perpetrators***

Kate Walker, *Coventry University* (kate.walker@coventry.ac.uk)

Mentoring, although not extensively, is an approach that has been used to work with offenders, but generally with youths and not adults. The aim of the current study was to evaluate how serial and high risk IPV males identified as prolific offenders and intervention-resistant engaged with mentoring and how change was initiated for this population. Interviews with Mentors, Mentees and Support Workers were undertaken and analysed using Thematic Analysis. The global theme, *Tools and Techniques that Facilitate Engagement* comprised two organising themes, *Building Relationships* and *Tenacity of the Mentor*, which explained how engagement was initiated and driven. *Catalysts to Initiate Change* with its two organising themes *Hooks*, and *Focus on the Future* captured factors that act as potential turning points or triggers for the Mentees to address their use of IPV and start the process of change. Analysis of the impact of mentoring found a positive effect. Mentoring is an innovative and alternative approach for engaging intervention-resistant serial and high-risk IPV perpetrators, enabling them to identify their need to change and laying down the foundation that could facilitate this change.

#### **144. Offenders with Mental Illness: Systemic Response, Treatment Approaches, and Treatment Program Attention**

##### ***Integrating Mental Illness and Criminogenic Need among Offenders with Mental Illness: A Treatment Program***

Robert Morgan, *Texas Tech University* (Robert.morgan@ttu.edu)

*Changing Lives and Changing Outcomes* was developed as an integrated model designed for the treatment needs of individuals suffering from mental illnesses and criminalness. The intervention includes eight therapeutic modules, each empirically shown to impact mental health or criminal justice outcomes (within jail, prison or community placements). Thus, the uniqueness of this intervention is in the integration of best mental health practices and best correctional rehabilitation practices in each module. Notably, each module was developed for relevance to both mental health and criminalness issues. Specifically, each module was designed to facilitate change in both mental health and criminalness domains. Field testing the intervention indicated positive treatment gains; however, community follow-up was not available. This presentation will present the results of community follow-up with 50 offenders with mental illness enrolled in the treatment program and a matched sample of 50 offenders with mental illness who did not complete the treatment program. Clinical outcomes of interest include learned information, symptom reduction, institutional measures such as time to program release, and release outcomes.

## ***Predictors of Treatment Attrition from an Institutionally-Based Program for Offenders with Mental Illness***

Daryl Kroner, *Southern Illinois University Carbondale* (dkroner@siu.edu)

Drawing upon the dynamic risk literature, a focus on changeable and relatively recent events in predicting attrition from forensic interventions has two main benefits. First, the treatment intervention could focus on content areas that are central to the completion of a treatment program. Thus, addressing a changeable area, such as attitudes toward interventions may be an appropriate area to target. Second, a recent focus will allow for greater relevance of the context in which treatment interventions are administered. Treatment completion by offenders with mental illness results in fewer victims and less violence in society. This study examines file-rated and self-report predictors of treatment attrition from an institutionally-based program for offenders with mental illness. Each of the three prediction models of institutionally-based treatment attrition included the predictors of motivation for assistance, therapeutic alliance, and prior treatment dosage: (1) the past criminal behavior model; (2) the recent treatment functioning; and (3) the non-antisocial instability model. It is anticipated that recent treatment functioning will improve the prediction of treatment attrition over the past criminal behavior model.

## ***Violent Crime and Dimensions of Delusion***

Eduardo Teixeira, *Pontifical Catholic University of Campinas* (eht@uol.com.br)

There are several international research papers which found a connection between schizophrenia and violent behavior, especially when there is a history of substance abuse. Specific aspects of delusion are related to violent behavior, such as a greater degree of conviction or delusions about being in control or persecuted. Despite methodological limitations, it can be said that some aspects of acute psychosis and accompanying substance abuse seem to be strongly related to the presence of violent behavior among psychotic patients. We made a retrospective study comparing two groups of 30 psychotic delusional patients. The study group consisted of delusional patients imprisoned in a high security forensic hospital in the state of São Paulo, Brazil, and the patients in the comparative group were enrolled in common psychiatric wards. The PANSS, the MINI and the MMDAS scales were used. The results are regarding the dimensions of delusions, the study group had lower scores in “refraining from acting because of belief” and “negative affect”.

## ***The Patterns, Motivations, and Mindsets of Revenge Oriented, Personality Disordered Patients***

Lynsey Gozna, *University of Nottingham* (lwxlfgo@nottingham.ac.uk)

The response of individuals, groups, and society following real or perceived victimization is documented throughout history and remains a contemporary global challenge. In society, the perspective an individual takes on a forgiveness-revenge continuum varies and influenced by a range of factors. In the context of the Criminal Justice System, responses to victimization are largely the remit of restorative justice and trauma recovery negating individuals who rationalize their own criminal actions as revenge. The understanding of revenge as a motive in serious offending has largely been the domain of policing and associated investigations, although in forensic mental health settings there is a greater need to consider patient-centred approaches to treatment, risk assessment, and public protection. This paper will discuss the patterns, motivations and mindsets of revenge oriented male patients receiving care at a specialist medium secure forensic mental health unit. A qualitative approach of Grounded Theory was employed to maintain a patient-centred approach and to develop a focused theoretical understanding of revenge in the context of the forensic mental health. The findings of the research will be discussed in line with implications for multi-disciplinary clinical practice and the identification of tailored red flags for risk.

## **145. Outpatient Commitment: Ethics and Effectiveness**

### ***Involuntary outpatient commitment: the data and the controversy***

Marvin Swartz, *Duke University* ([marvin.swartz@duke.edu](mailto:marvin.swartz@duke.edu))

Mandating adherence to mental health treatment in the community is among the most contested human rights issues in mental health law. While most American jurisdictions have statutes nominally authorizing involuntary outpatient commitment – a legal order to adhere to prescribed treatment in the community – until recently few states made substantial use of these laws. With the enactment of assisted outpatient treatment in New York in 1999, in California in 2003, and in Florida, Michigan, and West Virginia in 2005, and the tragic deaths at Virginia Tech, Tucson, Connecticut and elsewhere, policy interest in this topic has dramatically increased. Outpatient commitment can best be understood in the context of a broad movement to apply available "leverage" to induce people with serious mental disorder to become engaged in treatment. This presentation will review the empirical literature on the effectiveness of the involuntary outpatient commitment in the US, alongside the heated controversies about its use. We will also review recent research in New York to evaluate the effectiveness and cost impact of Kendra's Law, the largest and most intensively operationalized such program in the US.

### ***Buying into RCTs of CTO: Caveat Emptor***

Richard O'Reilly, *Western University* ([roreilly@uwo.ca](mailto:roreilly@uwo.ca))

Ross Norman, *Western University* ([rnorman@uwo.ca](mailto:rnorman@uwo.ca))

Randomized control trials (RCTs) provide the highest level of experimental evidence for a therapeutic intervention. It is, however, difficult to randomize subjects to follow, or be exempt from, a jurisdiction's law. Three attempts have been made. In New York the legislature passed a law to permit such a RCT to take place at one hospital. In North Carolina the researchers convinced a group of judges to prohibit subjects randomized to the "no treatment" arm from being placed on a CTO for a period of one year. Finally, in the UK researchers randomized subjects to either discharge from hospital on a CTO or on a "less coercive" leave provision. None of these three studies demonstrated that placement on a CTO reduced hospitalization, which was the primary outcome. There are problems associated with each design that has been used. In all three studies clinicians made decisions that affected subjects' legal status during the trial. Most notably, UK clinicians placed 24% of subjects, randomized to the leave, on a CTO in breach of the study protocol. Conversely, the UK clinicians discharged 21% of subjects randomized to a CTO without a treatment order. The potential effects of these limitations will be examined in this session.

### ***The Bottom Line: Community compulsion does not improve patient outcomes***

Tom Burns, *Oxford University* (tom.burns@psych.ox.ac.uk)

Community compulsion has been available as a response to the move out of asylums for over thirty years. Early opposition stemmed from civil liberty and ethical concerns but more recently on whether it works or not. Over twenty studies have been published based on databases (controlled and uncontrolled before and after studies) of thousands of patients. These are subject to profound, but variable biases, and give contradictory results.

Random Controlled Trials (RCTs) are generally considered the strongest test of effect of an intervention (to establish causation as opposed to association). Only three have been conducted, two in the USA fifteen years ago and one (OCTET) recently in the UK. The bottom line is that all find the same: no significant effect in their stated principle outcome of reducing relapse and readmission in their 'revolving door' patients. Secondary outcome improvements have been equally elusive in the randomized samples.

The limitations of the studies will be reviewed but it is proposed that there is no real doubt about where the overall results point. This poses the question 'why does this evidence continue to be presented as 'mixed' or even 'supportive'?

### ***Outpatient commitment: the ethics of involuntary mental health treatment***

Candice Player, *University of Pennsylvania* (cplayer@law.upenn.edu)

Involuntary outpatient commitment statutes facilitate court ordered treatment for people with mental illnesses and a history of treatment noncompliance. Most outpatient commitment laws do not require a judicial determination of incompetence, nor do they require a criminal charge or a criminal conviction. As such, outpatient commitment statutes raise a longstanding question on the ethics of prevention—under what circumstances can we impose substantial restraints on individual liberty because we believe a person is likely to harm himself or others before he has actually done so? Supporters of outpatient commitment contend that these laws are morally justified since many people with mental illnesses lack insight into their illness, and this impaired insight puts them at risk of harming themselves or others. I argue that impaired insight fails to provide a principled distinction between people with mental illnesses and others who might also reject medical treatment. Competence not insight is the key. When our primary concern is one of self-regarding harm, a court order to participate in outpatient treatment may be appropriate, but only for people with mental illnesses who are unable to make competent treatment decisions on their own. At times, however, we will also worry that a decision to refuse outpatient treatment could not only result in harm to oneself, but harm to others. When our primary concern is one of other-regarding harm, a court order to participate in outpatient treatment may be appropriate, but only for people with mental illnesses who are either unlikely to appreciate the wrongfulness of their conduct or lack the capacity to conform their conduct to the requirements of the law.

### ***A systematic review of qualitative research on community treatment orders***

Deborah Corring, *Western University* ([deb.corring@rogers.com](mailto:deb.corring@rogers.com))

Richard O'Reilly, *Western University* ([roreilly@uwo.ca](mailto:roreilly@uwo.ca))

Published systematic reviews of quantitative research provide modest support for the effectiveness of community treatment orders (CTOs). However, the findings from three randomized control trials - the gold standard for quantitative research - of CTO have been the source of significant controversy. Randomized control trials are exceedingly difficult to design and implement when a legal statute is the intervention under study. Qualitative research provides a richer analysis of individuals' experience with an intervention. Here we report the findings of the first systematic review of qualitative research on CTOs.

Relevant databases (PsycINFO, Medline, EMBASE, CINAHL and grey literature were searched for studies on CTOs that contained a qualitative component. A large number of qualitative studies from a variety of countries were found. Studies where CTOs applied to patients from criminal justice courts rather than civil courts, and applied to patients with substance abuse alone were excluded. Studies were examined for their use of credibility/trustworthiness strategies such as triangulation. In contrast to the quantitative research, several consistent findings were noted for subjects of CTOs, for their family members and for clinicians, who work with patients on CTOs.

## **146. Paraphilia**

### ***Paraphilia in South African Criminal Case Law***

Philip Stevens, *University of Pretoria* ([Philip.stevens@up.ac.za](mailto:Philip.stevens@up.ac.za))

Pieter Carstens, *University of Pretoria* ([Pieter.carstens@up.ac.za](mailto:Pieter.carstens@up.ac.za))

Historically, the link between sexual deviance and criminality has been described and documented; asserted by psychiatry; and manifested in law. Laws which have regulated sexual behaviour have referred to terms such as ‘sexual deviation’, ‘sexual perversion’ or even archaic moral terms such as ‘unnatural acts and unspeakable crimes against nature.’ A possible link between sexual deviation/sexual perversion, psychopathy and criminality, specifically manifesting in serious or serial sexual homicide, has been the subject of remarkable research in forensic psychiatry/sexology. Ever since the publication of de Sade’s darkest masterpiece, *The 120 Days of Sodom*, that was described as an unsurpassed catalogue of sexual aberrations and the first systematic exploration of psychopathology of sex, the law, forensic psychiatry/sexology, the media and the public have been fascinated by the *psychopathia sexualis*. This paper examines the phenomenon of paraphilia with specific reference to its definition, diagnostic classification and characteristics, as well as a few selections of incidences of paraphilia in South African criminal case law. A brief assessment is made of how South African criminal courts have dealt with paraphilia. The interface between criminal law and medical ethics within the context of this theme will also be canvassed. In conclusion, recommendations for possible reform are canvassed.

### ***Sexual Offending and Paraphilias: A Meta-Analytic Evaluation of Treatment***

John Reece, *Australian College of Applied Psychology* ([john.reece@acap.edu.au](mailto:john.reece@acap.edu.au))

A meta-analysis was conducted to evaluate treatment outcome and methodological effects on adult male sexual offender recidivism from a sample of 54 treatment outcomes. In particular, the moderating effects of sexual offender type (e.g. paraphilic, violent, generic), treatment type, and methodological variables on recidivism data were investigated. Inclusion criteria required studies to have evaluated a treatment of any type using a single sample or controlled design. Each study had to report adequate recidivism data to measure treatment response. Cognitive and behavioural measures were included for descriptive purposes, but only recidivism data were included in the moderator analyses ( $k = 47$ ). Offender type and treatment type were found to significantly predict recidivism, but this became non-significant once odds ratio data from controlled designs were included. Recidivism data from single sample designs were moderated by more

methodological variables compared with recidivism data from controlled designs. Implications for sexual offender policy, treatment, and research will be discussed.

## ***Automatisms in Sleep: Complex Forensic Examples of Insane Automatisms***

Ian Morrison, *Ninewells Hospital, NHS Tayside, Dundee, UK* (ian\_m@doctors.org.uk)

The distinction between insane and non-insane automatisms is important for disposal in criminal cases. The majority of cases with sleep as a defence characterise these behaviours as non-insane automatisms. However, it is important to recognise that parasomnias like sleep-walking, confusional arousals and rapid eye movement behaviour disorder are not the exclusive cause of complex behaviours arising in the context of sleep. Other conditions, which may be treatable, may manifest in sleep or co-exist with parasomnias. These may be diagnostically challenging and not immediately evident following a short clinical or medico-legal assessment. Characterising these as non-insane automatisms may not be correct. This presentation will discuss a series of cases of complex behaviour around sleep that initially appeared to be parasomnia but were later identified as other diagnoses with a clear “internal” cause. The challenges faced by diagnosis will be discussed, and current clinical guidelines and evidence will also be reviewed.

## ***Standing at a Cross Road: When Mental Health Professionals Need to Speak Legalese in Court***

Inbar Cohen, *University of Haifa* (inbar0105@gmail.com)

This research is part of a larger research aimed to examine the reciprocal relations between the legal and the therapeutic discourses. The research is based on interviews conducted with therapists who testified as expert or lay witnesses in sexual assault criminal proceedings about a mental health related issue or a certain therapeutic process with a client. The need for the research rose due to the growing tendency to incorporate theoretical and clinical knowledge from social and behavioral science fields, using expert testimonies in criminal proceedings. Therefore, a growing number of therapists testify in court. The testimony in court can raise serious ethical dilemmas and often causes emotional distress. The research focused on the therapists’ personal experience of testifying in court, beginning in the preparations, continuing with the writing of the expert opinion, and finally, being interrogated in court. The majority of these experiences were mixed. The legal discourse was perceived as contradictory, even offensive, to the therapeutic discourse. Despite this, the legal proceedings were, at certain cases, perceived as complimentary to the therapeutic processes. Three main themes emerged: The gap between the interviewees’ **image** of court, as opposed to their actual experience; The differences/similarities between the legal and the therapeutic **language**; and the perception of the court hearings as a “**play**” and the lawyers and judges as “actors”. The next part of the research will use a legal viewpoint to

examine the therapeutic-legal tension, through interviewing defense attorneys and prosecutors who interrogated therapists as well as judges who ruled in these proceedings.

### ***Research on psychiatric patients without a criminal record who have increased risk of hurting a third party - Experience from launching a study on pedophilia***

Christoffer Rahm, *Melbourne University* (christoffer.rahm@ki.se)

Background: The purpose of this study is to address the ethical and legal challenges associated with designing a study on treatment of pedophilia.

Material and methods: The study we analyzed is a combined RCT and longitudinal case control study that investigates the efficacy of the GnRH antagonist degarelix in reducing the risk of committing sexual child molestation in patients with pedophilic disorder and whether any biological markers of increased risk exist (Eudra-CT 2014-000647-32). It will take place in Stockholm, Sweden, 2015-2017.

Results and discussion: A number of ethical and legal challenges had to be addressed in the chosen study design. Most importantly, how to recruit and protect research participants vs. protecting third parties who may be at risk of abuse: what end points to choose, how to deal with research participants' safety and anonymity, and how to protect children at risk of abuse. The standard research ethical framework is not clear on how to handle this sort of conflicts as it primarily deals with protection of research subjects interests vs. the interests of the researchers.

Relevance: The study aims to contribute to establishing a research field on medical treatment of patients with an increased risk of hurting a third party.

### **147. Patterns behind Antisocial Aggression in Young Men in Sweden and in Canada**

#### ***Psychosocial Background and the Development of Early Aggressive Antisocial and Psychopathic Behaviour among Young Adult Violent Offenders***

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

This study aims to describe the criminal history and psychosocial background, including childhood adversities and psychopathic traits, of a cohort of imprisoned young adult (18-25 years) violent offenders (N = 270), and to determine covariates to an early development of aggressive antisocial behavior. Data on criminal history and psychosocial background, mental health problems, and psychopathic traits were collected by means of a structured interview

protocol, the Structured Clinical Interview guides for Axis I and II disorders (DSM-IV), the Psychopathy Checklist-Revised, and the Life History of Aggression during a clinical examination by a psychologist. The participants displayed a substantial history of previous criminality, both in early onset, diversity, and persistence. Twenty-six percent reported onset of criminality before or at age 10, and 15% demonstrated highly psychopathic traits. Childhood adversities, such as repeatedly having been exposed to violence at home or having a parent with substance or alcohol abuse problems, were common. Onset of criminality before or at age 10 was associated with childhood adversities of a violent nature, younger age at onset of externalizing problems (e.g., age at onset of substance use), repeated and diverse criminality, more psychopathic traits, cannabis misuse, antisocial personality disorder, and lower levels of general functioning

### ***Self-Harm and Suicidal Behaviour among Male Violent Offenders***

Natalie Pettersson, *Regional Forensic Psychiatric Clinic, Växjö, Sweden*  
(Natalie.pettersson@kronoberg.se)

Non-suicidal self-harm behavior distinguishes itself from suicidal behavior by the absence of intention to commit suicide. Previous studies have found both self-harm behavior and suicidal behavior to be more common in offender populations than in the general population. The prevalence of self-harm behavior is particularly high. Yet, the knowledge on lifetime self-harm and suicidal behavior among violent offenders is restricted. This study aims to investigate the prevalence of self-harm and suicidal behavior among young violent offenders, and to identify clinical, psychosocial, and criminological characteristics associated with such behavior. Data were collected from a nationally representative cohort of 270 imprisoned men, 18-25 years old, in Sweden. Participants participated in extensive interviews regarding psychosocial background, criminal history, mental disorders, and lifetime aggressive antisocial behaviors and psychopathic traits. Interviews included information on self-harm behavior. Forty-one (15%) had engaged in self-harm behavior over the lifetime, while 48 (18%) had engaged in suicidal behavior. Mean age at onset of self-harm behavior and suicidal behavior was 16 and 17 years, respectively. The results could be of interest for staff within forensic psychiatry that cares for offenders with self-harm or suicidal behavior. It also demonstrates the importance of considering this kind of behavior among offenders.

### ***Differences and Similarities between Young Imprisoned Swedish Men with General, Intimate, or Sexual Violence***

Anna-Kari Sjödin, *University of Gothenburg* (anna-kari.sjodin@neuro.gu.se)

**Background:** There is currently a contradictory knowledge state with regard to whether perpetrators with different types of violent criminality are characterized by similar profiles of

antisocial and aggressive traits. Some studies have pointed to a common trait of antisocial and aggressive behaviours characterizing all violent perpetrators, while others have argued for differences between perpetrators committing different types of violent criminality. **Aim:** The aim of the present study is to compare general violent perpetrators (GV), perpetrators of intimate partner violence (IPV) and sexual violent crime (SV) with regards to i) psychosocial background ii) clinical features iii) anti-social aggression, and iv) experiences of guilt). **Subjects and methods:** Data covering psycho-social background, clinical assessments, personality traits, neurocognitive functions, and risk assessments were retrieved from The Development of Aggressive Anti-social Behaviour study, DAABS. The DAABS project consists of 270 inmates convicted of violent/sexual crime, aged 18-25, serving a prison sentence during 2010-2012 in the western region of the Swedish Prison and Probation Services (SPPS). Based on the nature of the index crime, the subjects were divided into three groups: GV, IPV, and SV. **Expected results:** Although we expect to find patterns of differentiation between the groups the similarities of difficulties and disabilities are hypothesized to be considerable.

### ***The Attenuating Role of Character Maturity on Aggression and Criminal Behaviours: Findings from a Group of Young Swedish Males Imprisoned for Violent Criminality***

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

**Objective:** The aim of this study is to investigate whether character maturity is associated with amount of criminality, aggression, and psychopathic traits in young men imprisoned for violent criminality. **Subjects and method:** 270 Swedish young males sentenced to prison for violent and/or sexual criminality underwent a clinical examination. Data covering character maturity as measured by the Temperament and Character Inventory were used to divide offenders into low, medium, and high character maturity, and then compared for criminal history, Life History of Aggression (LHA), Aggression Questionnaire (AQ), and psychopathic traits (Psychopathy Check List – Revised (PCL-R)). **Results:** Character maturity were consistently associated with measures for criminality, aggressive behaviours, and psychopathic personality traits, such as that the group with the highest character maturity showed i) a later age at onset of criminality, ii) fewer prior violent criminal acts, iii) less LHA scale scores, iv) less scores on the AQ, and v) less PCL-R total scores. The association between character maturity and aggressive behaviours and psychopathic personality traits also remained when ADHD was controlled for. **Conclusion:** Character maturity appeared as a protective factor among young male criminal offenders associated with less criminality, and less aggressive and psychopathic patterns, suggesting that young criminal offenders would benefit from interventions aiming at enhancing character maturity.

### ***Remembering the September 2006 School Shooting and the ‘De Facto’ Intervention***

Alain Lesage, *Université de Montréal* (alesage@iusmm@sss.gouv.qc.ca)

On September 13, 2006, an armed individual burst into Dawson College, killing one person, wounding 19 others, and subsequently killing himself. It was the third tragedy of this kind to occur in Quebec. The speed with which the key players mobilized their respective resources proved to be critical in the delivery of psychological intervention. Excellent communication between the Montreal University Health Centre and Dawson College facilitated the planning and coordination of mental health services. As early as next morning, the crisis management team began to organize psychological support activities, including the assembly of resources required. The overriding message to Dawson employers was that they would be supported and supervised. The goal was to make the students' return to school as smooth as possible. The College was the main site for psychological support during the first two weeks after the shooting. At least one psychiatrist was available to handle matters involving medication and diagnoses. The local health and social services centre agreed to keep two responders at the College for six months. The majority of cases handled dealt with depression, anxiety, sleeping and eating disorders, and the inability to concentrate. Even after several months, troubled students continued to request psychological support at the College.

## **148. People with Vulnerabilities in Peril: Where You Would and Would Not Expect It**

### ***Disablist violence: an unacknowledged hate crime***

Jack Levin, *Northeastern University* (jlevin1049@aol.com)

Vicious attacks on people with disabilities are frequently overlooked, yet individuals with disabilities experience serious violence at a rate nearly twice that of the general population. Moreover, victims with disabilities may be reluctant to report attacks out of fear that their tormentors will retaliate. Or, they may have an intellectual deficit which interferes with their capacity to report a crime. Many attacks are committed for the thrill by groups of young people who, bored and idle, are looking for a little excitement. Such *thrill* hate attacks have few practical consequences. The offenders gain bragging rights with their friends and a sense of power and control. In addition, the perpetrators may view their offense as a justified act of self-defense. Such *defensive* hate attacks usually occur in response to some precipitating event--a learning disabled student who is mainstreamed into a regular classroom, the opening of a group home for mental patients in a residential neighborhood, or the like. Many people with disabilities are harmed much more by the way they are treated by others than by their intellectual, psychiatric, or physical disadvantage. Unfortunately, this fact has been widely ignored.

## ***The impact of public policy on hate crimes against people with disabilities***

Gordana Rabrenovic, *Northeastern University* (g.rabrenovic@neu.edu)

Hate Crimes are like a canary in the mine shaft: they expose potential weaknesses and fractures in a society that if not addressed can lead to ever greater victimization and also severe societal wide consequences. When perpetrators choose their victims, they typically take clues from the wider society: who are the vulnerable groups, how are they perceived by the political, economic and social institutions, what type of protection they may receive from the political, legal and social system? In this paper I will address how negative views of people with disabilities that are currently perpetuated by the media and how some political leaders give perpetrators justification for attacks. I will address problems and challenges that we face as we try to respond to hate crimes. I will finish by discussing strategies that we use to eliminate them.

## ***Discriminating at the Border: Mental Health-Based Immigration Restrictions***

Wendy Parmet, *Northeastern University* (w.parmet@neu.edu)

Although Article 18 of the International Convention on the Rights of Persons with Disabilities declares that persons with disabilities have “the right to acquire and change a nationality,” many nations continue the long-standing practice of barring entry to would-be immigrants who are suspected of having a range of emotional and cognitive impairments. This paper examines these exclusions, as well as the screening systems that are used to detect excludable conditions. Focusing in particular on the laws and practices in the United States, Canada, and Australia, three countries with large immigrant populations, the paper analyzes the justifications that are offered in support of such exclusions, including nations’ right to control migration and the economic burden that migrants with such disabilities supposedly place on the health and welfare systems of receiving countries. The paper then offers legal and ethical arguments grounded in norms against discrimination, public health’s population perspective, and solidarity for discontinuing the practice of discriminating against persons with mental and emotional impairments at the border.

## ***Forensic Psychiatrists in the Immigration Context***

Maya Prabhu, *Yale University* (maya.prabhu@yale.edu)

The need for forensic psychiatrists in refugee and asylum cases has been growing. The United Nations High Commissioner for Refugees reports a record number of displaced persons, as a

result of new and unresolved conflict throughout the world. Mental health professionals are increasingly called upon to participate in assessments, consultations and training. This presentation will consider the complexities of domestic and international refugee law and requirements and the role for forensic evaluators, based on the presenter's experience with the Yale Law and Psychiatry Program as well as the Iraqi Refugees Assistance Project. The presentation will provide an overview of various models of legal and psychiatric collaborations and consider cross-cultural, ethical and diagnostic challenges.

## **149. Personal, Organizational and Systemic Perspectives on Appraisals of Injustice Following Injury**

### ***Perceived Injustice Contributes to Poor Rehabilitation Outcomes in Individuals Who Have Sustained Whiplash Injuries***

Michael Sullivan, *McGill University* (michael.sullivan@mcgill.ca)

The experience of unnecessary suffering as a result of another's actions, or the experience of irreparable losses are likely to give rise to perceptions of injustice. Until recently, little systematic research had been conducted on the effects of perceptions of injustice on recovery outcomes following injury. It is now becoming clear that justice-related appraisals can have a dramatic impact on the physical and emotional consequences of injury. High levels of perceived injustice have been associated with more severe pain, more severe emotional distress, and more pronounced disability. Research has also pointed to multiple sources of a client's perceptions of injustice including, the person responsible for the accident, the insurance representative, as well as the health care provider. This presentation will summarize what is currently known about the relation between perceived injustice and recovery outcomes. The presentation will also address the processes by which perceptions of injustice might contribute to adverse health and mental health outcomes consequent to injury. Implications for intervention will be discussed.

### ***Perceived Injustice as a Cognitive Factor in Personal Injury Litigation and Compensation Claims***

George Mendelson, *Monash University* (george.mendelson@monash.edu)

Perceived injustice has been shown to predict more severe and more persistent pain following injury, as well as more severe emotional distress and more pronounced disability that appears disproportionate to the objectively demonstrable organic abnormalities. In the setting of personal injury litigation and claims for workers' compensation perceived injustice appears to be a significant contributing factor to pain and work disability in situations where the plaintiff not only attributes blame for the injury to the tortfeasor, but also harbours a sense of grievance and

resentment over the way in which the tortfeasor, employer or insurance company had dealt with the initial complaint or had managed the claim. This can be associated with chronic embitterment, which similarly leads to the entrenchment of the individual in the role of an injured and disabled person. This presentation will discuss perceived injury and chronic embitterment as manifested by personal injury litigants, using illustrative case examples.

## ***The Relation between Perceived Injustice and Recovery Outcomes: The Role of Anger***

Whitney Scott, *King's College London* (whitney.scott@kcl.ac.uk)

Discourses of justice and injustice appear inherent to the experience of pain. The experience of undeserved suffering or of multiple losses (e.g., loss of function, financial security, identity, etc.) might give rise to perceptions of injustice among individuals with chronic pain. This presentation will summarize the results of recent research showing that blame attributions and anger responses might mediate the relation between perceptions of injustice and problematic recovery in individuals with persistent pain conditions. It will be argued that blame attributions and anger reactions trigger a cascade of psychological and physiological processes that impede recovery from debilitating injury. The presentation will also examine why perceptions of injustice appear more resistant to change compared to other pain-related psychosocial risk factors. New avenues for intervention will be described.

## ***An Approach to Targeting Perceptions of Injustice in Individuals with Pain-Related Disability***

Heather Adams, *McGill University Health Centre, Montreal, Canada*  
([heather@PGAPworks.com](mailto:heather@PGAPworks.com))

Numerous investigations have shown that high levels of perceived injustice contribute to delayed recovery following injury or surgery. A relation between perceived injustice and prolonged disability has been reported in individuals who have sustained work-place injuries, whiplash injuries and in individuals recovering from lower limb orthopaedic surgery. Although a consistent relation has been observed between perceived injustice and adverse recovery outcomes, to date, little research has been conducted on intervention techniques designed to reduce perceptions of injustice. This presentation will describe an intervention approach that was specifically designed to reduce perceptions of injustice in injured workers. The first part of the presentation will focus on the techniques used to target perceptions of injustice. These include interpersonal and cognitive behavioral techniques such as guided disclosure, validation, thought monitoring, and emotional problem-solving. Video depictions will be used to demonstrate the use these techniques. The second part of the presentation will describe the preliminary results of a study examining the effectiveness of these injustice-targeted techniques for reducing

perceptions of injustice in individuals receiving rehabilitation treatment for musculoskeletal injury. The implications of these findings for the adjudication and management of work-disability will be addressed.

## **150. Person-Centered Care: Working with Aboriginals, Marginalised and Other Invisible Human Souls in a Western Country**

Alison Abdool, *Homewood Health Centre, Guelph, Canada* ([AAbdool@homewoodhealth.com](mailto:AAbdool@homewoodhealth.com))  
- Moderator

## ***To Nourish is to Flourish: A Holistic Approach to Prevention of Metabolic Syndrome in Clients with First Episode Psychosis***

Jacqueline Duncan, *Centre for Mental Health and Addiction, Toronto, Canada*  
([jduncan@waypointcentre.ca](mailto:jduncan@waypointcentre.ca))

Metabolic Syndrome occurs in 30 % of the population of the Western world, posing countless problems in terms of health care costs and quality of life. Clients with mental illness are at double the risk, incidence rising to 66%. The addition of psychotropic medications brings this figure to 70%. Thus it is imperative that lifestyle change be introduced early for clients diagnosed with early psychosis. I will describe a holistic approach designed and fostered by and with clients which embraces principles of acceptance of the diagnosis and commitment to wellness, utilizing interventions including stress reduction, sleep ritual, spiritual strategies, addiction management, ways of becoming active while having fun, and integration of knowledge and strategies to improve food choices.

## ***Is Autonomy a Prerequisite of Patient-Centered Psychiatry?***

Louise Campbell, *National University of Ireland* ([louise.campbell@nuigalway.ie](mailto:louise.campbell@nuigalway.ie))

In recent years, the discussion of the role of the patient in clinical decision-making has shifted from an emphasis on patient autonomy to a focus on patient-centered care. Broadly speaking, patient-centered care is care which is responsive to patients' individual values, preferences and needs and which promotes patient empowerment and participation in decision-making. Despite its prevalence, however, this conception of patient-centeredness is not well defined, in somatic medicine or in psychiatry. The aim of this paper is to examine the implications of the concept of patient-centeredness for the practice of psychiatry, which has traditionally been marked by the tension between providing treatment which is the best interests of the patient and promoting his

or her autonomy. Central to this enquiry is the question of whether an explicit focus on the patient's values, preferences and capabilities in psychiatric decision-making is ultimately subject to the same limitations as the mandate to respect patient autonomy in psychiatry, namely, a concession to the justifiability of paternalistic intervention when the patient's values are deemed to be distorted by illness.

### ***Do We Really Practice 'Patient-Centered' Care in Today's Pluralistic Society?***

Laurie Nevin, *Prevention and Early Intervention Program for Psychoses, London, Canada*  
(louise.campbell@nuigalway.ie)

I would like to bring to the discussion my personal insight resulting from psychiatric care since 1988 and my more recent professional involvement within mental health services since 2010. Currently, I assist individuals which have experienced first episode psychosis. My role as an employment counsellor goes beyond job search as I bring life coaching and ministerial counselling into the relationships. It is more than apparent that these individuals require empowerment from a holistic approach. Just to feel 'heard' and valued is an unspoken request by clients, which I take very seriously. True healing cannot come from an ego-approach where I think I'm 'fixing' someone. I believe every encounter is holy and for the purpose of mutual healing. Mental illness is a physical (chemical) imbalance in the brain. As whole beings we require mental and spiritual care to treat all physical conditions. Mind is the cause and body is the effect, therefore physical remedies are only addressing the effects not cause. I personally believe that without spiritual integration and holistic care into one's treatment or daily regimen, a person's mind cannot experience true healing.

### ***Including Police in Selected CTOs Allows for Collaborative Treatment and 'Diversion' from Criminal Justice System and Novel Outcomes***

Laurie Wells, *Waypoint Centre for Mental Health Care Penetanguishene, Canada*  
(lwells@waypointcentre.ca)

CTOs have been in use in Ontario since 2000. Significant research provincially and internationally points to questionable benefits from the use of CTOs. Court Diversion process similarly are struggling to implement strategies that address the inherent problems and to actually secure appropriate mental health services without invoking the usual criminal justice control of trial and/or incarceration. Many Mental Health strategies are looking to find best practices that promote community based care and avoid cycles of deterioration and hospitalization. For people living with more severe and persistent mental illness, the Police are often the source of first and repetitive contact prior to involvement with the mental health system. Working with a hospital linked Community Support Team, since 2007, specific treatment plans were developed using CTOs in collaboration with local police. This has allowed

for community treatment, sustained and improved mental health and improved attainment of personal goals, significant reduction of police involvement, non- return to hospital and end of criminal justice involvement. Moreover, many participants have developed supportive and collaborative relationships with police, even after the CTO's have ended.

## **151. Physicians and the Holocaust**

### ***Death Sentence Per Reporting Form***

Werner Platz, *Vivantes Forensic Psychiatry, Berlin, Germany* ([werner.platz@vivantes.de](mailto:werner.platz@vivantes.de))

In the years 1940-41, more than 70.000 people, adults and children, were murdered, most of whom located in institutional care. The victims were detected by reporting form, "inspected" and placed in one of six specifically furnished killing centers. Patient murder was top secret as so-called "T4" action, named after the organization's headquarters in Tiergartenstrasse 4 in Berlin. Medical normality was pretended up to establishing a series of shell companies as well as their economic self-sufficiency. Initially the mass murder carried out by gas in a process to the shower dummies in gas chambers, that have been proven model for the so-called "Final Solution of the Jewish Question". As "legitimacy" for murder of the mentally ill, the Nazi propagandists referred to a "Führer's" decree. At the beginning of the 90s, more than 150 medical records have been worked through, in connection therewith interrogation transcripts from the offenders were published for the first time.

### ***The Expulsion of Jewish Physicians and the Public Reaction in Post-War Germany***

Roman Skoblo, *IfLb Institut für Laboratoriumsmedizin, Berlin, Germany* ([r.skoblo@iflb.de](mailto:r.skoblo@iflb.de))

The law that removed more than 2,000 Jewish physicians from their posts within the Berlin Medical Association and was named "Law for the Restoration of the Professional Civil Service" (Berufsbeamtengesetz) was installed on the 7th of April 1933. This presentation describes the dynamics of the removal of Jewish physicians that led to "Jews-free medicine" within 4 years. The education of young NS-physicians in Alt Rehse is presented and the lack of awareness in post-war German medicine. The initiative that led to a condemnation of those events is presented, the obstacles and the successes of our initiative "The Gutshaus Alt Rehse" as well as the project that may result in a special place of "New Bioethics of the 21st century", installed at the former place of the "Leadership School of German Medicine (Reichsärztführerschule) in Alt Rehse. Impacts of those who were taught in this Leadership School of German Medicine in the post-war Germany, the denial of the fascist actions in which physicians, nurses and clergymen etc. were active part of murdering about 400,000 young people within the time 1933 – 1945. Furthermore, inertness and lethargy in most of today's German physicians, i.e. the ignorance of developments in post-war Germany concerning the present NS-Medicine comprehension.

***Physician Know Thyself to Help and Heal: From the (1939-1945) Shoah's Times of Catastrophe and Great Moral Hazard to Today's (2015) Ethical Challenges to Clinicians***

Harold Bursztajn, *Harvard Medical School* ([hbursztajn@hms.harvard.edu](mailto:hbursztajn@hms.harvard.edu))

Medical education needs to address how physicians and other health care workers do their best in times of great moral hazard, community catastrophe, and faced with tragic choices and decision making under conditions of uncertainty. This includes an awareness of one's own autobiography, including remembering one's own original motivations for the practice of medicine. Dr. Bursztajn will illustrate this process by way of referring to how he continues to be influenced by what he learned as a child in post World War II Poland about his parent's experiences with health care during the Shoah, and the transgenerational transmission of both trauma and resilience. Dr. Bursztajn will explore how his growing awareness of the need for social justice in health care emerged when, at the age of 9, he immigrated with his parents to a then impoverished industrial town, Paterson, New Jersey, and how it translated to his student days in medical school as when he served as a member of the admissions committee advocating for access for the socioeconomically disadvantaged. He will illustrate how deepening autobiographical awareness is fundamental to his own career-long continuing medical education and mentoring as it continues today in clinical and forensic neuropsychiatry, psychoanalysis and the ethical conflicts which have emerged in the context of medical progress in areas as diverse as genetics and geriatrics.

***Medical Doctors in Austria 1938-1945: Deprivation of Rights, Expulsion, Murder***

Barbara Sauer, *University of Vienna* ([barbara.sauer@univie.ac.at](mailto:barbara.sauer@univie.ac.at))

National Socialism assigned doctors the task of 'health leaders' and 'nurturers of national health'. So 'Jews' and political dissidents were to be removed from the health system. Initial measures to 'purge' the healthcare system were taken immediately after the annexation of Austria to the Third Reich in March 1938. An ongoing research project at the University of Vienna deals with the Nazi-persecution of physicians in Austria. Its aim is a comprehensive historical survey of the deprivation of rights and persecution of medical doctors during the National Socialist era. As part of the project, the legal basis for the discriminatory measures taken against doctors is researched, for example, the withdrawal of medical licences, de-registration from the medical board, and dismissal from hospital employment. Every doctor discriminated against and persecuted between 1938 and 1945 on 'racial' or political grounds, or on account of their sexual orientation, is documented and their individual fates reconstructed.

The focus will be on both the career path of those affected as well as what happened to them after March 1938.

Andreas Erfurth, *University of Vienna* ([andreas.erfurth@wienkav.at](mailto:andreas.erfurth@wienkav.at)) – Discussant

## 152. Psychology of Financial Crimes (II)

### *Psychiatric Evidence in Tax Litigation*

William Cohan, *William A. Cohan P.C., Rancho Santa Fe, USA* ([bill@williamcohan.com](mailto:bill@williamcohan.com))

**Taxes:** KING HENRY: Taxation! Wherein? And what taxation? My Lord Cardinal, You that are blamed for it alike with us, know you of this taxation? Shakespeare, Henry VIII.

**Psychiatry:** “In madness, of whatever nature, we must recognize on the one hand the negative liberty of a Word which has given up trying to make itself recognized, or what we call an obstacle to transference, and, on the other hand, we must recognize the singular formation of a delusion which -- fabulous, fantastic or cosmological; interpretative, revindicating, or idealist -- objectifies the subject in a Language without dialectic.” The author focused on psychosis in its relationship with the patient’s entire biography and intentions, avowed or not, arising from her delusion in its relationships with her personality and her ideals.

**Law:** In 1997, a federal appeals court permitted expert opinion testimony concerning a defendant’s mental state to determine criminal intent in a tax prosecution. This article discusses case law, statutes, expert opinion and scientific evidence which determine the outcome of criminal and civil tax prosecutions in the United States, including techniques available to defense counsel to prepare and deliver successful trial and appellate presentations.

### *Gadamerian Perspective on Financial Crimes*

Michel Dion, *Université de Sherbrooke* ([Michel.dion@usherbrooke.ca](mailto:Michel.dion@usherbrooke.ca))

Hans-Georg Gadamer’s philosophy will be used to explain how corporate moral discourse about financial crimes is closely linked to the process of understanding. Corporate moral discourse of thirty-one (31) business corporations will be analyzed, as it is conveyed within their corporate codes of ethics. The companies came from six countries (USA, Canada, France, Switzerland, Brazil, and Germany). The following industries were represented (at least two companies by industry): construction, aircrafts/trains, military, recreational vehicles, tires, soft drinks, coffee, cigarettes, pharmaceuticals, beauty products, and banks. Most of the time, the following financial crimes were described within corporate codes of ethics: corruption (including bribery), fraud, insider trading, antitrust and money laundering. The paper unveils how corporate moral discourse about financial crimes is written in such way that it could provoke prejudices against

the organization. It describes the main strategies which are underlying corporate moral discourses. More specifically, the paper focuses on three basic topics: the main prejudices about decision-makers (as interpreters), the anticipation of perfection as being linked to the readers of organizational life, and the main challenges of interpretation for business corporations.

### ***Statutory Compensation for Investments Transferred without Mental Capacity***

Carl S. Bjerre, *University of Oregon* (cbjerre@uoregon.edu)

Private law regularly protects persons who lack mental capacity from the effects of their business transactions. Thus, such persons' property transfers are reversible (just as their wills are invalid and their contracts voidable). However, private law also regularly fosters the rapid and reliable transferability of stocks, bonds and other investment securities from person to person. Together, these two legal regularities conflict when a person lacking mental capacity transfers securities and then seeks compensation from the company that issued them (the "issuer").

The United States statutes on this topic formerly denied such a person any compensation from the issuer, but recent revisions have inadvertently reversed that statutory result or at a minimum have made it ambiguous. The statutory revisers must have misunderstood the original statute (quite surprisingly, as they were experts in securities law and the original statute was consonant with other rules in the securities field). Daniel Kahneman's and others' insights about expert cognition may be used to explain how the highly salient fact of mental incapacity disrupted the revisers' true expertise, creating an overconfidence situation and thereby causing this striking but ultimately salutary mistake.

### ***A Psychological Unit to Avert Entrepreneurs Relocation in Insolvencies Procedures to a Better World***

Marc Binnié, *Associate Clerk at the Commercial Court of the City of Saintes, France* (mbinnie@tcsaintes.com)

Jean-Luc Douillard, *Clinical Psychologist, Charente Maritime, France* ([j.douillard@ch-saintonge.fr](mailto:j.douillard@ch-saintonge.fr))

In small firms facing insolvency procedures, the ensuing difficulties have often a direct impact on business owners' psychological health. During court hearings, judges, liquidators and court clerks are increasingly witness to scenes of mental breakdown, involving fits of crying, stress, despair, and even clearly articulated suicidal ideas. Such a psychological condition is not conducive to legal explanations. The Commercial Court of the city of Saintes, without departing from its primary mission, in collaboration with a suicide prevention society set up a suicide prevention device, especially dedicated to business owners in insolvencies procedures. All bankruptcy procedure practitioners have got appropriate training and are now able, if necessary,

to discuss the personal psychological business owner's situation and if noticing psychological distress at hearings or during a conversation, to immediately complete an alerting file and send it to the unit's coordinator.

## **153. Psychology of Financial Crimes (I)**

### ***Psychology of Fraud: Cognitive Contributions***

Stacey Wood, *Scripps College* (swood@scrippscollege.edu)

This presentation will address cognitive factors that result in susceptibility to financial crimes including financial literacy, numeracy, and deliberative reasoning. Financial literacy has been found to be a strong predictor of retirement savings, FICO scores, and savings accounts. Perhaps more importantly, financial literacy has been found to be a strong predictor of debt and vulnerability to predatory lending. Individuals low in numeracy, or literacy for numbers, tend to be more likely to employ heuristics such as loss aversion, sunk costs, and confirmatory bias in the financial decision making. Dual process models of decision making explain that decision making can be deliberative and analytical or emotional and impulsive. In general, investment schemers tend to employ techniques to engage more emotional or impulsive decision making. Factors that increase the likelihood of impulsive decision-making versus deliberative decision-making will be discussed (appeal to emotional needs, time pressure, cognitive impairment). Case studies with an emphasis on elder financial exploitation will also be included.

### ***Situational and Personality Factors in Vulnerability to Financial Fraud***

Stephen Greenspan, *University of Colorado* (Stephen.greenspan@gmail.com)

A four factor causative model of human "foolishness" (risk-unaware behavior) is used to explain why competent as well as vulnerable adults are victimized by financial fraudsters. The focus is particularly on situational and personality factors, although the other two factors--cognition and state--are discussed as well. Using some actual case illustrations, implications for clinical assessment and intervention, as well as forensic practice, will be discussed. One of these case examples involved vulnerable elderly adults, while the other case example (the Madoff swindle) involved victims who were for the most part competent. In both cases, a critical explanatory factor was what Schiller termed a "social feedback loop," where victims took their cues from others, and failed to exercise autonomous judgment. Fiduciary institutions such as banks or regulatory agencies also failed in their responsibility to protect for similar reasons.

## ***Cognitive Limitations That Enable Deceptive Home Loan Sales Practices***

Jessica Choplin, *DePaul University* ([jchoplin@depaul.edu](mailto:jchoplin@depaul.edu))

Why did so many U.S. consumers enter into overpriced and unaffordable home loans when the economic terms of these loans were presented to them in federally required home loan disclosure forms? We argue that these home loan disclosure forms failed many consumers due in large part to: (i) pernicious practices that mortgage brokers and lenders commonly engage in when presenting the forms to the borrower (including saying “sign here” rather than “please carefully review this form” causing many consumers not to carefully read or to only skim over the form or only pointing out the positive features disclosed and ignoring the negative), (ii) the complicated nature of the home loan decision making process and the low level of financial literacy of many consumers (as evidenced in the results from a financial literacy test that we gave experiment participants), and (iii) certain cognitive phenomena we describe that impede rational decision making in this context.

## ***Creating Interactive Home Loan Disclosure Forms to Overcome Cognitive Limitations and Deceptive Sales Practices***

Debra Stark, *John Marshall Law School* ([7stark@jmls.edu](mailto:7stark@jmls.edu))

We propose that the current mandatory home loan disclosure forms in the U.S. be re-formatted to be “interactive” in nature to help overcome certain cognitive limitations of borrowers and certain commonly employed deceptive home loan sales practices by lenders. For example, to mitigate the harm when unscrupulous sales people say “sign here,” causing many borrowers not to carefully read or even look at the disclosure form, we recommend the development of interactive forms that require the borrower to first click onto links in the form that flash red or yellow over certain problematic loan terms before the borrower is able to sign the electronic form. To address the problem that many consumers do not know which disclosed loan terms are problematic and why, the links would provide explanations and emphasize the importance of shopping around for a loan with better terms. In particular, we are focused on terms that cause a loan to be “overpriced” or contain risky features increasing the chances the borrower will default on the loan. Dr. Choplin and I plan to run experiments to test the concept and create interactive features that effectively address the barriers to wise home loan decisions previously demonstrated.

## **154. Psychopharmacology: Appropriate and Inappropriate Promotion and Application**

### ***Canadian Patent Litigation of Psychiatric Pharmaceuticals***

Claudette van Zyl, *McGill University* (Claudette.vanzyl@mail.mcgill.ca)

Advances in pharmaceuticals have led to dramatically improved standards of care for patients with mental illness. Pharmaceutical innovation, however, is not influenced solely by medical need – it is also largely shaped by the intellectual property landscape of the countries in which innovation and sales take place. The academic literature is rich with abstract theory attempting to explain the relationship between intellectual property policy and innovation. Pragmatically, however, relatively little is known about the intellectual property considerations (for example, legal requirements of novelty, utility, and non-obviousness) that most frequently pose problems for brand name or generic pharmaceutical companies. By showcasing a legal landscape of Canadian case law between the years 2000 and 2014 surrounding patent litigation, with a focus on those patents protecting medications treating mental illness, this presentation aims to shed light on this issue. Canada is chosen as a case study as its patent system is frequently used as an exemplar by international intellectual property organizations to other countries. Following a brief review of Canada's intellectual property regime governing patents, this presentation will examine trends in patent litigation over time and in relation to other pharmaceuticals and industries, highlighting the intellectual property considerations most pertinent to mental health practitioners.

### ***Off-Label Drug Use: Prescribing, Promoting and Understanding in an Uncertain Environment***

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

The off-label use of drugs raises questions about the desirability of innovation in conditions of uncertain knowledge and lack of patient awareness of their own risks. Doctors who prescribe drugs for uses not approved by the regulator may themselves be unaware of the risks and may also be subject to limitations in the ability to obtain better information on the safety profile of such products.

Recommendations to improved patient safety and a high standard of physician prescribing need to be viewed in the possibility of therapeutic effects, the need for innovation, and the opportunity to assess products on a wide population. These factors need to be assessed in relation to the need for informed patient participation in decision-making, an established acceptable risk-benefit profile that would meet the standard of care for physician prescribing, the availability of accessible sources of information to support physician prescribing decisions, and level of regulation of companies' promotional activities of companies, and its potential to undermine the legal requirement of disclosure of product risks.

This paper examines these factors in relation to changes taking place in the oversight of such off-label uses, and proposes further changes. Integration of such reform efforts needs to take account of the range of possibilities in the area of consumer protection, professional regulation, advertising limitations, informed decision-making law, negligence law, and adverse effects reporting, in addition to food and drug regulatory mechanisms. A broad-based effort is necessary to achieve an optimum result for safety, health protection of vulnerable populations, and achievement of professional prescribing standards.

## ***Selecting an Anti-Impulsive Aggressive Agent***

Alan Felthous, *Saint Louis University* ([felthous@slu.edu](mailto:felthous@slu.edu))

Impulsive aggression is now recognized as one of two types of intermittent explosive disorder in DSM-5: High frequency/low intensity; and low frequency/high intensity subtypes respectively. Most algorithms for the pharmacotherapy of clinical aggression do not specify impulsive aggressive apart from other types of aggression and little attention is given to the quality of AIAA drug trials. An algorithm has been developed that takes into account the quality of drug trials that demonstrate efficacy in the treatment of primary impulsive aggression, that is, impulsive aggression that is not secondary to another disorder such as bipolar disorder. Consideration is also given to differential research support for the treatment of the two subtypes of intermittent explosive disorder. Those AIAs with demonstrated efficacy by repeated drug trials of sufficient quality are fluoxetine, lithium, phenytoin, valproate/divalproex, and carbamazepine/oxcarbazepine. With the realization that no drug is FDA approved for the treatment of impulsive aggression, this discussion will address the most promising selection from these candidates for individual patients and the selection of an alternative AIAA if the first fails.

Larry Tancredi, *New York University* – Discussant

## **155. Police and Mental Health Training**

### ***Law Enforcement Contacts with the Mentally Ill***

Julia Sherwin, *Haddad & Sherwin* ([haddad.sherwin@sbcglobal.net](mailto:haddad.sherwin@sbcglobal.net))

According to the United States National Institutes of Health, 25% of adults in the United States have one or more diagnosable mental disorders. The United States Department of Justice reports that 64.2% of the local jail population in the United States has had at least one mental health problem within the last 12 months. Only 12% of people with a diagnosable mental disorder are receiving “minimally adequate treatment” for their disorder(s).

Accordingly, law enforcement officers have contact with the mentally ill on a daily basis. For example, in May 2010, the San Francisco, California, Police Department reported that officers have, on average, 3.5 contacts with mentally ill people during a typical shift, and about 10% of all police time is spent on contacts with seriously mentally ill people.

Unfortunately, these contacts all too often result in the death of, or serious injury to, the mentally ill person. Generally accepted police practices require that officers use special tactics when contacting mentally ill people, tactics which enhance officer safety and community safety. This presentation will discuss best practices for law enforcement contacts with the mentally ill, which protect the rights and safety of the mentally ill person, the officer, and the general public.

## ***Police Education and Mental Health – A Problem for the Democratic Policing Model?***

Colin Rogers, *University of South Wales* (colin.rogers@southwales.ac.uk)

The so-called ‘democratic policing model’ utilised in most developed countries across the world encourages participation from all within communities to engage in a decision making process, which ensure all people are represented and receive the service they deserve. In support of this concept, there is an assumption that the police receive much education and training which would allow them to appreciate the difficulties experienced by such people and the importance of interacting with individuals suffering from mental health problems. Indeed in the UK successive government policies such as ‘Care in the Community’, has increased the number of contacts police have with such individuals on a daily basis.

However, the idea of the democratic policing model may be undermined due in part to the lack of training received and understanding displayed by police officers to those people suffering from mental health. Utilising examples from England and Wales, this presentation will discuss such issues, the impact for the police organisation and also for individuals who may not have a voice in the way they are policed.

## ***A Framework for the Comprehensive Preparation of Police Personnel for Interactions with Persons with Mental Health Issues***

Terry Coleman, *Mental Health Commission of Canada* (colemantg@shaw.ca)

It is increasingly apparent that interactions between police and people with mental illnesses constitute an ongoing challenge for police agencies. Canadian police organizations appear to be delivering learning that provides a reasonable foundation for successful interactions between police personnel and people with mental illnesses; however, there are still notable gaps. Most commonly these are the inclusion of people with mental illnesses in the development and delivery of police learning curricula. Research supports the value of such inclusion in order to change attitudes of all parties and therefore, change behaviours. In response, the Mental Health Commission (MHCC), developed the literature-based TEMPO framework, aimed to provide sufficient education for police personnel, not only so that they might recognize and understand mental illness, but also so that they might respond appropriately and empathically, employ de-escalation techniques as necessary, avoid use of force whenever possible, and attempt to connect people with mental illnesses with community agencies and services. With a particular emphasis on education and training, this presentation will showcase key recommendations from the 2014 study featuring the TEMPO framework, a National “standard,” developed by the MHCC to better prepare Canadian police personnel for contact with persons with a mental illness.

## ***Improving Police Response to People with Mental Health Issues: Lessons from Developments in Police Accountability in the US***

Samuel Walker, *University of Nebraska at Omaha* ([samwalker@unomaha.edu](mailto:samwalker@unomaha.edu))

Recent police accountability developments in the U.S. provide a basis for improved police response to people with mental health issues. Current best practices include a written policy specifying appropriate actions in incidents, policies that deemphasize the use of force, specialized training for mental health-related incidents, and partnerships with mental health service providers. An important new accountability development involves independent citizen review of departmental performance to ensure that existing policies are being implemented as a matter of practice, and to recommend corrective action where problems exist. Another important accountability-related development, the early intervention system, represents a process for tracking the performance of individual officers in mental health-related incidents, identifying those who respond inappropriately, and providing the necessary corrective action.

## **156. Political Statements and Journal Responsibility: Transparency and Scientific Integrity in Medical Publications**

David Rothman, *Columbia University* ([djr5@columbia.edu](mailto:djr5@columbia.edu)) – Moderator

## ***Editorial Ethics and Issues of Political Contention in Medicine***

Ian Freckelton, *University of Melbourne* ([i.freckelton@vicbar.com.au](mailto:i.freckelton@vicbar.com.au))

The heated controversies generated by The Lancet's coverage of events in Gaza raise issues about the proper parameters of publication of articles/editorials/opinion pieces about political issues by medical and medico-legal journals. By contrast with the concern expressed in the aftermath of the Lancet publication, an editorial about cluster munitions in the *Journal of Law and Medicine* prompted no expression of outrage or consternation. Important ethical questions about the role of the editor and of editorial policy arise when journals move away from the strictly clinical or legal and enter the political domain. Firstly, though, we must acknowledge that there is no bright line distinction between the political and the non-political, and that public health issues inevitably intrude into or overlap with the realm of politics. This is no reason for censorship to be exercised over scholarly work of this kind. However, experience from the past decade has shown that peer review and retraction policies have not proved effective mechanisms to guard against publication of material which is falsified, methodologically unsound, or generally of problematic quality. Too many authors have been prepared to put their own interests ahead of those of research subjects and integrity in research and scholarship. Such issues become even more complex when journals intrude into the political domain where of its nature people hold strong views that are unlikely to be homogeneous and where the temptation to blur the line

between opinion and scholarly analysis can be substantial. This is an area requiring sage decision-making by editors and the avoidance of journals being hijacked into collateral discourse or becoming the opportunity for proselytising of particular political positions. A resolution is to be found by the requirements of scholarliness, even-handedness and respectfulness of others' views, requirements which should be mandated and articulated by publicly accessible editorial guidelines.

### ***Political Statements and Journal Responsibility: The Case of Lancet***

Sheila Rothman, *Columbia University* ([smr4@columbia.edu](mailto:smr4@columbia.edu))

David Rothman, *Columbia University* ([djr5@columbia.edu](mailto:djr5@columbia.edu))

On July 12, 2014, Lancet published “An Open Letter for the People of Gaza,” authored by five physicians on behalf of 24 signatories. The Letter condemns Israel for its aggression in Gaza and the widespread “damage to civilian bodies by the indiscriminate use of targeted weaponry.” It asks colleagues “to denounce this Israeli aggression and “propaganda that justifies the creation of an emergency to masquerade a massacre.” The Letter sparked an intense controversy, which continues unabated. To critics, the Lancet was “hijacked in an anti-Israel campaign.” The charges were undocumented and one-sided and the letter should be retracted. Its authors had not disclosed their conflicts of interest and made no mention of the fact that hundreds of rockets were fired on Israeli civilian population centers from Gaza. To defenders, the Letter and accusations were fully justified: “Wars and...their grave consequences for health are appropriate subjects for discussion in medical journals.” The Lancet-appointed ombudsman conceded “shortcomings” but concluded that since “balance has been achieved by the publication of further letters from both sides,” no retraction was necessary and the matter was closed. In fact, the matter is anything but closed with ongoing charges (Horton should be dismissed) and counter-charges (“Hands Off Lancet”). But for all the intensity of the dispute, no one has addressed the question we will explore here: What standards and methods should be followed in evaluating political statements in correspondence submitted to medical journals? To answer this question, we examine in detail the methods and standards followed by two leading human rights organizations, Amnesty International and Human Rights Watch. Just as clinical societies have set forth protocols for evaluating scientific research findings, these two groups have set forth protocols for investigating and reporting on putative human rights violations. We describe their protocols and urge their adoption by medical journals and the International Committee of Medical Journal Editors. We conclude that the exacting standards that medical journals follow in evaluating scientific findings must be emulated in their evaluating contributions addressing politics and health.

### ***Ethical Limits to Biomedical Publications***

Christian Hervé, *Université Paris Descartes* ([christian.herve@parisdescartes.fr](mailto:christian.herve@parisdescartes.fr))

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Marie-France Mamzer, *Université Paris Descartes* (mariefrance.mamzer@gmail.com)

Out of the political implications of the recent editorial signed by editors (not scholars!) in the *Lancet* at the occasion of the Israeli-Palestinian conflict, one may ask if some ethical limits exist in biomedical publication. In other words, do some basic or fundamental research, or case reports, not have to be published for both security and/or political reasons? In a recent French book (not yet translated into English), professor Patrick Berche (head of the Institut Pasteur, Lille, France) stated that all viral and/or bacteriological data related to dangerous species should not be published, especially in open access sources, in order to prevent misuse by bio-terrorists. One of the authors (P.C.) was prevented from publishing extremely interesting bone lesions from an early 19<sup>th</sup> c. skeleton conserved in a Parisian museum because this "patient" was of Syrian origin and killed by the French Army (and its body stolen for centuries by scientists)... and curators feared the diplomatic problems between these two countries and had already suffered two bombing alerts directly related to this case.

In this communication, we will discuss the balance between a (fatal?) course to publication by scholars, and the special need of international interests, i.e. current research versus health politics.

Because the problem is directly related to the status of medicine itself, can medicine, which was nourished as philosophy in the past centuries by a direct inspiration of all other disciplines, get involved in other subjects? Indeed, since its origin, medicine has been erected as protective of human beings.

But when medicine leaves its disciplinary field, does it not become objectionable? And when medicine remains in its specific field, then is it legitimate to author such publications that might attract any kind of violence?

Even within its methodological limitations and objectives, should medical discipline publish everything? We're not sure at all. The main problem, as we see, is the status of the disciplines. This is more stressed by a global reflexion about the publications arising within an inter-disciplinary system. Do we - editor in chief, authors, editorial staff, etc. - have to think about the legitimacy of our articles prior to their publications? Humanities' competencies seem now to be necessarily associated to « classical » fundamental scientific advances that are the primordial object of articles.

Lastly, we insist on the fact that there is the concern with the role of biomedical journal editors: this role is not insignificant, in that they have full view of the selection, validation and eventual transformation of the articles. Are biomedical journal editors legitimate in such a matter, including economical data, in opposition to person representations and ethical problems: dignity, responsibility, and « common good » (« bien commun » according to Bergson)?

## **157. Practice Issues in Psychiatric/Psychological Injury and Law in Court**

### ***Weighing Evidence in Psychological Experts' Opinions***

Madelyn Milchman Simring, *Clinical Psychologist, Upper Montclair, USA*  
([madelyn@milchman.com](mailto:madelyn@milchman.com))

Best practices in psychological injury assessments insure good data but do not insure objective reasoning from data to conclusions. Expert opinions are based on multiple pieces of evidence. How should experts weigh each of them? The weights reflect the importance they give each. Scientific principles for weighing evidence are needed to reduce arbitrary decisions. This presentation argues that these principles can be derived from the concept of falsifiability. It analogizes the process of assessing the validity of an expert's opinion to assessing the validity of a scientific theory. It applies the principle of falsifiability to the internal and external validity of expert opinions. Since these concepts are generally nomothetically and statistically defined, they must be modified for qualitative idiographic data. The proposed modifications base internal validity on the weights given to consistencies, inconsistencies, and contradictions in case-specific evidence. They base external validity on the weights given to case-specific evidence that is consistent, inconsistent, or contradicts current scientific research. The schema operationalizes these categories with logical judgments, suggesting future research to quantify them. The schema is illustrated using a psychological injury case. The presentation concludes that a scientifically driven validity analysis can reduce the risk of idiosyncratic reasoning in expert opinions.

### ***In-House Medical Consultation: Assumptions, Data, Pit-Falls, Prediction, Assessment Tools and Suggestions for Improving Efficiency, Reliability and Validity of Disability Adjudications***

J. Tyler Carpenter, *In-House Medical Consultant – Commonwealth of Massachusetts, Boston, USA* (jtcarpenter30@hotmail.com)

For the well-trained In-House Medical Psychiatric/Psychological Consultant, the challenge of adjudicating disability cases poses a variety of interrelated questions of reliability, validity, and efficiency. What is essentially a civil-forensic process takes place in a context of evolving models of behavioral health, systems, data gathering, applied clinical science, policy and economics, and forensic reasoning that constitutes a predictive judgment. The data required, the data available, the constraints on assessment tools and psychometrics, as well as the time such frameworks allow, raise questions about the ways in which the consultant can simultaneously maximize the available evidence in ways that can also produce reliable, valid, and predictive adjudications. Systems in place both facilitate and offer the basis for possible efficiencies. This paper will lay out the framework and practice, some approaches to thinking about such factors as they apply to best practice assessments, as well as raise some questions about the ways in which contemporary practices may be improved.

### ***Psychology and Civil Law Practice and Organisation: A UK Perspective***

Hugh Koch, *Hugh Koch Associates, Cheltenham, UK* (hugh@hughkochassociates.co.uk)

Medicolegal processes and decision-making involves evidence evaluation, the understanding and reconciling of conflicting evidence. We conducted three pilot projects addressing the issue. In the first study, a group of seventy psychologist/psychiatrist experts were asked about their involvement in preparing joint opinions with colleagues. Results indicated difficulties arose in areas of pre-accident vulnerability/ symptoms, diagnosis, additional life events, and duration of index event-related symptoms/ prognosis. Conflict arose due to the absence of shared information and its differing interpretation, plus the personality and style of the experts. A variety of pointers emerged for process improvement, including the use of pre-discussion logical summaries, and examination of evidential unreliability. The second study looked at fifty experts in psychology/ psychiatry, and their views on the litigation process and the reliability of their evidence. Clinicians provided views on which aspects of their evidence were least reliable and produced greatest 'ranges of opinion'. Also, views were sought on identifying deceptive responding in claimants, clinical and legal challenges in chronic pain, and psychological factors in claimants testimony, including suggestibility and recall. The third study involved a survey of sixty-five personal injury claimants; it revealed which aspects of the litigation were the most stressful/ frustrating. Areas for improvement included lawyer services, expert services, timing and paperwork.

### ***Malingering and Somatic Symptom and Related Disorders in Adults over Age 65: Relevant Concepts or Not?***

Eileen Kohutis, *Private Practice, Livingston, USA* (eakohutis@gmail.com)

A major difference between Malingering and the Somatic Symptom and Related Disorders (formerly called the somatoform disorders) including Factitious Disorders is intention. While both categories involve the exaggeration of physical or psychological symptoms, intention differentiates them. In malingering the intention is for financial gain; in factitious disorders the intention is to assume the sick role. Adults over age 65 represent a growing segment of the population and this group has involvement with the legal system in both civil and criminal cases. Cognitive, emotional, and physical changes occur as we age. Yet, there has been little research that looks at whether the concepts of malingering and somatic symptom and related disorder are relevant for this population although they are important constructs in civil and criminal cases in adults under age 65 and in adolescents. This presentation will discuss malingering and some of the somatic symptom and related disorders in the assessment of the older adults and will consider if some factors associated with aging affects the performance of older adults on measures of malingering. It will also look at some of the current evaluation measures of malingering to ascertain their applicability with people over age 65.

### **158. Practitioner-Researcher Perspectives on the Application of Mental Health Legislation in the UK**

## ***Making Sense of Community Treatment Orders: The Service-User Experience***

Lee Marklew, *University of Leeds* (hcs712m@leeds.ac.uk)

Community Treatment Orders (CTOs) are now an increasingly common feature of mental health treatment in England and Wales. However, the use of CTOs remains contentious raising ethical questions about increased coercion and infringement of autonomy. Although compulsory community treatment is used in many countries, there is a lack of supportive evidence, which is often characterized by conflicting results and methodological limitations, which make it difficult to draw conclusions about the effectiveness of CTO use. The few qualitative studies that have been undertaken reveal wide variations in service-user experience and understanding. As a consequence researchers have repeatedly called for research that seeks to make sense of CTOs from a service-user perspective. This qualitative study uses Interpretative Phenomenological Analysis (IPA) to guide data collection and analysis. Ten active CTO service-users were recruited from an Assertive Outreach Team caseload with each participant agreeing to undertake one or two semi-structured interviews (18 interviews in all) with photo-journals and diaries used to support the narrative and help elicit responses. From the IPA data set, interpretation and analysis a conceptual model is proposed that may form the basis of recommended strategies to optimize the service-user experience of CTOs and guide clinicians towards more effective future interventions.

## ***How Do Approved Mental Health Professionals Make Decisions during Mental Health Act Assessments? Turning Principles into Practice***

Charlotte Scott, *University of Leeds* (ss12cas@leeds.ac.uk)

Mental Health Legislation in England and Wales was amended in 2007, leading to the introduction of a set of 'Guiding Principles' being written into the accompanying Code of Practice that should be taken into account when making decisions under the Act. These Principles promote anti-discriminatory and collaborative decision making between those involved in an assessment to consider the use of compulsory admission to hospital. An Approved Mental Health Professional (AMHP), often from a social work background, is tasked with making the decision to apply for an individual's detention under the Act after considering all least restrictive options. This paper presents preliminary findings from a PhD study that is a qualitative research project using ethnography and a range of other methods to explore how AMHPs make decisions during the context of a Mental Health Act assessment. It reflects upon the concept of the AMHP role as an 'oiler of wheels' versus guardian of rights and considers how and in what ways AMHP practice is underpinned by the value base set out in the Guiding Principles. This research is informed by Lipsky's (1980) ideas around professional discretion in enacting policy and statute in practice, and ethical models of decision making.

## ***Exploring the Roles and Experiences of Approved Mental Health Professionals***

Sarah Matthews, *The Open University* (sarah.matthews@open.ac.uk)

In England and Wales the Mental Health Act 2007 introduced the role of the Approved Mental Health Professional, a newly reconfigured role which, in addition to social work, opened up eligibility for undertaking this work to mental health nursing, occupational therapy and psychology. This reconfiguration highlights a growing Government held belief that tasks within mental health services can be undertaken by any professional regardless of background. Instigated in mental health services, integration of the professional workforce across health trusts and local social service authorities now underpins current health and social care services most recently encapsulated in the Care Act, 2014.

This paper shares some findings from a current doctoral research project which is exploring the practice and experiences of Approved Mental Health Professionals from their own perspective in order to understand what impact, if any, professional background has on work specifically here approved mental health practice, and how it is experienced. Based on Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), the research adopts an interpretive ontological stance. That is, it attempts to uncover the meaning and in turn ‘reality’ of current practitioners’ experiences and where these might converge or diverge according to professional background.

## ***Decisions on Risk and Mental Health Hospital Admission by Approved Mental Health Professionals***

Kevin Stone, *University of Bristol* (kevin.stone@bristol.ac.uk)

UK/England’s legal context for social work has, for some decades, mandated specially trained social workers to play a significant role in assessing people with mental health problems for compulsory detention. This role changed significantly in 2007, among other things allowing other professions, e.g Nurses, Occupational Therapists and Psychologists to similarly train for this role. Understanding how this role is currently being undertaken by ‘AMHPs’ (Approved Mental Health Professionals) is of interest to not just in the UK but the International mental health community. This paper will look at a primary research project examining this issue. Building on a framework created by Peay (2003) for interviewing mental health professionals, 20 AMHPs were interviewed about their decision making. A case study vignette methodology was deployed, using written and visual material, with ten nurse and social work AMHPs (n=20) recruited from differing locations in England between October 2013 and September 2014. The method used an identical vignette of a fictitious work scenario, after reading which participants were asked to report ‘what would you do next?’. The paper briefly reports on the research design and process, and then discusses the provisional findings, which elucidate the considerations and

perspectives the different professionals bring to their AMHP decision- making, e.g. as to whether they would wish to make an application for detention, and the factors which contribute towards that decision. The paper draws tentative conclusions as to differences in decision making within these contrasting professions.

### ***What Values Do Professionals Have? An Exploration of Values Held by Nursing and Social Work Professionals Entering AMHP Training***

Robert Goemans, *University of Lincoln* ([rgoemans@lincoln.ac.uk](mailto:rgoemans@lincoln.ac.uk))

Barbara Keogh, *Lincolnshire Partnership NHS Foundation* ([barbara.keogh@lpft.nhs.uk](mailto:barbara.keogh@lpft.nhs.uk))

In supporting a social perspective in mental health care, workers are encouraged to consider the concepts of recovery, values, and value based practice (VBP); despite repeated reference in government policies and academic textbooks, such concepts, however, remain poorly defined. Within the context of VBP and recovery paradigms, we explore, through an analysis of practitioners' reflective statements, the values held by nursing and social work professionals as they relate to the role of the Approved Mental Health Professional (AMHP). We assert that AMHP training and the AMHP role is clearly based on the principles of VBP, both in training requirements and in statutory competencies, and that if VBP is of importance in mental health, then understanding the role of values in AMHP practice is of equal importance. The study demonstrates that concepts such as respect, honesty, being non-discriminatory, and inclusivity are common themes within practitioners' understandings of their own value bases, and that practitioners' family backgrounds are a major influence on these.

### **159. Preventive Supervision of Dangerous Offenders: A European Comparative and Human Rights Perspective**

This session focuses on preventive supervision of alleged dangerous (sex) offenders. In Europe in recent decades, existing forms of supervision have seen rises in imposition, while numerous new forms have been enacted as well. This supervision involves the - considering the media-attention highly topical - reintegration of the dangerous offender in society. It can take the form of part of a sentence, a release condition after a prison sentence, or a supervisory sentence in itself. In penal theory this has led to many discussions, as has the limited validity of assessment of dangerousness. As have the facts that this supervision may be enforced through severe liberty-restricting conditions and that on violation of conditions deprivation of liberty can follow, from a human rights perspective.

In this session presenters from four different jurisdictions - the Netherlands, Germany, Spain and England - will elaborate on both the forms of and the discussions about preventive supervision in their respective legislation and policies. Each presenter will cover historical, current and potential future developments, and will try to develop a framework for evaluation. In this respect, evidence from criminological research and the influence of case law of the European Court of Human Rights are incorporated.

## ***Supervision of Dangerous Offenders in Dutch Penal Law***

Sanne Struijk, *Erasmus School of Law* ([struijk@law.eur.nl](mailto:struijk@law.eur.nl))

Paul Mevis, *Erasmus School of Law* ([mevis@law.eur.nl](mailto:mevis@law.eur.nl))

In the Netherlands several forms of supervision of dangerous offenders in the community exist. The most obvious ones are of course certain forms of conditional release from imprisonment, on the basis of either a prison sentence or a safety measure. In recent years, these forms have been extended more and more. For example, in 2008 the release after two thirds of the sentence was converted from unconditional into conditional. In regards to the much discussed safety measure of entrustment of dangerous mental disordered offenders at the Government's pleasure (TBS), in 2013 the legislator introduced a mandatory period of one year of conditional termination of this measure before unconditional termination can follow. In addition, a recently proposed bill introduces three ways to lengthen the supervision of alleged dangerous offenders. One of them is the abolishment of the maximum term for a conditionally terminated TBS, so that the supervision can last forever. Additionally, the legislator wants to introduce a new supervisory safety-measure, applicable both after the unconditional termination of the TBS, or the end of the (conditional release of the) prison sentence for (sexually) violent offenders. This measure may be of indefinite duration, and consists of numerous freedom-restricting conditions including compulsory treatment.

## ***Supervision of Dangerous Offenders in German Penal Law***

Bernd-Dieter Meier, *Leibniz University, Hannover, Germany* ([meier@jura.uni-hannover.de](mailto:meier@jura.uni-hannover.de))

In Germany several forms of supervision of dangerous offenders in the community exist. The most obvious one is of course conditional release from imprisonment, which is also possible in case of a life sentence (*Lebenslange Freiheitstrafe*). Offenders with a positive prognosis for rehabilitation may be placed under a regime of *Aussetzung zu Bewährung*, while those with a negative 'Sozialprognose' may receive *Führungsaufsicht*. *Führungsaufsicht* may also follow release from a hospital order for a mentally disordered offender (*Unterbringung in einem psychiatrischen Krankenhaus*) or from a measure of preventive detention (*Sicherungsverwahrung*). *Führungsaufsicht* may be imposed for max five years, but may even become indefinite after violation of conditions and an assessment of high risk. Like in many continental European jurisdictions, German penal law knows a two track system of sanctioning in which retaliative punishment (for example in prison) may be combined with preventive safety measures. This theoretical debate also influences discussions about proportionality of supervision.

## ***Supervision of Dangerous Offenders in Spanish Penal Law***

Jorge Correcher, *University of Valencia* (jorge.correcher@uv.es)

In Spain several forms of supervision of dangerous offenders in the community exist. The most obvious ones are of course certain forms of conditional release from imprisonment, on the basis of the execution of a specific part of the sentence, generally  $\frac{3}{4}$  parts of the prison sentence. However, there is another modality, consisting of the imposition of a safety measure known as supervised release. The most discussed feature of this institution is that it does not work as a substitute for conditional release. Indeed, the application of this safety measure starts when the prison sentence has been terminated completely. The academic discussion about this issue is focused on the incompatibility of the creation of a dualistic system of criminal sanctions, especially from the point of view of criminal law principles, but also considering the efficacy of this safety measure. The first point is strengthened through case law from the European Court of Human Rights, the second through evidence from criminological research.

### ***Supervision of Dangerous Offenders in English Penal Law***

Nicola Padfield, *University of Cambridge* (nmp21@cam.ac.uk)

Michiel van der Wolf, *Clare Hall College* (vanderwolf@law.eur.nl)

In England (and Wales) several forms of supervision of dangerous offenders in the community exist. The most obvious ones are of course certain forms of conditional release from imprisonment. As England knows both determinate and indeterminate sentences, this release can be either automatic or discretionary. The Sexual Offender Act 2003 and the Criminal Justice and Immigration Act 2008 introduced novel forms of supervision, such as the notification order, the sexual offences prevention order, the risk of sexual harm order and the violent offender order. In addition, if a hospital order is imposed on a mentally disordered offender, a community treatment order may follow clinical treatment. What separates the English jurisdiction from the continental European jurisdictions above – apart from the common law system – is the absence of a distinction between punishment and safety measure. Because this allows for many justifications of a sentence including retaliation and prevention, it influences the ideas about proportionality of the sanction in a different manner.

Hjalmar van Marle, *Erasmus School of Law* ([h.j.c.vanmarle@erasmusmc.nl](mailto:h.j.c.vanmarle@erasmusmc.nl)) – Discussant

### **160. Prison Mental Health in UK, Greece, Sweden and Puerto Rico**

#### ***The Risk of Recidivism among Prisoners with Mental Illness: The Role of Treatment in Reducing Future Offending***

Costas Kallis, *Queen Mary University of London* (c.kallis@qmul.ac.uk)

The relationship between mental illness and re-offending in prisoners is complex. Clinical and criminological factors have been suggested as important predictors of recidivism. The UK Prisoner Cohort Study is a prospective study of prisoners convicted of a serious violent or sexual offence. Information on recidivism was collected from official police data. We explored the effects of mental illness on reoffending following release from prison. Furthermore, we explored the effects of mental illness on time to first reconviction following release from prison, using Cox regression. We conducted separate analysis for violent and non-violent reoffending. Overall, 165 (9.7%) of the prisoners fulfilled the diagnostic criteria for schizophrenia, 50 (2.9%) for delusional disorder, 203 (11.8%) for drug induced psychosis and 628 (36.8%) for major depression. We found that 1482 (87.4%) of participants reoffended within 6 years of release, with 970 (57.2%) convicted of at least one violent offence and 1450 (85.5%) of at least one non-violent offence. Individuals with current diagnosis of depression and obsessive compulsive personality were less likely to reoffend. Increased risk of reoffending was found in individuals with psychosis, antisocial personality disorder, and alcohol dependence. Our findings suggest that prisoners with current schizophrenia reoffend more than non-psychotic prisoners. They also reoffend quicker following release from prison than their non-psychotic counterparts. This applies to both violent and non-violent reoffending. Treatment with medication for current schizophrenia could moderately delay violent reoffending.

## ***Psychopathology and Criminality among Greek Male Prisoners***

Artemis Igoumenou, *Queen Mary University of London* (a.igoumenou@qmul.ac.uk)

We aimed to explore the psychopathology of the Greek male prisoner population and to investigate any associations between mental health diagnosis and criminal history. Data were collected using the Iowa Structured Psychiatric Interview to identify mental illness and the Personality Disorders Questionnaire-4th Edition to identify personality disorders. The prevalence of the most common mental disorders was analyzed separately and in relation to the criminal history. SPSS was used for the statistical analysis. A total of 495 subjects were interviewed. The majority (58.4%) had no previous history of imprisonment. Psychiatric disorders were diagnosed in nearly half ( $n=223$ , 45.1%) of the subjects. Non-violent crimes were the most prevalent reason for imprisonment (40.7%), whilst 28.0% of the investigated population was imprisoned for violent crimes. We found that personality disorders were significantly associated with violent crimes ( $p<0.05$ ) similarly, substance misuse was significantly associated with drug related crimes ( $p<0.05$ ). The prevalence of mental disorders in Greek prisoners was 3 times higher than the respective general population. Personality disorder was the most prevalent type of mental disorder and the only psychiatric diagnosis related to violent crime. Our findings highlight the need for screening for mental disorders and the need for therapeutic requirements within the prison setting.

## ***Substance Use Disorders and Psychiatric Comorbidity in a Representative Sample of Latino Prison Inmates: The Role of Trauma and Victimization***

Rafael Alberto González, *University of Puerto Rico* (Rafael.gonzalez24@upr.edu)

Psychopathology is overrepresented among prison inmates. Information on the burden of psychiatric morbidity for Latino and Latin American communities in the United States is limited. We aimed: (1) to present the rates of psychiatric morbidity in a representative sample of Latino prison inmates, (2) to describe a comorbidity profile, (3) to establish associations with history of trauma and victimization, and, (4) correlates with forensic outcomes. We used data from a probabilistic sample of 1,179 sentenced inmates (81.3% males; 18.7% females) from 26 penal institutions in Puerto Rico (USA). Computer Assisted Personal Interviews provided data on demographic characteristics, previous incarcerations, and criminal history; modules on lifetime traumatic events and victimization in prison, and in psychiatric morbidity, including: Substance Use Disorders (SUD), Post Traumatic Stress Disorder (PTSD), Depression, Anxiety disorders and childhood ADHD. We developed regression models of early criminal onset and re-offending for each psychiatric category and multivariable estimates, and estimated the explanatory role of lifetime trauma and current victimization. Rates of trauma, SUD, and childhood ADHD were disproportionately higher than community base rates. SUD were highly comorbid with all additional psychiatric disorders. Childhood ADHD was the most important factor for recidivism, and the strongest correlate of PTSD. Our results provide evidence on the extent of burden of psychiatric comorbidity among prison inmates. The impact of differences in international approaches to criminal justice policies on rates and outcomes will be discussed.

## ***Exploring Penal Heat***

John Stannard, *Queen's University* (j.stannard@qub.ac.uk)

In a seminal article published in 2011, the American penologist Jonathan Simon argues that one of the key tasks of the criminal justice system was to act as a radiator of “penal heat”. The purpose of this presentation is to explore the nature of “penal heat” and other related concepts discussed in the literature such as “hatred of criminals”, “grievance-desires,” “populist punitiveness” and “the retributive urge,” the aim being to discern how the criminal justice system should best fulfil that task. Drawing on recent studies in the field of law and emotion, the presentation will address the following issues: (1) the nature and definition of “penal heat”; (2) the philosophical and sociological factors underlying it; (3) possible legal responses to penal heat; and (4) other ways in which penal heat may be dissipated.

## ***Towards a Welfare Model of Juvenile Risk Assessment***

Gareth Norris, *Aberystwyth University* (ggn@aber.ac.uk)

Diversion from custody practice in Youth Justice have been shown to impact upon later offending behaviour; systematic assessments (e.g. ASSET in the UK) have been invaluable in supporting these processes. However, despite the potential increase in validity of actuarial risk assessment tools over clinical/practitioner judgements, questions remain regarding the practical utility and universal application of these inventories, particularly in smaller and/or less urban environments, for example. This paper outlines an initiative to develop and pilot a bespoke risk-assessment tool based upon both criminogenic and vulnerability factors associated with potential for offending. Still in its early stages, the tool indicates some preliminary areas for discussion in relation to the assessment of youth referrals.

## **161. Prison Mental Health: Local Innovation and Translation**

### ***Raising Standards in Prison Mental Health: Innovation and Translation***

Andrew Forrester, *South London and Maudsley NHS Trust, London, UK*  
(Andrew.forrester1@nhs.net)

This introductory talk sets the context for the workshop. Prison populations are rising internationally and in some areas there have been calls for improved health service arrangements. The use of conceptual drivers (such as *equivalence*) have been backed up by policy initiatives in some jurisdictions, and their usefulness is discussed. However, morbidity levels remain persistently high across a range of disorders and, despite improvements, there is evidence that reception screening misses large numbers with mental health problems. The nature and use of screening and the role of local, granular, evaluations in guiding and improving best practice is discussed. Theoretical healthcare models which emphasize service integration and pathways approaches are presented.

### ***A Comparison of Prison Mental Health Inreach Services and Their Development over Time***

Gareth Hopkin, *King's College London* (gareth.hopkin@kcl.ac.uk)

There is an increasing awareness of the high levels of mental illness in prison and in England, inreach teams were introduced to provide mental health care for prisoners with severe and enduring mental illness. This talk will outline the characteristics of referrals to a South London prison mental health inreach team over two time periods in 2008 and 2011. Socio-demographic, legal, clinical and treatment variables were collected from records and differences between those accepted onto the caseload and not accepted will be presented. Prisoners referred to the mental

health inreach team had a range of complex needs, with high levels of homelessness, unemployment and problematic drug use. Prisoners with a psychotic disorder or other severe mental illness were most likely to be accepted onto the caseload with other referrals signposted to appropriate services. The talk will highlight the work of mental health inreach teams and the pressures they face with large numbers of referrals, high turnover of patients and the nature of the complex cases they manage. It will also present the changing nature of referrals and the caseload and discuss reasons for the changes and how best changing pressures can be managed.

## ***An Evaluation of a Prison Hospital Wing***

Karan Singh, *Kent and Medway NHS and Social Care Partnership Trust, UK*  
(karan.singh1@nhs.net)

Remand prisons in England often have a healthcare wing where more intensive care can be provided for prisoners with serious mental health conditions. These units are not designed to act as psychiatric hospitals within prisons, but can be used to manage prisoners who may become well enough to return to normal location after a short period of care, or who may require transfer to hospital. The characteristics of prisoners admitted to the health care wing of an inner London remand prison, during a twenty-week period in 2011, are presented. Socio-demographic and clinical variables were recorded for eighty-two prisoners and information on good practice indicators, including the time before a prisoner was seen by the multi disciplinary team, preparation of nursing care and risk assessment plans, were also collected. The talk will focus on the characteristics of the prisoners that were admitted to the health care wing and the challenges that managing these patients within the prison environment presents. There are policy implications that arise from the study and documentation of the day-to-day workings of the health care wing may prompt solutions to the problems that are faced. These issues will also be discussed.

## ***Key Challenges and Successes of a Prison Mental Health Service***

Chiara Samele, *King's College London* (informedthinking@gmail.com)

The introduction of prison in-reach mental health services and the transfer of responsibility for healthcare from prisons to the National Health Service marked an important step to improving the mental healthcare of prisoners in England and Wales (DH, 2001). In-reach teams were originally intended to target and treat prisoners with severe and enduring mental health problems but revised to include any mental health problem. Several studies have found wide variation in models of prison in-reach services and their operational characteristics have been described as limited and idiosyncratic. Alongside prison in-reach services some prisons also operate health-care wings to provide front-line mental illness triaging and care for complex individuals who display challenging behaviour. These prison health-care wings are comparatively less well documented, yet manage very high levels of disturbance among prisoners who are acutely

unwell. Based on the findings of a service evaluation this presentation aims to describe the workings of a mental health service – the in-reach team, the healthcare wing and transfer to hospital - in a South London prison; exploring the key challenges and successes, levels of integration and collaboration with other services located both inside and outside the prison.

## ***Developing and Providing Integrated Care in One of Europe's Largest Prisons***

Jo Darrow, *St George's Healthcare, London, UK* (jo.darrow@nhs.net)

Prisons present considerable challenges as regards the delivery of healthcare. Populations are often rapidly moving (particularly in remand environments) and morbidity levels are high, while healthcare is delivered in an environment in which security concerns are prioritised. Here, the journey one London prison has taken towards full service integration, focused on the patient pathway, rather than on artificial health constructs based on disease entities (such as primary and secondary care) is discussed. The challenges, of which there are many, are discussed, along with methods for overcoming them.

## **162. Prison Psychiatry**

### ***Prison Psychiatry – Recent Developments***

Norbert Konrad, *Institut für Forensische Psychiatrie* (norbert.konrad@charite.de)

A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. Mental disorders increase the risk of suicide, which is considerably higher in prisoners than in the general population. Suicide is the leading cause of death in penal institutions, especially during the early stage of confinement. For mentally disordered prisoners, there is often an increased risk of being victimized, as well as the potential for high rates of decompensation and deterioration. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving raise to tension between patient care and protection of the public. This paper will discuss some ethical issues arising in this field. Relevant issues to be dealt with are the professional medical role of a psychiatrist and/or psychotherapist working in prison, the involvement of psychiatrists in disciplinary or coercive measures; consent to treatment, especially the right to refuse treatment, the use of coercion, hunger strike and confidentiality.

## ***Sexuality of Women and Men in Custodial Settings of German Forensic Psychiatric Hospitals***

Thomas Barth, *Universitätsmedizin Berlin* ([Thomas.barth@jvkb.berlin.de](mailto:Thomas.barth@jvkb.berlin.de))

Sexuality among patients of forensic psychiatric hospitals is seen as one of the last scientific taboo topics in the community of forensic psychiatrist and representatives of the legal system in Germany. For those men and women – who are not criminally responsible due to mental illness but detained in high-secure forensic psychiatric institutions – with a spouse or partner, the lack of physical contact and direct mutual communication places stress on both partners inside and outside the psychiatric hospital. Additionally, patients in forensic psychiatric hospitals suffer from sexual harassment and violence. Apart from sexual victimization different forms of consensual sexual contacts occur in hospital settings where detained patients, regularly in mixed-gender units, are forced to stay for many years. Preliminary results of the survey addressing relationships, sexuality and sexual victimization of confined men and women in an adult forensic psychiatric hospital in Berlin will be presented for the first time.

## ***Preventing Prison Suicide***

Annette Opitz-Welke, *Justizvollzugskrankenhaus Berlin, Berlin, Germany* ([opitz-welke@web.de](mailto:opitz-welke@web.de))

All over the world prisoners show a high prevalence of severe mental disorder. In many places suicide is a leading cause of death in prison and suicidal ideation and suicide attempts are major problems for health professionals working behind bars. Although strategies to prevent prison suicide include the use of screening instruments, little is known about the practical impact of working with German language screening instruments. The presentation shows results of applying two suicide screening instruments (VISCI, Lohner and Konrad) to inhabitants of a psychiatric ward of a prison hospital. Regarding suicide in Germany female prisoners seem to be an even more vulnerable group than male prisoners. Therefore the named screening instruments are applied to a group of female prisoners who had been cared for in the Berlin Prison Hospital.

## ***Inpatient Treatment of Mentally Disordered Prisoners in Forensic Psychiatric Hospitals in Germany***

Guntram Knecht, *Klinik für Forensische Psychiatrie, Hamburg, Germany* ([g.knecht@asklepios.com](mailto:g.knecht@asklepios.com))

For psychiatric patients in German prisons there are multiple obstacles to qualify eligible for inpatient treatment in a forensic clinic. They have to be identified as mentally disordered and must then surpass multiple system checks at the frontier between the prison and the mental health sector (e.g. shortage of treatment places, finances and classification problems). Beside acute treatment interventions for suicidal and psychotic prisoners there is also a need for diagnostic procedures in unclear and severely disordered cases, medium care to reintegrate highly chronic and residual patients and longterm treatment for mentally disordered prisoners sentenced and primarily misclassified to prison. We present the structure of a model of integrated care in the metropolitan area of Hamburg (2 mill. inhabitants). Key elements are liaison psychiatry services in prison, open access to all treatment options of a forensic psychiatric hospital and a high level of communication and personal continuity in treatment planning and case management. Specific treatment problems are discussed and outcome results highlighted as an empiric basis for future guidelines.

### ***Psychotropic Medication Abuse in Prisons and Formulary Management***

Abdi Tinwalla, *Wexford Health Sciences* ([ATinwalla@wexfordhealth.com](mailto:ATinwalla@wexfordhealth.com))

In recent years there has been a tremendous increase in the number of mentally ill inmates in the US correctional system. There is a high prevalence of substance abuse/dependence in these individuals along with mood, anxiety, and psychotic disorders. Psychotropic drugs are often prescribed to treat these disorders along with treatment of personality disorders, and dysfunctional behaviors. However, there is a rise in the abuse of psychotropic medication in the jail and prison settings. Benzodiazepines, other hypnotic/sedative medications, pain medications are all known medications that have the potential of abuse. However, atypical antipsychotics, mood stabilizers and anti-depressants have recently been the choice of patient population in these settings. This presentation will shed light on such medications and will discuss efforts to stop the abuse of these medications through the use of formulary management and restricted use of these medications in the jail/prison setting.

### **163. PTSD: Credibility, Mystery, Authority and War Crimes**

#### ***Posttraumatic Stress Disorder and Credibility in the Asylum Process***

Lilla Hárdi, *Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary*  
([hardi.lilla@cordelia.hu](mailto:hardi.lilla@cordelia.hu))

The presentation clarifies aspects of credibility issues with traumatised refugees showing symptoms of posttraumatic stress disorder (PTSD). It focuses on the new aspects of PTSD according to DSM 5. It is clear that symptoms of anxiety, depression, dissociation or sleep disorders influence the daily function of the asylum seeker. The author hypothesizes that such sufferings may influence the future perspectives of a person in the asylum process. In particular,

these symptoms could influence one of the most important issues: credibility. The presentation shows how certain survivor memory functions structures were impaired or compromised as a consequence of trauma. Further, the presentation highlights how far the client can progress and recover with proper therapeutic help. This medical/psychological support of the survivor/patient/client can be considered as a support also to the legal staff. Survivor health improves testimony and credibility, making the asylum decision more direct and more unequivocal.

### ***The Mystery of PNES (Psychological Non-Epileptic Seizures): A Tale of Trauma and Abuse***

Gabriel Diaconu, *McGill Group for Suicide Studies, Bucharest, Romania*  
(gabriel.diaconu@douglas.mcgill.ca)

Psychogenic non-epileptic seizures (PNES) are phenomena which, albeit relevant for literature, have been neglected in recent research. This case report highlights clinical elements that differentiate Adult Onset Epilepsy (AOE), PNES, and Epilepsy and PNES (Epi-Plus). It emphasizes the power of two important interview techniques: (1) life trajectory narrative – with a focus on the history of trauma and abuse; and (2) intervention tools which help maximize response. The presentation proposes that PNES may be regarded as complex post-traumatic stress disorder (PTSD), by looking at common features of symptomatology. In this paradigm, functional epilepsy-like responses (PNES) are symbolic (or idiomatic) representations of trauma. That is, PNES symptoms are primitive psychologic adaptations to the history of trauma and abuse. This requires a call for action to better describe and care for a population that is commonly referred to as having “treatment resistant epilepsy”, and which often falls between the specialties of neurology and psychiatry. When a history of continued, chronic abuse lies behind symptoms of seizure-like behavior, Medico-legal aspects are paramount, with criminal implications for perpetrators.

### ***You Know It is Torture When There is Official Terror***

Barry Roth, *Harvard Medical School* (broth@bidmc.harvard.edu)

This extends “How Do You Know When It Is Torture?” [Med Law (2013) 32:327-346)], which reported how asking, “How did you survive?” led to a powerful heuristic. Torture is a crime of specific intent that tries to break the non-material human connections which sustained survivors. A priori, these shared bonds of social contract are the force we have to do right. *1<sup>st</sup> Extension:* When There Is Official Terror, *state torture and terrorism are synonymous*. Findings from survivor evaluations reveal that torture and terror both use systematic means to instill overpowering fear for purposes including coercion and intimidation. The Istanbul Protocol definition requires color of authority for severe pain and suffering to be torture. Events occur in

context; and we make forensic expert psychological reports of survivors' psychic reality in a social nexus. 2<sup>nd</sup> Extension: When There Is Official Terror, *criminal acts performed under the color of authority are mental illness*. Neutral expertise unmasks that torture performed under the color of authority is mental illness. Perpetrator acts display conscious intent of sick sociopaths. Not only does counterterrorism brings the official terror of torture; it also brings surveillance, drones, kill lists, propaganda, deception, misinformation and lies. Individuals survived with the force of human bonds; shared ties of civil society supersede the violent intimidation and coercion of both torture and terrorism.

## ***Traumatic Stress among Victims of War Crimes and Torture in Georgia***

Mariam Jishkariani, *RCT/Empathy, Georgia* ([centre@empathy.ge](mailto:centre@empathy.ge))

The main goal of the study was the comparative analysis of the consequences and clinical outcomes of traumatic stress in victims of war crimes and torture in Georgia in two target groups. The 1<sup>st</sup> group were civilians still living in Georgia---both in the military conflict zone in Abkhazia; and in the para-military conflict zone near South Ossetia. The 2<sup>nd</sup> group were persons who were internally displaced (IDP's); following the 2008 Russian-Georgian War. Using the multi-profile medical questionnaire, clinical-psychological test battery in 2014, we observed n = 120 victims of war crimes. In both target groups, we identified additional stressors caused by conflict, which are not included in the Life Change Index Scale. Examples include torture and captivity; IDP's who have lost their homes; and unexpected circumstances in the unsecured situations of civilians still living in military conflict regions. The results show differences in the psychological and somatic after-effects of trauma and other additional stressors. Furthermore, this study is important because it shows differences between the outcomes of prolonged traumatic stress and the stress of completed trauma, that previous clinical studies lack. We conclude that the prolonged stress situation – living in an unsecured environment, coping with unexpected circumstances of daily life – caused prolongation of PTSD symptoms, along with behavioral changes of impaired social adaptation. In contrast, the completed trauma situation – leaving of native areas, with the accompanying significant changes in social life – caused emotional disturbances with prolonged chronic depression and persistent feelings of grief in most of cases.

## **164. Racial Profiling, Challenging Social Issues, and Mental Health Law**

### ***Why “Suing the Bastards” is more Efficient in Fighting Unhealthy Behaviors than Education***

John Banzhaf, *George Washington University* ([jbanzhaf3@gmail.com](mailto:jbanzhaf3@gmail.com))

Education, the traditional weapon for fighting unhealthy behaviors, was an abject failure in reducing smoking and obesity. But using legal action, such as law suits, regulatory proceedings, and legislation, has proven to be overwhelmingly effective in slashing smoking rates in the U.S. More than ten successful fat law suits suggest it can also be very effective in fighting obesity.

Educational messages cannot compete with billion dollar ad campaigns by tobacco and food companies and also cost taxpayers billions. In stark contrast, banning smoking in workplaces and public places has proven to be the most effective way to get people to quit - yet it costs taxpayers nothing. Also, high taxes on cigarettes are very effective at reducing smoking, and bring in (rather than cost) money.

Similarly, requiring the disclosure of calories and trans fats, limiting the size of high calorie sodas, taxing especially fattening foods, and keeping fast food outlets out of and away from schools, etcetera can be far more effective than “eat more vegetables” educational messages.

### ***Stigma, Public Health, and Social Justice: The Case of Obesity Prevention***

Erika Blacksher, *University of Washington* ([eb2010@uw.edu](mailto:eb2010@uw.edu))

Public health has long used policy tools and tactics that aim to de-normalize unhealthy behaviors, from unsafe sexual activities to smoking tobacco. But whether it is ethically acceptable for agents of public health to use tools that arguably stigmatize those they target remains a contentious question. Using the obesity epidemic as a case study to ground her analysis, Blacksher takes up the question using a framework of social justice that posits two overarching ethical demands: a fair distribution of important social goods (e.g., outcomes such as health or resources such as social determinants) and equal respect and recognition. Examining several different population-based strategies to obesity reduction, Blacksher argues that approaches that shame and stigmatize those who are overweight and obese transgress a commitment to equal recognition, which among other things prohibits the oppression and marginalization of non-dominant groups. She extends this analysis to argue further that such policies may also fail to produce a fair distribution of health (i.e. normal weight), drawing on the example of tobacco cessation policies, which have largely left behind those who are socioeconomically disadvantaged. Public health instead should pursue policies that are based on a commitment to participation, inclusion, and social support.

### ***Hate or Cognitive Bias: The Social Psychology of Racial Violence***

Donald Jones, *University of Miami* ([djones@law.miami.edu](mailto:djones@law.miami.edu))

On August 9, 2014 a white policeman fatally shot a black youth named Michael Brown six times. According to three witnesses, Michael Brown’s hands were raised in surrender before the final shots were fired. Scholars in the academy have framed the issue involved in the killing of

Michael Brown and other similar incidents as an issue of aversive racism or hate. The premise of this paper is that the problem is rooted in a cognitive bias. More specifically I argue that the media has popularized stereotypical images of black males linking them to violence, drugs and crime. These images are pervasive and masses of people are exposed to these toxic images on a daily basis. These fictional images are conflated with real black men. This conflation not only de-individualizes black males, it creates fear and moral panic, which sometimes crystallizes in tragedy. This phenomenon has been referred to as unconscious racism. This is a Freudian concept, which suggests it has to do with processes within the individual. I want to suggest a different framework: to show that the problem of racialized perception is deeply rooted in socialization –in a culture- polluted by these toxic media images.

### ***Taking a Stand?: Assessing the Social and Racial Effects of State-Sanctioned Violence***

Mario Barnes, *University of California, Irvine* ([mbarnes@law.uci.edu](mailto:mbarnes@law.uci.edu))

Since 2004, many U.S. states have adopted "Stand Your Ground" laws. These laws have altered self-defense, by authorizing citizens to use more violence in a greater number of contexts. Many of the new laws have also effectively shifted self-defense in "Stand Your Ground" states from a potential affirmative defense asserted during a trial, to a bar to prosecution. Some states have even provided immunity from civil suits for persons whose use of violence was sanctioned under such laws. The spread of these laws has been premised upon unproven claims of crime deterrence. Adopting states, however, have enacted these law changes without significantly studying the real world impact of such reforms, especially in terms of their potentially racialized effects. In the wake of Florida's very public trial of George Zimmerman for killing an unarmed teen, Trayvon Martin, empirical studies seeking to explicate the workings of these statutes have begun to emerge. My project seeks explore the legitimacy of the crime control narrative used to justify the proliferation of "Stand Your Ground" laws, by examining correlations between policy reforms and rates of violent crime. More importantly, I also seek to interrogate the under-examined racialized consequences of laws authorizing increased uses of violence in a society where citizen, police and judicial determinations about the appropriate use of force are often affected by identity stereotypes and unconscious bias.

### ***Race as a Variable in Biomedical Research***

Anton van Niekerk, *Stellenbosch University* ([aavn@sun.ac.za](mailto:aavn@sun.ac.za))

Race as a variable in research ethics is investigated: to what extent is it morally appropriate to regard the race of research subjects as a relevant factor for research outcomes? The author analyses the challenges posed to deliberation in Institutional Review Boards (IRB's) on this matter. The author comes to the conclusion that race sometimes has to be taken into consideration, subject to clearly stated qualifications. These qualifications include the following:

1. The IRB should demand that the protocol provides a very careful cost-benefit analysis of the consideration of race as a factor in the selection of the study group.
  2. It is quite important to establish how pivotal a factor race is, in comparison to a variety of other factors that could also be considered in terms of sample or group selection.
  3. Is race duly identified as a marker and have all other possible variables been taken into account?
  4. Are the names assigned to groups names that are acceptable to the groups themselves?
- Finally, it will be argued that deliberation is not only an arduous process, but will probably for the foreseeable future remains inconclusive. The most we can expect is a series of (hopefully) progressive settlements that represent provisional beacons of insight on which we can draw in future conversations.

## **165. Recidivism, Prisons and Mental Health**

### ***A Closer Look at Women Released from Prison: The Interplay of Mental Health, Substance Involvement and Release Conditions***

Margaret Severson, *University of Kansas* (mseverson@ku.edu)

The United States leads the world in the per capita rate of incarceration and in the number of women incarcerated. In 2012, of the 625,000 women held in pretrial and post-conviction facilities around the world, almost one-third were in U.S. correctional institutions (Walmsley, 2012). Recent government reports (Minton & Golinelli, 2014; Sabol et al., 2007) indicate that the rate of incarceration among women continues to outpace that of men. Female prisoners have higher rates of mental health disorders and substance involvement (convictions and use) than do male prisoners (Baillargeon et al., 2010). While a significant mass of literature promotes women-centered treatment and management strategies while incarcerated, more information is needed detailing how women fare once released from prison. Consequently, as part of a larger study of reintegration outcomes among all state prisoners released between 2006 and 2010, a subsample of all women (n= 1,548) incarcerated in a Midwest prison system was selected for the purpose of investigating the intersection of community supervision, mental health, and substance abuse comorbidity. Multivariate Cox regression models were used to examine the impact that mental health and substance abuse comorbidity has on women released to community supervision compared to those released unconditionally.

### ***Unlocking the Doors to Canadian Older Inmate Mental Health Data: Rates and Potential Legal Responses***

Adelina Iftene, *Queen's University* (adelina.iftene@queensu.ca)

This is the first study of its size conducted in Canada with federally incarcerated older offenders. The study is based on almost two hundred interviews with inmates over the age of fifty, (roughly 10% of this category of inmates). The interviews cover seven federal institutions, and all levels of security including an assessment unit. Each interview has seven sections and about seventy questions.

The data collected regard the health and adjustment of this category of prisoners, with focus on mental illnesses and wellbeing. The factors that contributed to these inmates' mental deterioration in a prison setting were analyzed, and based on this a series of recommendations for legal and institutional implementation were made.

The data interpretation is made on a legal and human rights background, taking into consideration Canada's international commitments and national legal framework.

### ***Findings from a Multi-Site Study of Prisoner Reentry in the United States***

Pamela Lattimore, *RTI International* (lattimore@rti.org)

The issue of “what works” to improve outcomes for individuals releasing from prisons is unresolved. This presentation will summarize findings from a long-term follow-up of 2,000 adults released from prisons in eleven states in the United States. Approximately half had participated in formal prisoner reentry programs, although most received some services while incarcerated. Study participants had extensive criminal and substance abuse histories, low levels of education and employment skills, and high levels of need across a range of services. Data included interview data collected prior to release and three, nine and fifteen months following release and arrest and reincarceration data for a minimum of fifty-six months following release. The results suggest that follow-up periods longer than two years may be necessary to observe positive effects on criminal behavior and criminal justice system interaction, as strong effects observed at fifty-six months were not observed at twenty-four months after release. The results also suggest the need for additional research into the sequencing and effects of specific and combinations of reentry services, with an understanding that some programs may be harmful if delivered at the wrong time or in the wrong way.

### ***Risk Management and Reduction of Recidivism through Relational Care in a Forensic Psychiatric Hospital***

Petra Schaftenaar, *Forensic Psychiatric Clinic Inforsa, Amsterdam, The Netherlands*  
(petra.schaftenaar@inforsa.nl)

Research shows that recidivism among forensic patients with an involuntary hospital admission (a short judicial measure) is high in The Netherlands. Characteristics of the background of patients include a history of discontinuity and many efforts by care institutions to build up a

working alliance. All patients have psychotic disorders and addiction problems. With yet another relative short-term stay in a hospital, the forensic specialty (risk-management) doesn't seem to keep up when transferred to the regular health care.

In this presentation we will show the preliminary results of scientific research at Inforsa's forensic psychiatric clinic. A new paradigm of relational care, with core elements of trust and sustainable connection was developed and after one and a half year, we measured recidivism. We will present the recidivism rates and compare it to the earlier (baseline) research. We will discuss our at least remarkable results and have a closer look at the impact of it. We will also give attention to our ongoing research on the value and effects of this new working method.

### ***Preliminary Findings from a Multisite Randomized Control Trial of the HOPE Probation Model***

Doris MacKenzie, *Pennsylvania State University* (d1m69@psu.edu)

This presentation will present preliminary findings from interview and administrative recidivism data being collected in a four-site randomized control trial (RCT) experiment to evaluate the effectiveness of four programs replicating the Hawaii Opportunity Probation with Enforcement (HOPE) program. The model developed in Hawaii in 2004 for supervising high risk probationers emphasizes close monitoring; frequent drug testing; and certain, swift, and consistent sanctioning by HOPE judges. The initial examinations of the Hawaii program suggest that the approach is promising if not yet proven. The goal of the current evaluation is to determine whether the program—now called Honest Opportunity with Enforcement (HOPE)—can be replicated with fidelity on the United States mainland and to determine whether the program results in improvements in appointment compliance, urine test results, rearrest rates, revocations rates, jail days served, and prison days sentenced. In 2012, the RCT began random assignment of probationers to either the HOPE program or probation as usual (PAU); enrollment into the DFE concludes in all sites in September 2015, with approximately 1550 study participants.

### **166. Reflections on Inclusive Dispute Resolution**

#### ***Towards an Inclusive Justice System: Mental Health and Dispute Resolution***

Lorne Sossin, *York University* (lsossin@osgoode.yorku.ca)

Courts and tribunals have not been inclusive dispute resolution settings for people living with mental health conditions. Whether as accused, victims or witnesses in criminal proceedings, as a party to a consent or capacity hearing, or as an involved party in family law proceedings (just to scratch the surface), mental health presents a barrier to access to justice if their needs cannot be accommodated. The principle of accessible justice gives rise to a series of interrelated questions

for the design, funding, staffing and operations of courts and tribunals. Should specialized mental health courts or tribunals be developed? Should all courts and tribunals be universally accessible, and if so, how would this change current practices? How can courts and tribunals provide the specific resources and supports needed to address mental health needs? Can/should courts and tribunals devote resources to alternative streams of dispute resolution/dispute avoidance or remedial streams where the neglect of mental health needs lies at the heart of a legal dispute? To what extent is an accessible court/tribunal a right of those involved in the justice system? Addressing questions suggest a range of reforms which might be needed if dispute resolution were developed with the mental health needs of those caught up in the justice system in mind. This study explores the practices which have emerged around the world to address the complex and diverse relationship between mental health and dispute resolution. In light of this analysis, I develop a conceptual framework against which these practices may be assessed, and to serve as a catalyst for further innovations.

### ***Bridging Gaps between Legal Process and Clinical Psychology Evidence***

Mark Sossin, *Pace University* (ksossin@pace.edu)

Formal legal systems remain out of alignment with psychological and neuroscientific findings with respect to responsibility for actions which manifest from disturbances in emotion regulation, social perceptivity, and moral reasoning. Can legal processes evolve in concordance with empirical and clinical evidence from the mental health community? Shadings between “competence” and “incompetence” particularly test legal proceedings designed to consider competence in absolute terms. Attention deficit hyperactivity disorders (ADHDs) and autism spectrum disorders (ASDs) are linked to particular temperaments, personality disorders, risk-taking, and risk-avoidance. In particular, as ASD prevalence has increased, questions emerge as to how neurodevelopmental social and emotional challenges, such as lacking “theory of mind,” interface with deficits in moral reasoning and unintended unlawful behavior. Improved mental health interventions for individuals with ASDs, leading to positive developmental outcomes, necessarily find that legislative and judicial solutions are needed to bring resources to bear to accommodate and protect all parties in matters requiring legal resolution where known deficits affecting judgment pertain.

### ***Enhancing the Adjudicative Process through Innovative Collaboration between a Mental Health Court and Forensic Psychiatric Hospital: Exploring the Impact, Challenges and Opportunities***

Michele Warner, *Centre for Addiction and Mental Health, Toronto, Canada*  
(michele.warner@camh.ca)

The collaboration between the Centre for Addiction and Mental Health (“CAMH”) and Toronto’s Mental Health Court highlights the challenges of managing the demands on a clinical program while trying to enhance a court's adjudicative process. The collaboration involves the relationship between the forensic program at CAMH, an initiative within the Ontario Court of Justice intended to address accused persons with mental illness, and a provincial bed co-ordination system in relation to treatment orders under Part XX.1 of Canada’s Criminal Code. That context includes advocacy strategies used by defence counsel, historical responses of the Toronto Mental Health Court, actions taken by CAMH to manage bed shortages and address clinical priorities, and its responding legal strategy. This presentation will address the impact of jurisprudence, hospital policies, service management policies and then explore the possibilities and limits of coordinated approaches between mental health service providers and mental health courts.

### ***The Medical Panels in Victoria: Constituted under Legislation, Refined by Judicial Review***

Carol Newlands, *Deakin University* (canewlands@ozemail.com.au)

The Medical Panels of Victoria were established as a result of amendments to the *Accident Compensation Act 1985*. They commenced operation in March 1990. Initially the Panels were required to provide advice on medical questions put to them but the Workcover Board or Compensation Tribunal. However, over time their role evolved as a result of legislative changes such that their decisions on medical questions were held to be binding on a Court. Changes to the *Wrongs Act* in 2003 saw the Panels take on a “gatekeeper” role with regard to limiting access to common law damages for persons injured by the negligent acts of others. With these increases in responsibility came an increase in scrutiny of the Panel decisions in the form of judicial review. This paper seeks to evaluate some of the Panel decisions appealed to the Supreme Court of Victoria and higher courts with a view to considering the impact the resulting judicial determinations have had on the functioning of the Panels.

## **167. Regulation of Impaired Doctors**

### ***Disciplinary Proceedings against Doctors who Abuse Narcotics Analgesics***

Danuta Mendelson, *Deakin University* (danuta.mendelson@deakin.edu.au)

Statistical information suggests a relatively high incidence of opioid medication diversion among health care personnel in Australia. Illicit use and abuse of prescription drugs amongst medical practitioners poses risks not only to their health, but also to the patients. Authorised physicians, nurses, and pharmacists can lawfully order, store and administer opioid medications. Each Australian jurisdiction has statutory requirements for keeping records documenting ‘transactions’

(prescription, administration and disposal) of opioid medications. Disciplinary proceedings can be brought against physicians for non-compliance with statutory accountability requirements and abuse of opioid medications by the Australian Health Practitioners Regulation Agency (AHPRA) through the Medical Board of Australia, its State and Territory branches, their Tribunals and the external Civil and Administrative Tribunals. In determining the outcomes of disciplinary proceedings for diversion and abuse of opioid medications by addicted physicians, Tribunals need to balance two competing interests: protection of the public from physicians whose skills may be impaired by addiction or illicit use on the one hand, and personal and professional welfare of such physicians on the other. The paper will examine reported disciplinary proceedings against medical practitioners conducted by AHPRA since its creation in 2010 in order to ascertain the consistency or otherwise of outcomes, in particular, the imposition of professional sanctions and penalties. Although the focus of the paper will be on Australia, the problems and principle-based solutions discussed therein are likely to be of relevance in other jurisdictions.

## ***Physicians and Addiction-Implications for Therapy and Research***

Henriette Walter, *Medical University of Vienna* ([henriette.walter@meduniwien.ac.at](mailto:henriette.walter@meduniwien.ac.at))

Epidemiological Data show that nearly 20% of physicians have Addiction Problems during their life. In Austria we use the manual of Lesch Typology for diagnosis, to define a realistic goal and to start with individualized therapeutic strategies. These physicians are nearly never type 4 patients mainly type 3 followed by type 2 patients and rarely type 1. The assessment procedure according typology will be shown ([www.lat-online.at](http://www.lat-online.at) in 16 languages). Type 3 and 2 are defined by personality traits and psychopathology in type 3 often with a course showing typical signs of “burn out”. Antidepressants with different profiles are widely used in the treatment of type 3 addicted patients, though there are few studies showing an increase of sobriety rates (Malka et al, 1992; Lesch and Walter, 2004). Most studies with antidepressants in alcohol dependence showed a decrease of depressed states and a reduction of the amount and duration of drinking. (Imipramin - Mc Grath et al, 1996; Fluoxetin - Cornelius et al 1997 and 2000; Sertraline – Roy et al 1998). Research on co-occurring symptoms, co-morbidity, dual diagnoses and typologies are trying to delineate patient populations, which appear to benefit from one or the other antidepressant. Different response to serotonergic medication for different alcoholic subtypes has been reported (Pettinati et al 2000,2004; Brady 2005). Pharmaceutical trials with anticraving medications (Acamprosate, Naltrexone, Baclofene, Nalmefene and Sodium Oxybate) using the Lesch typology, showed that neuroleptics significantly increase relapse rates, while naltrexone decreases relapse rates in type III alcohol dependent patients. Acamprosate has no effect in this subgroup (positive effects in the types I and II). Physicians treated with a definition of subgroups according to Lesch and treated according to these subgroups have a much better outcome than treating only addiction

## ***Impaired Doctors and Self-Regulation***

Helen Farrell, *Harvard Medical School* ([hfarrell@bidmc.harvard.edu](mailto:hfarrell@bidmc.harvard.edu))

Self-regulation is critically important for the reputation and integrity of the medical profession. Physician impairment creates a risk of liability to a medical practice or hospital and poses a safety threat to patients. For these reasons, when a doctor becomes suspicious that a peer (who might also be their boss, partner, or friend) is impaired, they have a duty to act. The responsibilities of practicing medicine include professional self-regulation. Failure to intervene when another physician is impaired could result in serious consequences. Negative patient outcomes, lawsuits, higher liability insurance rates, and ruined reputations for practices or hospitals are some of the possibilities. Even the non-reporting physician stands to lose their practices and licenses. The goal of this presentation is to help physicians understand their responsibility for colleagues and appreciate the risk when choosing to turn a blind-eye to a colleagues' concerning behavior. The signs of impairment are delineated so that doctors can assertively decide which behaviors warrant reporting. The emotional conflicts that arise from self-regulation will also be explored with a goal to gain the confidence to help colleagues utilize the recovery options and resources available for recovery and success.

### ***Assessing Functional Capacity of Workers with Mental Health Issues***

Lisa Drago Piechowski, *American School of Professional Psychology* ([lpiechphd@gmail.com](mailto:lpiechphd@gmail.com))

The impact of mental health issues in the workplace is varied. In order to understand the effect of an individual's mental health issues in an employment setting, work capacity must be conceptualized not as a static determination, but as an interaction among an individual's mental health condition, the demands of the job, and the individual's functional abilities. Despite popular assumptions to the contrary, the mere presence of a mental health condition does not directly predict an individual's work capacity. Consequently, forensic evaluations are often required to determine an individual's functional abilities as they relate to a claim for disability benefits, request for accommodations, fitness for duty, and workplace threat assessment. Such evaluations must be based on sound principles of assessment, including the cross-validation of data across multiple sources, the appropriate use of psychological testing, and a clear understanding of the psycho-legal question at issue. A four-part model for assessment is proposed to guide work in this area, combining functional, causal, interactive, and judgment components.

## **168. Reproductive Rights and Adoption**

### ***The Legal Regulation of Behavior as a Disability***

Isabel Karpin, *University of Technology, Sydney* ([Isabel.karpin@uts.edu.au](mailto:Isabel.karpin@uts.edu.au))

Karen O'Connell, *University of Technology Sydney* ([Karen.oconnell@uts.edu.au](mailto:Karen.oconnell@uts.edu.au))

The proliferation of research into the biological bases of behaviour is increasingly turning unstable social categories of temperament, character, morality and conduct into a seemingly stable, objective typology of disabled identity. The problem then arises of how law should respond to this cohort of people newly classified as having disabilities. “Challenging” behaviours and traits such as aggression, deficits in communication, repetitive actions and sensory sensitivity can be disruptive in unique ways that distinguish these conditions from other disabilities. People who exhibit challenging behaviour and people with a limited capacity to understand or comply with social values and conventions already come into contact with the legal system in its various regulatory, punitive or protective capacities. The problem of how law should respond becomes more acute as advances in genetics and the brain sciences are expanding the set of socially unacceptable behaviours that are identified as having a biological component. What constitutes “normal” behaviour correspondingly narrows. With reference to disability discrimination laws and prenatal genetic screening of “disabled” embryos, we address how, if at all, law should regulate variant personality and behavioural traits in the context of new claims about the biological bases of challenging behaviour and their categorisation as a disability.

### ***Ethical and Legal Aspects of Helping Transgender Men and Women to Have Children***

Timothy Murphy, *University of Illinois at Chicago* (tmurphy@uic.edu)

At the same time that some societies around the world are moving away from interpreting cross-sex identities as disordered, more and more transgender women and men are coming forward with requests for clinical help in having children. The World Professional Association for Transgender Health recommends fertility preservation counsel prior to all body modifications that might interfere with having genetically related children. Certain fertility preservations are available at present, including gamete and embryo cryopreservation, but relying on these techniques will mean that transgender men and transgender women will be genetic mothers and fathers to children for whom they are social fathers and social mothers respectively. The prospect of synthetic gametes could, however, give transgender men the prospect of being genetic fathers to their children and give transgender women the prospect of being genetic mothers to their children. Recent efforts in uterus transplantation might also open the prospect of gestation for transgender women. This session will review certain ethical and legal issues that emerge in helping transgender men and women have children, including access and equity in regard to assisted reproductive treatment, designations of parenthood, and standards of disclosing to children the circumstances of their conception and parenthood.

### ***The Articulation of Surrogacy Laws and the Fait Accompli***

Myriam Hunter-Henin, *University College London* (m.hunter-henin@ucl.ac.uk)

In an age of international mobility, discrepancies between national legislations are constantly challenged. In the area of surrogacy, the argument is often made that these cross-current trends should prompt legislators to revise their more restrictive positions. If they do not, the argument goes, the prohibitions or restrictions proclaimed in their statute books will in practice only burden the less well off (who cannot afford to circumvent the national restrictions by travelling abroad) and/or be set aside by an underground unregulated and unsafe market of surrogates. In light of the jurisprudence of the European Court of Human Rights (and notably the decision in the *Mennesson and Others* case against France), this paper will address the force that should be conferred in law to the *fait accompli*. International mobility, it will be argued, should not *per se* bear an impact on the assessment of the legitimacy and proportionality of a restrictive or prohibitive national measure. However the arguments put forward by national courts to deny any legal relationship between the commissioning parents and the child born out of surrogacy are – as will be shown – open to criticisms.

### ***Three Biological Parents? The Impact of Epigenetics on Surrogacy Law in South Africa***

Caroline Nicholson, *University of the Free State* ([nicholsonc@ufs.ac.za](mailto:nicholsonc@ufs.ac.za))

Samantha Nicholson, *University of the Witwatersrand* ([samantha.nicholson@wits.ac.za](mailto:samantha.nicholson@wits.ac.za))

The changing nature of “family” is the least of the challenges facing private law in the future. Science is constantly creating new ways to challenge traditional perceptions. Surrogacy arrangements, in terms of which one woman carries a child for another, has been plagued with controversy over past decades. This controversy will be further complicated by scientific revelations that, where previously it was supposed that the sperm and ovum donors were the two biological parents of the child, epigenetics has shown that where the womb is that of a third person, that person becomes a third biological parent whose input is experienced both in utero and after birth. The womb is not simply a living incubator. For this reason, the surrogate’s history and circumstances demand careful consideration. Fears of commercialization of women’s reproductive capacity and that surrogacy may lead to breeding designer babies may, justifiably, be reawakened. In this paper, the presenters will take an interdisciplinary approach to the impact that science in the field of epigenetics may have on the development of law within the field of surrogacy in South Africa.

### ***Time to Consider an Expanding Definition of Family for the Twenty-First Century***

Cheryl Amana Burris, *North Carolina University* ([camana@ncu.edu](mailto:camana@ncu.edu))

In 2005, the author reviewed available studies on child development focusing on children raised in same gender families. At the time, such studies were limited and most were criticized as flawed or incomplete because many of the children had not reached adulthood. For this conference the author will revisit same gender family structures. A number of children followed in 2005 are now adults. Moreover, the landscape of same sex marriages has changed dramatically. The U.S. Supreme Court's decision on Proposition 8 opened the door to such marriages in California. A number of states now recognize these marriages and in states that do not, statutes and constitutional amendments are being challenged as unconstitutional. Other Countries are also recognizing such unions. This recognition coupled with assisted reproductive technology (ART) is resulting in more children being raised by same sex parents. The author's intent is to consider more recent studies. Her hypothesis is that children raised in loving, supportive same sex unions are not appreciably different from those raised in any other loving supportive family. She hopes to lend some structure and clarity to this still evolving and volatile issue.

## **169. Revising the Standards of Legal Insanity: Comparative Perspectives**

### ***Versions of the Insanity Defence: a Comparative Perspective***

Susanna Radovic, *University of Gothenburg* (susanna@filosofi@gu.se)

The paper will present different versions of the insanity defence, both using examples from contemporary legislations, as well as from a historical perspective. The discussion will focus on the interpretation of both the cognitive and the volitional prong; the requirements of understanding the meaning of one's conduct (including that it is wrong) and the ability to adjust one's behaviour according to such understanding. Of vital importance in these circumstances is also the presence of a mental condition of some kind, and the paper will further discuss why this is so, as well as give an overview of how this condition is interpreted in different legislations.

### ***Insanity and Neurolaw in the Netherlands***

Gerben Meynen, *VU University* (g.meynen@uvt.nl)

In this presentation, I will discuss some recent developments and current debates regarding insanity in the Netherlands. In particular, I will consider the five levels of criminal responsibility and the absence of a legal standard specifying the criteria for insanity (like, e.g., the *M'Naghten Rule*). Finally, I will discuss the impact of neuroscience on assessments of legal insanity as well as on current debates concerning criminal responsibility in The Netherlands.

### ***Abolishing the Insanity Defense in English Law***

Paul Catley, *The Open University* (paul.catley@open.ac.uk)

Lisa Claydon, *University of Manchester* ([lisa.claydon@manchester.ac.uk](mailto:lisa.claydon@manchester.ac.uk))

In July 2013 the Law Commission for England and Wales published a Discussion Paper proposing the abolition of the insanity defence in English law and its replacement by a defence of not criminally responsible by reason of a recognised mental condition. This paper will look briefly at the need for reform, before looking in more depth at the proposed new defence.

## ***Introducing Legal Insanity in Sweden***

Tova Bennet, *Lund University* (tova.bennet@jur.lu.se)

In the Swedish criminal system everyone who commits a crime is, regardless of their mental status, considered responsible for their actions. An assessment of intent is made in all cases, and the same requirements apply to all defendants. According to the Swedish Criminal Code, the court may however 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*

The courts base their decision on forensic psychiatric reports where the defendant's ability to understand and adjust their actions are evaluated.

The Swedish system for handling mentally disordered criminal offenders is almost unique in the world and there is an on going political discussion on re-introducing an insanity defence. The most recent suggestion for legislation includes a definition of insanity with the same wording as the section of the criminal code above.

### **Introducing legal insanity in Sweden?**

The focus of the talk is to introduce the most recent proposal to reintroduce a legal standard for insanity or accountability in Swedish criminal law (SOU 2012:17). The talk will include a review of the legal and political debate preceding and following the presented suggestion as well as a discussion on the underlying principles of criminal law related to the issue. Last, but not least, the implications for the field of forensic psychiatry will be presented and discussed.

## ***Evaluation of the Strategic Training in Community Supervision Program in the Swedish Probation Service***

Charlotte Jakobsson, *University of Gothenburg* (charlotte.jakobsson@neuro.gu.se)

The Strategic Training in Community Supervision (STICS) program, developed in Canada, is intended to enhance the professional progress of community supervision officers and to systemize their interventions in adherence with the “Risk, Need, and Responsiveness” principles. The goal of this project is i), to evaluate the STICS program within the Swedish Prison and Probation Services, and ii), to extend and replicate a previous published evaluation of this method. Clients voluntarily applying will be randomly ordered into one of two groups; 1) the “Experimental Group”, consisting of 24 randomly chosen probation officers who have received STICS training, 2) the “Control Group” consisting of 20 officers without any training in STICS. Each officer will supervise 6 clients during the study period. Three supervision sessions (after 1, 4, and 7 months) will be audio taped and the quality of supervision will be analyzed. In addition, official information about changes in the clients’ behavior during supervision will be collected as well as register based post-supervision criminal recidivism (convictions) during a one year follow-up period. Preliminary results show significant differences between the experiment- and the control group regarding use of cognitive behavioral techniques in the sessions. The Probation Officers in the experiment group is also more therapeutic and teaching orientated.

## **170. Risk Assessment and Diagnostic Tools**

### ***MUPS – Medically Unexplained Physical Symptoms – How might they be treated? Assessing risk in the management of MUPS***

Chloe Atkins, *University of Calgary* (catkins@ucalgary.ca)

Medically Unexplained Physical Symptoms can prove to be the bane of the patient and of the physician. Our study, financed by a Canada Institute of Health Research Ethics Catalyst Grant: “Best Ethical Practices in Managing Uncertainty in Medical Diagnosis: An Investigation of Ethical Principles Applied to Decision-making,” takes a phenomenological approach to patient and practitioner experiences of uncertain diagnoses. Open-ended interviews reveal that patients loathe being diagnosed with “stress-related” Our study reveals that patients and practitioners can feel as though they are antagonists in dealing with uncertainty. Patients complain that their symptoms are dismissed and, clinicians tell us that their training does not prepare them to handle MUPS patients. Yet, both populations acknowledge that mental health awareness and approaches are key to holistic symptom management. However, mental health theories and practices towards MUPS remain stigmatized. With no apparent treatment, MUPS, patients may demand trials of unproven agents that are only available by prescription. Are physicians ethically bound to consider requests which may be in conflict with professional ethics? How do patients and physicians assess risk in managing uncertainty? These and other questions are explored during the presentation.

### ***Development of an Indirect Assessment Measure to Predict Interpersonal Awareness and Adaptability***

Charles Morgan III, *University of New Haven* (lachesis@me.com)

This project was designed to develop an indirect assessment tool for evaluating personality and cognitive styles of a target so as to predict his behavior. Concurrent and discriminant validity was conducted with a valid personality instrument (NEO-PR(R)). Validation of behavior prediction was done in a field administration in 64 war-fighters exposed to novel, stressful, situations during a military selection program. Analysis indicated that the instrument's main personality factors were: Social Adaptability and Emotional Stability/Stress Tolerance. Its main attentional factors were External Awareness, Cognitive Errors and Decisiveness/Detail Orientation. Social adaptability was positively associated with the personality trait of Openness; Emotional stability/Stress tolerance was negatively associated with Neuroticism. External Awareness was positively correlated with Openness and the trait of Conscientiousness but negatively correlated with Neuroticism. Cognitive Errors were negatively associated with Openness. Social Adaptability, External Awareness and Decisiveness/Detail Orientation all positively predicted performance in selection scenarios. The present findings suggest that it is possible to develop a valid psychological profile and predict certain aspects of performance without direct interaction between the assessor and the target. Indirect assessment tools are relevant to professionals working in the defense community; future studies exploring the validity of such instruments in non-American populations are underway.

### ***Systematic Analysis of Texts and Pictures as an Investigative/Diagnostic Tool***

Henriette Haas, *University of Zurich*, (henriette.haas@psychologie.uzh.ch)

To improve inferences about psychological and social evidence contained in pictures and texts, a five-step algorithm—Systematic Analysis (SA)—was devised. It combines 5 basic principles of interpretation in forensic science, providing a comprehensive record of signs of evidence. After being trained in SA prosecutors and police detectives (N = 217) attributed it a good usefulness for criminal investigation. Effects of applying SA were tested experimentally with 41 subjects, compared to 39 subjects observing naturally (NO) and 47 subjects guessing intuitively (IG). Subjects (graduate students) using SA found significantly more details about 4 test cases than those observing naturally (Subjects who learned SA well abducted significantly better hypotheses than those who observed naturally or who guessed intuitively (forthcoming in *J. of Forensic Science*). Applying SA improved observation significantly and reduced confirmation bias. Two examples of the method's application in investigative and clinical practice will be shown. One (analysis of pictures) concerns the evaluation of a drawing made by a suspect for conspiracy to murder, the other (analysis of texts) concerns the evaluation of therapeutic progress of juvenile offenders according to their own words.

## ***A Comparison of Cognitive Tests to Identify Cognitive Speed Impairment in Forensic Psychiatric Patients and Control Subjects***

Sylwia Zgorska, *Regional Forensic Psychiatric Clinic, Växjö, Sweden*  
(sylwia.zgorska@ltkronoberg.se)

Cognitive impairments are generally present in many psychiatric disorders, and cognitive speed is most crucial for cognitive functions. A relationship between general intellectual ability and cognitive speed has been reported, however, the concept of cognitive speed is unclear.

The aim of this study was to investigate compatibility of the findings on cognitive speed between two widely used psychological tests: WAIS-IV and IVA+Plus on a group of forensic psychiatric patients (n=20) without AD/HD and a non-psychiatric control group (n=20), and to explore differences between the groups.

Both groups were tested with IVA+Plus and subtests from WAIS-IV (Symbol Search, Coding, Matrix Reasoning), and were matched for gender, age and education.

The results display that the patients were significantly slower on visuomotor processing speed and visual reaction time compared to controls. There were no significant differences in reaction time on auditory signals or on fluid intelligence between the groups.

No significant correlations were found on cognitive speed between the tests, reflecting a variation of measured cognitive domains and a need for a further clarification of cognitive speed.

To conclude, WAIS-IV was more sensitive in detecting cognitive speed impairments compared to IVA+Plus. There were no concordance found on cognitive speed between the tests.

## ***Evaluating Adolescents' Psychological Functioning in Juvenile Justice Systems with the MMPI-A and MMPI-A-RF***

Robert Archer, *Eastern Virginia Medical School* (archerrp@evms.edu)

The Minnesota Multiphasic Personality Inventory (MMPI) had a long and extensive history in the assessment of juvenile delinquents in the United States, extending back to research conducted in the early 1940s. The Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A), the current form of the MMPI for adolescents, is the most widely used objective measure of adolescent psychopathology in forensic settings in the United States. Further, the MMPI-A has also received more extensive research attention when used with adolescents in clinical and in forensic settings than any other personality assessment measure. The purpose of this presentation will be to review the uses of the MMPI-A in evaluating adolescents in the juvenile justice system, and the role of test findings in assisting the court in adjudication, sentencing, and placement decisions. The literature on the use of the MMPI-A in a variety of forensic settings will be reviewed, including the use of this test instrument in predicting conduct disorder behaviors, substance abuse, and aggression. The potential role of the newest revision of the MMPI-A, the Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF), scheduled for release in 2015, will also be briefly reviewed.

## **171. Safeguarding Adults: Multi-Disciplinary Perspectives from across the UK**

### ***Defining Adult Safeguarding in the UK***

Alisa Stewart, *University of Strathclyde* (alisa.e.stewart@strath.ac.uk)

This presentation will set the context for the session. It will identify key concepts that interact within the broad scope of adult safeguarding and protection. Conceptualising the many facets of adult protection such as ethical issues, changing social constructions, differing thresholds of risk among different professionals, is a challenging and complex task for a range of social, health and legal practitioners working within a constantly evolving policy and legislative landscape. Therefore this presentation will consider a range of contested definitions that have contributed to discourse and debate. It will also provide an overview of the range of adults who may require support and protection within a range of settings, including institutions and community. It will also highlight the major themes that arise in the field of adult safeguarding, including: an understanding of risk in the context of an adult's right to self-determination; the concept of capacity and approaches towards balancing care and control. It will introduce some of the key challenges in working with adults at risk of harm and highlight potential for interaction across legal and procedural structures.

### ***Adult Safeguarding and Adults Who Lack Capacity***

Gillian MacIntyre, *University of Strathclyde* (Gillian.macintyre@strath.ac.uk)

This presentation will consider the concept of incapacity from theoretical, legal and practice perspectives. It will discuss issues that arise in relation to the assessment of incapacity and potential substitute decision-making procedures from a multi-jurisdictional perspective within the UK. A short overview of the legislative landscape will be provided including an analysis of the key differences across jurisdictions. In particular, opportunities for empowering and safeguarding the rights of adults will be explored. The presentation will discuss case examples and will highlight particular areas of good practice around: the promotion of human rights; monitoring and regulation; and the development of 'graded-guardianship' in order to promote independence while offering appropriate levels of support.

### ***Safeguarding People at Risk of Suicide and Self-Harm***

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

This presentation will outline a range of issues and dilemmas that arise when safeguarding people with suicide and self-harming behaviours. Key risk factors and indicators of suicide and self-harm will be identified and the presentation will situate these in wider social and economic contexts. Various strategies for the management of self-harm and prevention of suicide will be discussed. Policy at a UK level will be identified and its impact assessed alongside findings from local research in order to consider the latest evidence for interventions in this area. The role of a range of professionals will be considered, with particular emphasis on front line services, including health and social care practitioners and the police. Case examples will be used to identify barriers to effective practice; including professionals' responses to adults who repeatedly present with suicidal and self-harming behaviours, who need and often demand high levels of emotional support. The presentation will conclude by exploring a number of effective approaches and methods of interventions, which are drawn from front-line practitioners' experiences in a local authority in Scotland.

### ***Safeguarding within Institutional Settings***

Andrew Molodynski, *Oxford Health NHS Foundation Trust, Oxford, UK*  
([Andrew.molodynski@oxfordhealth.nhs.uk](mailto:Andrew.molodynski@oxfordhealth.nhs.uk))

People living with severe mental illness may find themselves in institutions and detained under legislation designed to protect them and others. This deprivation of liberty places a reciprocal responsibility on such residential or secure settings to use the 'least restrictive' mechanisms to support their recovery. The institutions themselves vary significantly; from small self-contained care homes/hospitals to large complex secure hospitals with established hierarchies and a number of specialised units within them. All these environments provide (for varying periods of time) for all basic needs such as food and shelter and (to varying extents) social contacts. This presentation will examine the implications of institutional care for safeguarding and describe good practice, including innovative thinking around applying 'co-production' to these settings for both patients and carers. Examples of situations where safeguarding has not worked will also be described and recommendations for future developments identified.

### ***Safeguarding People with Mental Health Problems***

Jim Campbell, *Goldsmiths University of London* ([j.campbell@gold.ac.uk](mailto:j.campbell@gold.ac.uk))  
Gavin Davidson, *Queen's University* ([g.davidson@qub.ac.uk](mailto:g.davidson@qub.ac.uk))  
Gillian MacIntyre, *University of Strathclyde* ([Gillian.macintyre@strath.ac.uk](mailto:Gillian.macintyre@strath.ac.uk))

This presentation will focus on the two main areas of law and policy (compulsory admission to hospital and the use of Community Treatment Orders (CTOs)). It begins with a discussion about how such legal processes are designed to safeguard people with mental health problems,

followed by critical analysis of the factors which impede practice, and adversely affect the lives of citizens. This will include reference to the literature which indicates potentially inadequate systems of supportive decision-making, problems caused by interdisciplinary working, experiences of discrimination by specific groups and the effects of paucity in community based resources. The focus will be on safeguards specifically for those experiencing mental distress. These safeguards are designed to protect people's health and welfare but also their fundamental rights. This will include comparison of: the principles contained in mental health laws in England and Wales, Scotland and Northern Ireland including; criteria for compulsory intervention; the assessment processes; the level and nature of advocacy available to people; the authorisation and appeal processes; and the arrangements for monitoring and oversight. This section will also consider the relevance of international human rights standards and will consider how effective these have been in safeguarding people experiencing mental distress.

## **172. Sentencing and Detention of Youth in Adult Prisons: Legality, Litigation and Psychological Consequences**

### ***Policies Regarding the Incarceration of Youth in Adult Facilities***

Brenda V. Smith, *American University, Washington College of Law*  
(bvsmith@wcl.american.edu)

Most countries prohibit both capital punishment and life without parole (LWOP) for those below the age of 18. Surprisingly, the U.S. only recently abolished the death penalty for youth: initially for those 15 and younger (*Thompson v. Oklahoma*, 1988) and then for those 16 and 17 years of age (*Roper v. Simmons*, 2005). However, 42 states have the option of imposing LWOP for youth – and in 27 states mandatory sentencing policies restrict judicial discretion. Prior to the late 1980's any charge against a youth under 17 had to be filed in juvenile court and sanctions were served in the juvenile system. This changed and prosecutors could request a transfer from juvenile to adult court, bypassing judicial oversight through automatic waivers for certain offenses. This frequently left limited sentencing options resulting in an increase in sentences of LWOP within adult facilities. In a review of 154 countries only three countries (South Africa, Israel and Tanzania) had LWOP policies. However, in contrast to the more than 2,500 affected persons in the U.S., there were a total of 12 persons sentenced to LWOP in those 3 countries. Most states have a minimum age at which this sentence can be given, however in 14 states, there is no minimum age at which juveniles can be tried as adults and sent to prison for natural life.

### ***Social and Psychological Consequences for Youth Incarcerated within Adult Facilities***

Sheryl Kubiak, *Michigan State University* (spk@msu.edu)

Youth in conflict with the criminal/legal system are a particularly disadvantaged population and often come from backgrounds of family dysfunction and maltreatment. Between 70% and 95% of detained youth have at least one psychiatric diagnosis; with substance abuse and dependence affecting 40%–70%. Over a third of these youth have special education needs. Compound these factors with the psychosocial immaturity of adolescence, and the effect this immaturity has on decision-making, and youth within adults prisons are particularly vulnerable. Research has shown that juveniles in adult facilities are at much greater risk of harm than youth housed in juvenile facilities. The suicide rate for juveniles held in jails is five times the rate in the general youth population and eight times the rate for adolescents in juvenile detention facilities. Moreover, while youth in adult and juvenile facilities were equally likely to be victims of property crime while incarcerated, juveniles in adult facilities were more likely to be violently victimized. This exposure to violence and male-modeled antisocial behavior is a risk factor for the development of sexual and nonsexual aggression and delinquency in juveniles, as well as exacerbating previous trauma. The emphasis on punishment, compromised visitation, and the lack of resources for education and treatment have a greater impact on youth.

### ***Litigation on Behalf of Youth Incarcerated in Adult Prisons***

Deborah LaBelle, *Attorney-at-Law, Ann Arbor, USA*, (deblabelle@aol.com)

This session will address a model of advocacy litigation for challenging the adultification of youth in the criminal justice system in the United States, utilizing a human rights model. A specific focus is on increasingly successful challenges to 1) excessive punishment of youth by focusing on human rights standards to treat children consistent with their child status ( such as challenges to juvenile life without parole and de facto life sentences) ; 2) incarceration of youth in adult prisons with increased risk of sexual and physical victimization, solitary confinement and suicide. The session will examine the importance of close collaborations between litigators and adolescent behavior and brain development experts, trauma experts and social historians in the this area of litigation and advocacy. and The session will also address the use of international forums and bodies to enhance domestic challenges, including involvement in Thematic and Merits Hearings before the Inter-American Commission on Human Rights and testimony before CERD, CAT and ICCPR and the impact of racial disparity in the treatment of youth in the criminal justice system. LaBelle, in concert with the ACLU, released two documentation reports: 1) Second Chances and 2) Basic Decency: Protecting the human rights of children prior to filing litigation on behalf of youth in the state of Michigan, successfully challenging the sentencing of 358 youth to LWOP and development of a interdisciplinary team of doctors, lawyers, psychologists and social scientists to prepare youth mitigation hearings for resentencing. The second litigation , filed on behalf of a class of youth in adult prisons, followed a thematic hearing before the IACHR and is pending.

### ***The Worst Boy in America***

Katherine Hunt Federle, *Ohio State University* (federle.1@osu.edu)

In 1916, twelve-year-old Willie Zimmer was charged with murder. He came from a family of poor Irish immigrants who had settled in New Orleans, Louisiana. His parents had separated, in part because his father had allegedly physically abused his mother. Willie managed to obtain a firearm and, according to the police, shot and killed his mother. At that time, the juvenile court had no jurisdiction over murder cases, so Willie was charged in criminal court as an adult and faced a sentence of death. The newspapers called him the “Worst Boy in America.” But as the result of an intense letter writing campaign by women’s groups across the country (over 30,000 letters were received), the New Orleans District Attorney dismissed the criminal charges and filed the case in juvenile court. Many, if not most, aspects of the case offer modern parallels: the treatment of poor children, easy access to firearms, the effects of domestic violence, the role of mental health professionals in the justice system, the jurisdictional boundaries of the juvenile court, the politics of the charging decision, punishment, and redemption. It is within these facets that we see the dominant themes of the modern American juvenile justice system.

### ***The Challenge in Decertification Cases of Hispanic Teenagers in the United States***

Solange Margery Bertoglia, *Thomas Jefferson University Hospital*  
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As of 2013 in the United States, approximately one in five teenagers (ages ten to nineteen) are Hispanic. Hispanic teenagers are treated more harshly than Caucasian teenagers with the same offenses. The disparity can be seen at different phases in the juvenile justice system, including arrests, waivers to the adult criminal justice system, and sentencing. The Hispanic teens’ parents struggle to be effective advocates while facing problems with language barriers, lack of resources and support, and their naivety over the U.S legal system. To help explain these challenges, this presentation will elaborate on the mitigation and decertification (attempt to transfer case down to juvenile court) case of a Hispanic teenager charged with murder.

### **173. Sex Offenders (I)**

#### ***Assessment of Emotional and Volitional Impairment in Evaluations of Sex Offenders***

Eric Simon, *California Department of State Hospitals, Sacramento, USA*  
(ericssimon@yahoo.com)

The civil commitment of certain high risk sex offenders through Sexually Violent Predator (SVP) laws has generally withstood civil rights challenges on the basis of requirements of a mental abnormality and some degree of emotional and volitional impairment. However, the legal concepts of emotional and volitional impairment in Sexually Violent Predator (SVP) evaluations are vague and ill-defined. This presentation provides a review of the legal terms of emotional and volitional impairment as they have been contemplated in the extant SVP statutes, SVP case law, logical constructions, and the limited empirical studies. To bridge the gap between psychology and the law, a broad, theory-based heuristic framework is furnished for understanding emotional and volitional impairment at a depth, psychological (and intra-psychic) level. Specifically discussed are the concepts of transference, repetition compulsion, fixation, cathexis, regression, identification with the aggressor, and the object-relations and self-psychology concepts related to a loss of possession of the self.

### ***Sexual Self-Schema, Interpersonal Behavior and Sex Offenders' Cognitive Distortions: A Preliminary Study***

Vera Sigre-Leirós, *Universidade do Porto* ([vera.sigre.leiros@gmail.com](mailto:vera.sigre.leiros@gmail.com))

Joana Carvalho, *Universidade do Porto* ([joana.pereira.carvalho@gmail.com](mailto:joana.pereira.carvalho@gmail.com))

Pedro Nobre, *Universidade do Porto* ([pnobre@gmail.com](mailto:pnobre@gmail.com))

**Introduction:** Multifactorial models of sexual offending suggest, among others, the relevance of interpersonal and cognitive factors on the conceptualization of aggressive sexual behavior. The aim of the study was to investigate the relationship between sexual self-schema dimensions, interpersonal behavior, and cognitive distortions in rapists and child molesters.

**Method:** Thirty-six men convicted for rape and 24 men convicted for child sexual abuse answered the Bumby Rape Scale and the Bumby Molest Scale, respectively, as well as the Men's Sexual Self-Schema Scale, the Interpersonal Behavior Survey, and the Brief Symptom Inventory.

**Results:** Results from partial correlations (controlling for psychological distress levels) showed that rapists' "Justifying Rape" cognitive distortions were positively related to general aggressiveness ( $r = .40, p < .05$ ) and to powerful-aggressive sexual self-schema dimension ( $r = .35, p < .05$ ). Likewise, child molesters' cognitive distortions were negatively related to passionate-loving sexual self-schema dimension ( $r = -.50, p < .05$ ), and marginally and negatively related to general assertiveness ( $r = -.41, p = .051$ ).

**Conclusions:** Overall, findings supported the interrelationship between interpersonal and cognitive features in sexual offenders, which should be recognized in the definition of effective rehabilitation programs. Further investigation on this topic is recommended.

### ***Information Exchange and Monitoring of Serious Sexual and Violent Offenders Who Travel across EU Member States: Issues of Risk, Rights, Prevention and Privacy***

Sarah Hilder, *De Montfort University* ([shilder@dmu.ac.uk](mailto:shilder@dmu.ac.uk))

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Increased travel and open borders across much of the EU has resulted in increased capacity for serious violent or sexual offenders to travel or migrate to other Member States within the EU. In some instances this results in (ex)offenders living and working in Member States with less monitoring, regulation or supervision than they would experience in their home Member State; and in some cases such persons travel across borders without any tracking or information exchange about their known criminality. A growing number of tragic cases have resulted from this situation. This paper presents results of an EU funded project reviewing current information systems within the EU, and the challenges and issues faced by law enforcement and probation service personnel in effectively using such systems. Key issues are perceptions of privacy, data protection restrictions, rights to free movement, and a range of legal and ethical constraints upon the choices and actions of staff. In comparing practice in Member States, the varying weight given to these issues against perceptions of risk and crime prevention are critical in the effective use or otherwise of existing mechanisms to track, monitor and exchange information on mobile serious violent or sexual offenders. Arguably open borders necessitate a shift from a position of individual sovereignty to a collective EU wide approach to crime prevention in such cases.

### ***A New Life: Criminal Innovation and Imagination as Driving Forces in the Creation of New Identities by Registered Sex Offenders***

Donald Rebovich, *Utica College* ([drebovi@utica.edu](mailto:drebovi@utica.edu))

This presentation draws upon findings from the recently released study, “Hiding in Plain Sight? A Nationwide Study of the Use of Identity Manipulation by Registered Sex Offenders”. The study (funded by the U.S. Bureau of Justice Assistance) was an exploration of methods used by registered sex offenders to avoid the U.S. sex offender registration/monitoring system. The methods employed center on the manipulation of offender identities to allow them to live at “non-sanctioned” residences. Results from the study include interviews with enforcement personnel (in a variety of states) responsible for tracking registered sex offenders. Results are compared to findings, obtained by the author, of observation of group therapy sessions of sex offenders participating in a suicide prevention program. Highlights include a discussion of driving forces that influence offender decision-making to alter their identities and the most common methods used to do this.

### ***How Molesters Carry Out Offenses against Boys: Exploring Techniques of Execution by Using Victim Statements within the Boy Scouts of America***

Leah Shon, *University of Louisville* (leahshon@gmail.com)

Previous studies of child molestation have assumed psychological, psychiatric, and clinical approaches to analyzing offenders' behaviors. Each study explains offenders' preferences for children as sexual targets according to its disciplinary assumptions. However, few have examined the situational aspects of child molestation and their dynamics. The purpose of this study is to fill this void by using previously kept confidential files within the *Boy Scouts of America* (1960 through 1990). This research utilizes victim statements to determine how offenders carried out their offenses, as experienced, recalled, and related by the victims themselves. This study also explores how adults who are associated with the youth-centered organizations, such as the *Boy Scouts of America*, use their power and authority to carry out sex offenses against boys. The characteristics of both victims and offenders in the dynamics of same-sex child molestation are also highlighted.

## **174. Sex Offenders (II)**

### ***Antilibidinal Hormonal Treatment Considerations for Mentally Disabled Perpetrators: An Ethical Minefield***

Rob Brouwers, *University of Tilburg* (brour@xs4all.nl)

When to consider antilibidinal hormonal treatment (AHT) in mentally disabled perpetrators with recurrent impulsive violent sexual behavior with the objective to minimize the risk on recurrent sexual violence? It seems that most perpetrators are not impulsive and a minor group is opportunistic, do not plan their actions and become situational aroused.

AHT, such as steroidal antiandrogens and gonadotrophin-releasing hormone (GnRH) analogues, are effective in paraphilic disorders (Hill, Briken, Kraus, Strohm and Berner, 2003, Garcia and Thibaut, 2011).

But what do patients understand from their treatment program (Graham and Brookey, 2008) and are they able to make a proper decision in this complex matter? If more freedom is possible with AHT, it will be hard to refuse.

In the Netherlands AHT is not an option for coercive treatment. AHT has advantages such as diminishing sexual arousal, decreasing amount of violence, enhancing control and decreasing anger responses (inhibiting dominance and risk taking), but the question is if it is a necessity if the patient has 24 our supervision for other reasons.

According to the new law for mentally disabled patients (that will apply in 2015) it is seen as a kind of coercive treatment, even if there is agreement and the patient want to take this kind of treatment on free will.

### ***Prevention of Osteoporosis Due to Anti-Libidinal Androgen Deprivation Therapy***

Jelle Troelstra, *Van der Hoevenclinic, Utrecht, the Netherlands* (jtroelstra@hoevenkliniek.nl)

Hormonal anti-libidinal medication reduces the availability of testosterone. This will decrease the sensitivity to sexual stimuli. Furthermore, there will be a lower level of sexual craving and less tendency to become sexually active. In men, testosterone is the only raw material for estrogen production. The resulting drop in estrogen production can lead to side effects. To prevent the side effect osteoporosis patients use calcium, vitamin D and a bisphosphonate. Bone density is measured by DEXA scans at regular intervals. The results of these measurements during years of Androgen Deprivation Treatment in sex offenders will be presented. A promising new development is the possibility to measure markers of bone metabolism in blood. The first results of these measurements will be presented. The psychiatrist will often work together with a physician and an endocrinologist to prevent osteoporosis.

### ***Science and the Sex Offender: Advances in Bioscientific Research on Pedophilia and Implications for the American Criminal Justice System***

Colleen Berryessa, *University of Pennsylvania* (berrco@sas.upenn.edu)

In recent years, neuroscientific, genetic, and other types of scientific research have begun to shed some light on the biological influences to the etiology of sexually deviant behavior and, specifically, pedophilia. This research has corresponded to growing academic dialogue on how advances in biological research, especially concerning the causes and development of particular mental disorders or behaviors, may potentially influence traditional practices of the American criminal justice system, as well as influence how different types of criminal behavior and offenders are scientifically, legally, and socially understood, treated, managed and adjudicated within the American criminal justice system. This presentation aims to supplement this dialogue by exploring two areas in which there may be implications of research surrounding biological contributions to pedophilia for the American criminal justice system. First, I will look at the implications of these types of research for the five traditional objectives of punishment in the American justice system. Second, this presentation will discuss how scientific research on biological contributions to sexual deviance and pedophilic behavior, paired with the historical and political development and state policy divergence of *Sexually Violent Predator* laws, could potentially influence the civil commitment of sex offenders in the future.

### ***Partialism: The Behavioral Dyscontrol and Fantasy Immutability***

Henrique Staut, *ABC Medical School* (henriquestaut@hotmail.com)

Priscila Vilela Silveira Bueno, *ABC Medical School* (priscila.vilela@uol.com.br)

A forty-eight-year-old married male patient initiated treatment at the Sexual Disorders Outpatient Clinic of ABC Medical School (ABSEX) claiming recurrent and intense fantasies and sexual activities about women's feet. In addition, he also claimed urolagnia activities, heavy use of pornography and searches for sex with fetishistic themes. The patient also presented losses in daily life, marriage, professional activities, narrow repertoire and difficulties in controlling his impulses. He had residual symptoms of a depressive episode that was treated before in another clinic. Our psychological treatment included redirect masturbatory activities, empathy and self-esteem training and Pharmacologically. He received treatment with antidepressants, anticonvulsants and opioid agonist, searching for greater control of sexual drive. His wife was active and supportive about the treatment. The treatment can help the patient control his/her behavior and redirect his/her choices, despite the immutability of the sexual fantasies. In this case, the desire to be treated was essential for the outcome, and the participation of family can be an essential tool in creating another kind of reward. Although its classification as a category is questioned, the partialism (a form of fetishism) can cause a great amount of harm in personal, family, and social functioning; which makes its specialized treatment very important.

### ***Offending Presbyopia: Recognizing and Managing Dementia in Sexual Offenders***

Bradley Booth, *Royal Ottawa Mental Health Centre, Ottawa, Canada* (brad.booth@theroyal.ca)

Current literature notes that sexual offending recidivism decreases with age (Hanson 2006). Older age decreases scoring and associated risk on the Static-99R and Static-2002R in addition to many other actuarial tools. This decreased risk may be a result of natural decreases in sex hormones, lowered libido, decreased impulsivity, increased physical impairment or other as yet unknown mechanisms. Regardless of the reason why, most elderly sex offenders would be considered very low risk statistically. While large scale studies would confirm this low risk, meta-analysis and other large scale studies are designed to wash out individual differences. As such, mental health issues contributing to risk may not be shown.

In addition to a low rate of reoffending, comorbid dementing illness is also thought to be of low prevalence in this population of elderly sex offenders. However, individuals with dementia may pose special risks and issues for clinicians managing this population. In this presentation, a review of the current literature around dementia will be given. Challenges and recommendations around management strategies of dementing sexual offenders will be discussed. In addition, preliminary data will be presented suggesting the prevalence of dementing illness is higher than previously reported likely due to under-recognition.

### ***Comparison of Sexual Dysfunction in Women with Migraine and Multiple Sclerosis (MS)***

Mahsa Ghajarzadeh, *Tehran University of Medical Sciences* (m.ghajarzadeh@gmail.com)

Migraine and multiple sclerosis (ms) are two neurological disorders that influence different aspects of affected women's lives. Sexual dysfunction is rarely considered as a co-morbid with them. The goal of this study is to evaluate sexual function and depression in women experiencing either migraine according to The International Classification of Headache Disorders (ICHD-2) criteria or MS. Eighty six married migraineurs and 86 age- matched married MS cases were asked to fill out valid and reliable Beck depression inventory (BDI) and FSFI (Female Sexual Function Index ) questionnaires. BDI score was higher in women with migraine than in MS cases, and BDI scores in both groups were high in cases with sexual dysfunction. BDI score was significantly correlated with total FSFI and its subscales in both groups. Multiple linear regression analysis between the FSFI as a dependent variable and age, BDI and education level as independent variables showed that age and BDI are independent predictors of FSFI in both groups.

Depression should be considered as the leading cause of sexual dysfunction in patients with either MS and migraine.

## **175. Sex Trafficking**

### ***International Sex Trafficking: Successfully Identifying Victims and Making Culturally Competent Treatment Referrals***

Stacy Cecchet, *Seattle University* (stacyc@seattleu.edu)

The purpose of this workshop is to provide an interdisciplinary framework for understanding and working with survivors of child and adolescent sex trafficking. Human trafficking is a form of modern day slavery currently enslaving over 20.9 million people worldwide. With 100,000 children trafficked within the United States alone each year, the U.S. remains the second largest consumer in the world. As there is a significant paucity of research in this field, this presentation fills an important gap in the extant literature and is paramount in providing a culturally competent and comprehensive model for working with, and advocating for, survivors. Unfortunately, service providers typically have a poor understanding of human trafficking, misidentify survivors, lack competency in minimum standards of care for survivors (i.e., stereotyping, criminalization, marginalization of victims), and fail to provide systemic care such as housing, vocational support, trauma-focused therapy, addiction treatment, or comprehensive medical care. Topics covered in this workshop include the psychological needs of adolescents and women escaping the sex trade, the interdisciplinary nature of treating the unique trauma suffered by its victims, and the culturally sensitive services required to treat their needs.

### ***Theory and Human Sex Trafficking: Post Traumatic Stress, Domestic Violence and Human Trafficking***

Frances Bernat, *Texas A&M International University* (frances.bernat@tamu.edu)

Human sex trafficking is a worldwide problem that victimizes millions of persons each year. The victims of human trafficking can be male or female, children or adults. Like many crimes of violence, it is difficult to know exactly how many people are enslaved. Worldwide, it is estimated that there may be as many as four million men, women and children trafficked each year and about 30 million slaves around the world who are exploited in 137 nations. Among the most vulnerable victims are girls and boys who are trafficked in prostitution networks. Ironically, their exploitation can be both traumatic and accepted. The sex trafficking victims may have been beaten, raped, threatened with their death or the death of family back home and are kept in debt bondage – little or no pay in exchange for a place to live and small amounts of food to eat. Some women contract HIV and are then expelled from brothels which strive to protect customers from disease. Children who are sexually trafficked are especially prone to contracting sexual disease because their reproductive systems are immature and thus vulnerable to infection. Once in a trafficking location, victims are trapped and find it difficult to leave their enslavement. In the United States, if communities are to help victims leave their human trafficking plight and get effective assistance, then the trauma that they experience must be better understood. This paper analyzes criminological theory to show the relationships that exist between domestic violence victimization and human trafficking victimization.

### ***The Co-Occurrence of Domestic Violence and Sex Trafficking in Criminal Justice Involved Adults***

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Sex trafficking and domestic violence often co-occur, and yet much remains unknown regarding the intersection of these two important issues. This research study will explore the co-occurrence of domestic violence and sex trafficking from multiple samples of adult women involved in the US Criminal Justice System, including a sample of 440 women who attended a prostitution diversion program, a qualitative sample of 19 former sex workers and sex trafficking victims in the Southwestern United States, and a sample of 377 incarcerated women in the Southeastern United States. Differences between women who have experienced both domestic violence and sex trafficking victimization are compared to women who have experienced only sex trafficking or domestic violence. Quantitative findings include higher levels of reported trauma symptoms as well as higher reported childhood abuse histories for women reporting the co-occurrence of domestic violence and sex trafficking. Qualitative findings include the need for sex trafficking training of criminal justice personnel. Clinical implications include the necessity of engaging the domestic violence service community in awareness as well as developing clinical interventions that incorporate treatment of issues specific to sex trafficking victimization.

## ***Identifying Victims of Sex Trafficking in the United States: The Ability of Law Enforcement to Correctly Identify Victims and Refer to Culturally Appropriate Services***

Stephanie Martinez, *Seattle University* ([martin97@seattleu.edu](mailto:martin97@seattleu.edu))

Stacy Cecchet, *Seattle University* ([stacyc@seattleu.edu](mailto:stacyc@seattleu.edu))

Human trafficking is a form of modern day slavery that currently enslaves over 20.9 million people worldwide. Defined by the United Nations as the recruitment, harboring, and transportation of humans with force or threats for exploitation, human trafficking became a focal point for the United States government in the late 1990s with official laws coming online to protect trafficking victims in 2000. Sex trafficking, one of many forms of human trafficking, is the third largest and the fastest growing form of global criminal activity. Currently, limited data exists regarding law enforcement's perceptions of sex trafficking and ability to identify victims. The purpose of this study is to evaluate whether or not law enforcement officers are able to (1) correctly identify victims of sex trafficking and (2) refer victims to culturally appropriate services. Culturally appropriate services include medical, vocational, housing, educational, psychological, and other related social services. Data will be collected through an anonymous survey that will be distributed to a wide range of law enforcement agencies and units that come into contact with sex trafficking victims such as: the Seattle Police Department's foot and bike patrol units, detectives, street patrol, immigration/customs, and the FBI. These findings will provide essential information regarding the successful identification of sex trafficking victims, and how victims are viewed by law enforcement and processed in the criminal justice system. Additionally, these findings will have important implications for future standards and policies in the assistance of sex trafficking victims.

## ***Exploring Current Perceptions of Prostitution Stereotypes among College Students***

Noelle Kappert, *Seattle University* ([kappertn@seattleu.edu](mailto:kappertn@seattleu.edu))

The purpose of this research is to investigate male and female students' current perceptions on the issues and stereotypes surrounding prostitution and their level of awareness of the role that prostitution plays in domestic sex trafficking. It is estimated that the global commercial sex trade generates over 50 billion dollars annually with hundreds of thousands of women trafficked into the sex trade every year. Demand reduction as a strategy to combat sex trafficking is a relatively novel application that focuses on the integral role of clients (i.e., johns) participating in the domestic buying and selling of women and children for sexual services. Demand reduction is based on the theory that reduced demand (i.e., decreasing the number of men purchasing sex from women and children in forced prostitution) will lead to reduced supply (i.e., individuals sold for sex). The goal of this research is to create a platform through which awareness can be

generated about domestic sex trafficking, individuals can be educated about forced prostitution, and Helfgott-IALMH 2015 Panels Page 7 of 7 advocacy efforts for victims of forced prostitution can be increased among college students. Achieving these goals will likely lead to the genesis of a generation that views purchasing sex and women in prostitution as victims rather than a commodity.

### ***From Disposable Women to Trafficking Victims: The Promises and Perils Prosecuting Prostitution Defendants in New York's Novel Human Trafficking Courts***

Aya Gruber, *University of Colorado* (aya.gruber@colorado.edu)

In October 2013, New York unveiled an unprecedented statewide initiative to prosecute prostitution-related offenses in “Human Trafficking Intervention Courts (HTIC),” alternative, treatment-oriented courts. Chief Judge Jonathan Lippman explained during the court's highly publicized roll-out, that they are designed to “to intervene in the lives of trafficked human beings and to help them to break the cycle of exploitation and arrest.” To that end, the HTICs reconceptualize sex work within American criminal justice in multiple ways: From “disposable” quality-of-life offenses to fronts in the war on trafficking; from prostitutes as responsible criminal agents to prostitutes as coerced victims; from formal (but truncated) criminal proceedings to informal procedures featuring counseling, services, and assistance. A range of (often conflicting) actors and ideologies have combined to establish this court reform, from anti-prostitution feminists to sex worker advocates who view these courts as strategic opportunities to decrease punishment. The HTIC also presents a mixed picture of improving outcomes for some women while harming others and undermining some gender stereotypes while reinforcing others. Because New York's HTIC is likely to be replicated as a model, this Article aims to provide a comprehensive empirical and critical analysis of the court, including the impact of reframing prostitution as trafficking, whether the court improves women's lives, how the court interfaces with prosecutions of traffickers, and the relationship between the court and policing practices.

## **176. Sexual Assault**

### ***Police and Prosecutorial Decision Making in Sexual Assault Cases***

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

Police and prosecutors serve as the “gatekeepers” to the criminal justice system. We analyze decisions made in sexual assault cases using quantitative data on sexual assaults reported to the Los Angeles law enforcement agencies in 2008 and qualitative data from interviews with detectives and deputy district attorneys. We argue that decisions made by police and prosecutors

should not be examined in isolation from one another and that researchers who analyze arrest decisions by examining only cases that are formally cleared by arrest or who focus only on charging decisions that follow the arrest of a suspect may be ignoring important aspects of police and prosecutorial decision making. The result of these overlapping decisions is that a significant proportion of cases in which the police appear to have probable cause to make an arrest do not result in the arrest of the suspect and that a substantial number of cases are rejected for prosecution by the district attorney *before* an arrest is made. Our goal is to disentangle these overlapping decisions and, in so doing, to illuminate the ways in which policies and practices of these law enforcement agencies contribute to a low arrest rate and inflate the official charging rate.

## ***Equal Access to Justice? Rape Victimization and the Psychosocial Disability***

Louise Ellison, *University of Leeds* ([l.e.ellison@leeds.ac.uk](mailto:l.e.ellison@leeds.ac.uk))

Katrin Hohl, *City University London* ([katrin.hohl.1@city.ac.uk](mailto:katrin.hohl.1@city.ac.uk))

Vanessa Munro, *University of Leicester* ([vanessa.munro@le.ac.uk](mailto:vanessa.munro@le.ac.uk))

Paul Wallang, *St. Andrew's Healthcare* ([pmwallang@standrew.co.uk](mailto:pmwallang@standrew.co.uk))

In a context in which research evidence indicates high rates of alleged sexual victimization amongst adults with psychosocial disabilities (PSD), this presentation sets out to explore some of the challenges that are posed to the criminal justice system by these types of complainants. This is achieved by drawing upon rape allegation data recently collected by the London Metropolitan Police Service over a two month period. The analysis of this snapshot of Metropolitan Police rape reporting suggests that a significant number of rape complainants have recorded PSDs, and that these complainants are significantly more likely than those without recorded PSDs to experience additional, circumstantial vulnerabilities, including intellectual disability, alcohol and/or drug dependency, and repeat victimization. Findings also suggest that cases involving complainants with recorded PSDs are significantly more likely to suffer attrition – to ‘drop out’ of the criminal justice system - due to police or prosecutorial decision-making. This presentation reflects upon possible explanations for this heightened attrition rate but also uses this snapshot analysis as a stepping off point from which to highlight the need for more sustained critical research on the treatment of complainants, and the adequacy of police and prosecutor training and practice in this area.

## ***Male Rape: Attribution of Blame and Severity as a Function of the History of the Victim and His Behavior during and after the Rape***

Yael Idisis, *Bar-Ilan University* ([idisisy@bui.013.net.il](mailto:idisisy@bui.013.net.il))

Dalia Sharvit-Menashe, *Sha'ar Menashe Mental Health Center* ([Daliamenashe@gmail.com](mailto:Daliamenashe@gmail.com))

The study examined the attributions of blame and severity of male rape. Sixty participants (forty-six women and fourteen men) were presented with eight rape scenarios. Each scenario included information about variables related to the victim's pre-rape history of victimization (Yes/No), degree of resistance he exhibited during the rape (Weak/Strong), and behavior after the rape (meeting with the attacker – Yes/No). For each of the eight rape scenarios, participants were asked to assess the extent of the victim's contribution to the rape, the offender's contribution and the severity of the event on a scale of one to ten. As hypothesized, all the variables influenced attributing blame to the victim. Most of participants demonstrated stereotypical attitudes and endorsement of rape myths with regard to a male victim. It is surprising that the highest level of blame was assigned as a function of victim behavior following the rape since behavior after the fact has no bearing whatsoever on the commission of the crime. These findings are discussed with respect to Defensive Attribution Theory, Just World Theory and the sociology of emotions.

## **177. Sexual Health, Psychiatric Care Systems, and Mental Health Policy: A Global Perspective**

### ***Sexual Health and Mental Health: A UK Perspective from Service Users, Mental Health Staff, and Researchers***

Elizabeth Hughes, *University of York* ([E.C.Hughes@hud.ac.uk](mailto:E.C.Hughes@hud.ac.uk))

The issues related to sexual health and serious mental health has received limited attention in the UK. There is an urgent need to address this health inequality. This aim of the presentation will be to give an overview of the UK perspective, then move on to discuss the programme of research that has commenced. Dr. Hughes has convened a funded Clinical Research Group on sexual health and mental health, and the purpose of this is to develop a collaborative team to develop research proposals. This work has involved a service user consultation event and focus groups with mental health nursing staff. The findings of these two activities will be presented. In addition, Dr. Hughes will present the findings of exploratory work into sexual behaviour and sexual stigma in people with serious mental illness, and a mixed methods study of the attitudes, practice and training needs of mental health staff. The presentation will conclude with recommendations for service provision, care pathways and training needs for staff.

### ***Poor Integration of Sexual Health Services among Psychiatric Centers in Brazil***

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Mark Guimarães, *Federal University of Minas Gerais* ([mark.guimaraes@gmail.com](mailto:mark.guimaraes@gmail.com))

The Brazilian National Health System guarantees free access and full integration of health services nationwide. However, limited data exist on the extent to which mental health treatment centers abide by these regulations. We examined the prevalence of STIs in a national representative sample (n=2,475) of psychiatric patients (15 hospitals and 11 outpatient centers) and how mental health centers provided integrated care. The weighted prevalence of serological markers was 0.8% for HIV, 2.0% for HBsAg, 1.7% for Anti-HBc, 2.5% for Anti-HCV, and 2.0% for Syphilis. History of any STI (e.g. syphilis, chancroid, gonorrhea) was reported by 25% of participants. Both hospitals and outpatient centers demonstrated poor referral and counter-referral systems for these sexual health conditions. In particular, prevention and care for STIs lack adequate infrastructure including personnel, training, and equipment. Very few services had any sexual education program or distributed condoms. None provided specific HIV/STI-related structured intervention. Public health policies, including implementing and/or improving integrated sexual health care for psychiatric patients, are urgently needed for the prevention and care of HIV/STI in mental health settings in Brazil and for the sexual health and well being of those it provides with services.

### ***Application of HIV and HCV Law to Psychiatric Inpatients in New York, USA***

James Satriano, *Columbia University, NY State Office of Mental Health*  
(satrian@nypsi.columbia.edu)

Public health laws concerning HIV and HCV have changed radically in the last few years in New York State. HIV public health law at its inception placed exceptional protections on guarding the volitional nature of learning one's HIV status and provided strict confidentiality protections for the serostatus of the tested individual. HCV testing was generally only conducted when the provider suspected high risk or the patient was symptomatic. Recent epidemiological data showed that a significant number of cases of HIV and HCV were going undiagnosed as a result. Public health policy in New York has been instituted to make HIV and HCV testing routine in health care settings, including inpatient psychiatric hospitals. Implementing such testing in a psychiatric population raises several important issues for policy and practice. Psychiatric patients may lack capacity to make such judgments at admission and testing may have to be deferred to a later date. Also, treatment for HCV is prolonged and for HIV lifelong, necessitating long-term follow-up and critical medication compliance. Issues of patients' ability to complete HCV care and adequately adhere to HIV care are critical in treatment decisions for this population. These issues will be explored through compelling and common case dilemmas.

### ***Access to HIV/AIDS Services for Psychiatric Patients in Rwanda***

Francine Cournos, *Columbia University* ([fc15@cumc.columbia.edu](mailto:fc15@cumc.columbia.edu))  
Alfred Ngirababyeyi, *Université Catholique de Louvain* (ngirababyeyialfred@yahoo.fr)  
Pamela Collins, *National Institute of Mental Health, New York, USA* (Pamela.collins@nih.gov)

Beata Mukarusanga, *Ndera Neuropsychiatric Hospital, Kigali, Rwanda*  
(mukarusanga@columbia.edu)

Rwanda is a small country in sub-Saharan Africa that has made special efforts to identify and treat psychiatric patients with HIV infection. This presentation describes that initiative, which includes offering all psychiatric inpatients and outpatients at Rwanda's only psychiatric hospital, Ndera Neuropsychiatric Hospital (Ndera NPH), voluntary HIV testing; enrolling patients who test positive into Rwanda's national program for HIV care and treatment; providing continuous care for both mental illness and HIV infection; offering psychosocial support to people with mental illness living with HIV; providing counseling on HIV risk reduction strategies in the context of mental health; and working with district hospitals to increase their capacity to provide integrated mental health care and HIV treatment to patients who live too far from Ndera hospital to continue to receive their co-located outpatient care on-site for both HIV and mental illness. This presentation discusses the impetus for and evolution of this program, including barriers and facilitators. The presenter contrasts Rwanda's program to the relative neglect of HIV infection among people with severe mental illness in the United States, suggesting that high-income countries can learn important lessons from low-income countries.

### ***Substance Use and Sexual Health: The Roles of Clinical Practice and Policy in Risk-Taking and Engagement in HIV Care in Sydney, Australia***

Shiraze Bulsara, *Albion Centre/UTS, Sydney, Australia*  
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The HIV epidemic in Australia largely affects men who have sex with men (MSM), with the largest concentration of people living with HIV in Sydney, New South Wales (NSW). The Albion Centre (Albion) is a public health ambulatory care setting in Sydney, Australia, and consists of a multidisciplinary team who offer HIV/sexual health screening and testing, and HIV treatment. A major priority identified in the NSW Health 'Treatment as Prevention' Strategy is increasing and maintaining engagement with health services to support antiretroviral treatment adherence and virological suppression, and transmission prevention. Substance use is an issue among the MSM community in Sydney, and the impact of this on sexual risk-taking behaviours is well documented. At Albion, approximately 20% of presentations to the Psychology Unit are substance-related. This presentation will review the current literature and consider the effects of technology, stigma and self-efficacy on the role substance use plays in sexual risk-taking and engagement with HIV care. It will also describe the activities that are undertaken at Albion to maximise the NSW Health Strategy, and address substance use in this population.

## **178. Special Populations within the Criminal Justice System**

## ***Causes and Contributors to Veterans' Criminal Justice Involvement: Veterans' Perspectives***

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David Albright, *University of Missouri* ([albrightd@missouri.edu](mailto:albrightd@missouri.edu))

Clark Peters, *University of Missouri* ([petersm@missouri.edu](mailto:petersm@missouri.edu))

Although it is unclear what factors dispose some veterans to offend, evidence shows that veterans face elevated risk of mental illness and substance use and experience difficulty adjusting post-deployment, which puts them at higher risk of arrest. The aim of this study is to explore, from veterans' perspectives, the contributors to their criminal justice involvement. We conducted in-depth interviews with 28 adults who served in the United States Armed Forces and are on probation or parole for felony offenses. Data analysis was conducted using Schatzman's grounded dimensional analysis. Study participants represent a heterogeneous group of veterans with varying time in service, exposure to combat, discharge status, and criminal justice involvement. We found that substance use is a significant contributor to arrests and that use was a way for veterans to cope with: (1) trauma during and after the military; (2) interpersonal stress; and (3) their transition from military service member to civilian. Some of their substance use was evident, and problematic, prior to military service, while others found the military culture and conditions post-service to contribute to problematic use. Veterans were also arrested due to difficulty adjusting to civilian life (e.g., changing mindset) and social disadvantage (e.g., financial instability).

## ***Housing First: Current Evidence Base and Implications for Future Research***

Kathi Trawver, *University of Alaska* ([ktrawver@uaa.alaska.edu](mailto:ktrawver@uaa.alaska.edu))

Historically, supported housing programs targeting services for homeless persons with serious behavioral health disorders have required significant stabilization prior to being offered access to housing. This "treatment-before-housing" constraint has left many of the most seriously disordered individuals untreated, homeless, and recycling between the streets, shelters, hospitals, and the criminal justice system. The Housing First (HF) model is a relatively new approach to supported housing that is gaining popularity in the U.S. as well as internationally (e.g., Canada, Australia). HF models provide housing and then work toward engagement in services. HF programs share the following common characteristics: a) no requirement to demonstrate housing readiness; b) individual choice of housing location and type; c) comprehensive engagement, behavioral health, and other social services are offered, but are not required as a condition of housing; and d) utilization of a harm reduction approach, but no requirement of absolute sobriety (Waegemakers Schiff & Rook, 2012). HF is intended to serve those individuals with the most chronic housing challenges and serious behavioral health issues, many of who have significant

criminal justice involvement. Empirical evidence for HF effectiveness, especially for justice-involved homeless individuals, is still developing. This presentation will provide a brief overview of the model and a comprehensive critical summary of current strengths and limitations to the expanding body of knowledge about HF outcomes (e.g., housing retention, behavioral health indicators, quality of life, criminal recidivism) for individuals experiencing serious mental illness, co-morbid substance use, criminal justice involvement, and homelessness. Implications for future research will be discussed.

## ***Co-Occurrence of Criminal Justice Histories, Mental Illness, and Substance Use among Supportive Housing Residents***

Stacey Barrenger, *New York University* (sb4705@nyu.edu)

**Aim:** Supportive housing programs (SHP) in the United States target individuals with histories of homelessness and mental illnesses. It is likely that individuals within supportive housing programs also have histories of incarceration and substance use; however this has not been investigated. This paper examines substance use and histories of incarceration in a population of subjects with serious mental illnesses living in SHPs.

**Methods:** Case study analyses of interviews with 26 formerly homeless adults explored the relationship between mental illness, substance use, and criminal justice involvement within each individual case. Cross-case analyses examined the differences in life trajectories among individuals.

**Results:** The interplay between substance use, mental illness, and criminal justice involvement was complex and varied among participants. Criminal offenses covered a wide range of offenses. Substance use often exacerbated psychiatric symptoms or contributed to criminal activity. For some participants, incarceration was the initial or only source of psychiatric treatment. Avoidance strategies (people, places, and things) were common as a means to prevent additional incarcerations. A subset of residents in SHPs has complex histories, including incarceration, and may benefit from additional supportive services.

## ***Access to Recovery and Recidivism among Former Inmates***

Bradley Ray, *Indiana University-Purdue University Indianapolis* ([bradray@iupui.edu](mailto:bradray@iupui.edu))

Victoria Buchanan, *Indiana University* ([vicbucha@umail.iu.edu](mailto:vicbucha@umail.iu.edu))

Dennis Watson, *Indiana University* (dpwatson@iu.edu)

Access to Recovery (ATR) is a SAMHSA funded initiative that offers a holistic approach to substance abuse recovery by including nontraditional support services alongside clinical treatment. ATR clients are linked to a recovery consultant who provides vouchers for community resources and services that help overcome barriers to recovery. The program emphasizes

autonomy in the recovery process by allowing clients to choose which services will help them in their road to recovery. This study examines the effect of ATR on criminal recidivism. Using intake and discharge survey data from Indiana's ATR program, we follow a subsample of clients who had been previously incarcerated. Linking ATR data to DOC data, we look at the likelihood of recidivism following ATR discharge and whether the specific types of services selected by ATR clients played a role in re-offending. Our findings reveal that recidivism rates of ATR clients are similar to statewide averages and that there were few effects of specific services on subsequent recidivism. However, we find that there are significant differences in recidivism across the agencies where ATR services were provided. We suggest that certain agencies may be better at providing clients with services that reduce criminal behaviors regardless of ATR.

### **179. Stop Now and Plan: Development and Cross-National Experiences Implementing a Model Intervention Program for Behaviourally Challenged Children**

This panel is devoted to the Stop Now And Plan (SNAP®) model program, an evidence-based intervention program for children with behavior problems, at risk of justice system involvement. SNAP was developed by Dr. Leena Augimeri and her colleagues at the Toronto, Child Development Centre. Launched in 1985, this gender sensitive program has been implemented widely throughout Canada, is increasingly being implemented in the U.S. and Europe. The panel consists of an overview of the content and history the SNAP program, provided by Dr. Augimeri, followed by presenters from four countries where SNAP has been in operation to discuss their implementation, program delivery experiences and the outcomes this innovative service has achieved.

### ***Building Evidence-Based Programs and Taking Them to Scale: SNAP Trials, Triumphs, and Lessons Learned***

Leena Augimeri, *Child Development Institute, Toronto, Canada* ([laugimeri@childdevelop.ca](mailto:laugimeri@childdevelop.ca))

Nicola Slater, *Child Development Institute, Toronto, Canada* ([NSlater@childdevelop.ca](mailto:NSlater@childdevelop.ca))

Margaret Walsh, *Child Development Institute, Toronto, Canada* ([mwalsh@childdevelop.ca](mailto:mwalsh@childdevelop.ca))

This presentation will focus on how Child Development Institute (CDI), a children's mental health centre in Toronto, Canada, successfully developed, evaluated, implemented, and replicated its Stop Now And Plan (SNAP®) model (a cognitive behavioural multi-component therapeutic strategy and program designed to help children improve self-control and problem-solving skills). The program development process began with a review of the scientific literature, the development of a theoretical framework and treatment model; from the onset, the scientist-practitioner approach was an integral part of the model's development. Presenters will highlight key research findings that established SNAP® as an evidence-based program. Despite successful replications over 10 years and 100 licenses, CDI identified the need for a comprehensive

implementation/fidelity framework to help ensure sustainability and program quality assurance. This framework helps to further formalize implementation, training, consultation, data collection, fidelity/competency reviews and program evaluation activities. Over the 10 years of implementing SNAP<sup>®</sup>, CDI learned five key factors: 1) adherence to the model; 2) restraint from making modifications; 3) training and consultation; 4) ongoing fidelity/competency audits; and 5) selecting the right staff, including a champion. These factors and others such as assessing site readiness, organizational commitment, supports and resources will be discussed.

### ***SNAP Expansion: A Community Members' Journey to Bring Philanthropic, Government, and Community Partners Together to Implement SNAP in Pittsburgh***

Darla Poole, Auberle, Pittsburgh, USA ([darlap@auberle.org](mailto:darlap@auberle.org))

Tom Canfield, Pittsburgh Social Venture Partners, Pittsburgh, USA ([tom.canfield@gmail.com](mailto:tom.canfield@gmail.com))

This presentation will highlight the successes and lessons learned from a community member's journey to advocate and successfully secure partners and funders to implement the SNAP model program in Pittsburgh, USA. Highlights from this journey will be shared and will include the importance of stakeholders support in early the implementation processes. Funders, advocates, program developers and service delivery organizations formed a Steering Committee to support the development of an implementation workplan that guided a SNAP pilot in Pittsburgh. With accountability built into the model, evidence of program effectiveness was established resulting in securing sustainable long-term funding. Hear about how Auberle a premier nationally recognized human services agency in Pittsburgh, USA (dedicated to helping build strong communities, families and successful youth) was selected in 2007, by the Pittsburgh Steering Committee to implement SNAP in their community and participated in the largest SNAP random control trial study conducted by Drs. Jeff Burke and Rolf Loeber.

### ***New Culture, New Language: Trials and Tribulations of Moving SNAP to a New Culture/Language and the Value of Champions in the Netherlands***

Corine de Ruiter, Maastricht University ([corine.deruiter@maastrichtuniversity.nl](mailto:corine.deruiter@maastrichtuniversity.nl))

Lieke van Domburgh, LSG Rentray, Utrecht, The Netherlands ([lvandomburgh@intermetzo.nl](mailto:lvandomburgh@intermetzo.nl))

This presentation will present the process of implementing the SNAP model in an international context. Researchers in The Netherlands from the University of Maastricht and a community based organization LSG-Rentray in Utrecht worked with the SNAP developers to translate the SNAP program into Dutch and make adaptations to connect with local communities, while still maintaining the key components and steps of SNAP. Presenters in this presentation will discuss

the trials and tribulations of this process, including a major lesson learned of the value of SNAP champions. Finally, presenters will discuss the steps taken post-translation and implementation and the importance of public awareness and knowledge dissemination to help new programs gain roots in a new community.

### ***SNAP in Scotland: Keeping the Momentum and the Engines Running***

John Flanagan, *Young Persons Support Team, Social Services and Health, Irvine, Scotland*  
([jflanagan@north-ayrshire.gov.uk](mailto:jflanagan@north-ayrshire.gov.uk))

Xanthe Wylie, *Educational Psychologist, Irvine, Scotland* ([xwylie@north-ayrshire.gcsx.gov.uk](mailto:xwylie@north-ayrshire.gcsx.gov.uk))

Two sites in Scotland, City of Glasgow and Northern Ayrshire Council, have a unique history to their involvement with SNAP. This presentation will highlight the implementation of SNAP in Scotland as one component of a multi-disciplinary and multiple program approach to prevention and early intervention focus on reaching the most vulnerable children within their primary school system. Presenters will outline the reasons for choosing SNAP as an intervention and how the financial value and cost—benefits of SNAP played a role in the program selection process. Presenters will also discuss the value added of completing comprehensive assessments using the Early Risk Assessment Tools to ensure treatment focuses on level of risk and need.

### ***SNAP for an Aboriginal Audience: A Cooperative Community Adaptation***

Donald Nicholls, *Cree Nation Government, Mistissini, Canada* ([dnicholls@gcc.ca](mailto:dnicholls@gcc.ca))

This presentation will describe lessons learned throughout a unique implementation of the evidence-based SNAP model in remote, indigenous communities in northern Quebec, Canada. The SNAP® clinical model was successfully implemented throughout a 4 year period within 2 Northern Quebec Cree communities (Mistissini and Waswanipi). These communities were chosen due to the growing crime and victimization of their young people with exposure to high incidences of domestic assault, child abandonment, access to drugs and alcohol etc., largely as a result of the legacy of the residential school system. Upon completion of the 4 year program, lessons learned and suggestions offered by the SNAP® Implementation team were sought and incorporated into a Companion Manual for SNAP® in Aboriginal Communities. This manual was designed as a tool to support other indigenous communities to address potential challenges and solutions based upon the unique history, language and way of life of each community when implementing the SNAP® Model Program. Given that children were benefitting from the SNAP® programs, but were poorly accessed by parents, the program has evolved into a SNAP® Schools Universal model designed to be delivered within all of the 9 Cree communities. In this way, more children will be reached and families of these children will be able to access services within the school setting.

## 180. Strengths-Based Approaches for Mentally Ill Suspects and Offenders

Freya Vander Laenen, *Ghent University* ([freya.vanderlaenen@ugent.be](mailto:freya.vanderlaenen@ugent.be)) - Moderator

### *The Legal Position of Mentally Ill Offenders: an International and European Framework*

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**Introduction:** The case law of the European Court of Human Rights (ECHR) demonstrates that human rights of mentally ill offenders within the criminal justice system are violated in various member states. The mixed position of this group of ‘vulnerable defendants’, namely being qualified both as offender and as mentally ill, seems to establish a greater liability for member states when it comes to protecting their legal position. Moreover, case law and literature show that a number of labels are used to denominate this group of mentally ill offenders (e.g., mentally ill, mentally disabled, psychosocial disabled, patient etc.). **Aims & results:** This presentation aims to analyse and compare the definition of the mentally ill persons in psychology and in law, drawing on relevant literature, case law and legislation (acts, policies, bills, etc.). It further aims to identify the International and European frameworks applicable to mentally ill offenders within criminal justice systems. To this end, the European Convention on Human Rights and the UN Convention on the Rights of Persons with Disabilities are discussed, as well as the judgments of the ECHR.

### *Mentally Ill Offenders and Cross-Border Cooperation in Criminal Matters in the EU. A Plea for Adequate Guarantees*

Michaël Meysman, *Ghent University* ([Michael.meysman@ugent.be](mailto:Michael.meysman@ugent.be))

Gert Vermeulen, *Ghent University* ([gert.vermeulen@ugent.be](mailto:gert.vermeulen@ugent.be))

Tom Vander Beken, *Ghent University* ([tom.vanderbeken@ugent.be](mailto:tom.vanderbeken@ugent.be))

**Introduction:** In its press release of 27 November 2013, the European Commission presented two proposals directly stemming from the Council Procedural Roadmap’s Measure E on the need for special safeguards for suspected or accused persons who are vulnerable. Whereas the roadmap envisions improved attention for a vulnerable subject regardless of the origins of this vulnerability – be it due to age, mental or physical condition – the recent proposals indicate a

clear differentiation between vulnerability based on the defendant's age on the one hand, and the (adult) defendant's mental or physical capacities on the other hand. As such, a proposal for a Directive for procedural safeguards for children was presented, whereas adult defendants in criminal proceedings will have to satisfy with a mere non-binding Recommendation. **Aim:** While it may be defended that an accumulation of these sources for diminished capacity is not preferable, the Commission's approach and underlining rationale seem equivocal. Competence issues and demonstrated needs will serve as samples for this. **Results:** Without aiming to promote a viewpoint of vulnerability where one cause is hierarchically decisive over the other, a case will be made for an equally adequate instrument for defendants with a mental disorder in criminal proceedings.

## ***Strengths-Based Assessment of Mentally Ill Offenders***

Ciska Wittouck, *Ghent University* (ciska.wittouck@ugent.be)

Tom Vander Beken, *Ghent University* (tom.vanderbeken@ugent.be)

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Kurt Audenaert, *Ghent University* (kurt.audenaert@ugent.be)

Introduction: According to procedural justice theory, experiencing procedural justice (PJ) in decision-making processes is preponderant on the outcome of the decision-making process. Those affected by decision-making processes experience this process as more fair when strategies in accordance with PJ are applied. Experiencing procedural (in)justice can affect people's satisfaction with and their reactions towards the decision-making process and the decisions taken. Experiencing PJ could be especially important for marginalized groups, such as mentally ill offenders and involuntary psychiatric patients. Negative experiences with legal authorities can preclude the intended outcomes of these encounters, while experiencing PJ during these encounters may enable individuals to experience therapeutic outcomes. The experience of PJ can thus serve therapeutic jurisprudence, which is defined as the extent to which legal procedures and decisions can affect therapeutic outcomes in the individuals involved. **Aim:** This systematic review aims to summarize empirical research findings regarding PJ in mentally ill offenders and involuntary psychiatric patients. **Methods:** Web of Knowledge was consulted to identify studies examining PJ in adult mentally ill offenders or in adult involuntary psychiatric patients. **Expected results:** During the oral presentation the preliminary results of this systematic review and the implications for future research will be discussed.

## ***Desistance in Mentally Ill Offenders***

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**Introduction:** Most criminological research focuses on processes that lead to offending. Yet, the study of desistance is a growing field in criminology. Desistance is a dynamic and gradual process resulting in the termination of a criminal career. From research with offenders, it has become clear that this process is the result of a complex interaction between social factors and agency factors. However, most desistance research so far did not study the desistance process in mentally ill offenders. **Aim:** The current study focuses on ‘personal desistance’ as an extension of personal recovery, to find out what mentally ill offenders consider to be desistance and which influences they experience as positive in their process of desistance. **Method:** This research is a qualitative mentally-ill-offender-centered study, consisting of three phases: (1) exploratory focus groups, (2) in-depth interviews, and (3) returning to the field focus groups. **Expected Results:** Since most psychiatric disorders have a complex and chronic nature combined with episodes of acute symptoms, it is conceivable that the desistance process differs for mentally ill offenders rather than other offenders. The study thus wants to complement the existing desistance literature.

## ***Evidence-Based Strategies for Recovery-Oriented Support of Mentally Ill Offenders***

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**Introduction:** When treating mentally ill offenders (MIO), subjective quality of life is often overlooked. Available studies indicate that clinical attention is concentrated primarily on interventions that seek to reduce the risk of recidivism by targeting the offenders’ criminogenic characteristics. Yet, precisely the aspect of being able to live a fulfilling life may be important in decreasing recidivism in the long run. Recent international developments in the field of forensic psychiatry reveal promising pathways to support MIO (e.g. Good Lives Model).

**Aim:** This study aims at making an inventory of evidence-based strategies for recovery-oriented support of MIO and wants to enhance the scientific knowledge on critical factors concerning recovery in the existing support and treatment of MIO.

**Results:** The presentation will highlight the results of a systematic literature review concerning documented and effective interventions which initiate, facilitate and maintain the recovery process. Available research shows that effective treatment and care for MIO is evidence-based with a clear focus on psychiatric and criminogenic factors and on risk management. Limited research on recovery in secure facilities shows that recovery is possible when the context is adjusted to a recovery-oriented approach. Thus, a shift in objectives of treatment from ‘service-based’ to ‘user-based’ is required.

## ***The Role of the Social Network in the Recovery Process of Mentally Ill Offenders***

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**Introduction:** Both the mentally ill offender (MIO) as well as his family and social network can be affected by the difficult situation MIO's 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 unusual experience. This study focuses on the recovery process of the social network as well as on how the social network could support MIO's social inclusion.

**Aim:** The presentation will focus on: (1) the study protocol; and (2) on the results of a systematic literature review. The purpose of the literature review is to summarize the scientific state of the art with regard to MIO's social network and family members.

**Results:** The first results show that the personal views of MIO's social network members have largely been absent in scientific literature up until now. Little research focuses on the perspective and needs of the social network members of MIO's. We will discuss some suggestions as to how our research and future studies could more incorporate the social network's personal perceptions and how this could influence the support for both MIO and his social network.

## **181. Substance Abuse and Drug Addiction (I)**

### ***The Metropolis and Its Configurations of Crack Use***

Esdras Cabus Moreira, *Bahiana School of Medicine and Public Health, Salvador, Brazil*  
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The inhalation of the vapor produced by hard crystals of cocaine (the crack) increased in the largest Brazilian urban centers. This study observes the relationship between crack use and the city. Which spaces are constituted by the practices of acquisition and consumption of crack? How can the repressive forces of the State acting in deprived and socially excluded populations shape the perception of the city space by the crack user? Seven crack users were interviewed in-depth in an addiction center of Brazil. The intense crack craving and resulting behavior create different experiences. For the middle class crack user, the public spaces have reduced consumption relations. The crack as a commodity creates a space homogenized by the money (the convenience space). However, the poorer user perceives a space of violence established by the drug dealers and by the police forces (the resistance space). The city is no longer the neutral

space of the drug commerce, but a place of exclusion influenced by the local dealer practices and by the repression of the State, which creates a state of exception.

### ***Characterization Profile of Female Crack Users in the Penitentiary System Hospital Center in São Paulo, Brazil***

Quirino Cordeiro Jr. , *Irmandade da Santa Casa de Misericórdia de São Paulo*  
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Over the past 20 years the use of crack spread in the Brazilian population, with a gradual increase in women users. Knowing that among women prisoners mostly their crimes are associated with illegal psychoactive substances, this study is aimed to characterize the profile of women using crack in general hospital of the prison system (CHSP). We interviewed 46 women, with ages ranging 21-48 years (mean 27.44). The ages of onset of use of crack ranged 10-41 years with a mean of 18.8 years. Regarding years of consumption it ranged from zero to 16 years, with an average of 5.5 years. Of these women, 30% have been reported more than 50 days straight using crack. When asked which drugs used were consider, to the users, the one that brought more harm to them, 85% indicated crack as the main one. Therefore, all these data presented corroborate the fact that mental illnesses related to prisoners, especially substance use disorders, become an issue of public health and safety that must be better understood and studied.

### ***Demographic Characteristics, Cognitive Performance, Drug Consumption, and Legal Status of 76 Persons in a Prison Hospital in Brazil Who Spontaneously Declared Crack/Cocaine Use***

Lilian Ribeiro Caldas Ratto, *Irmandade da Santa Casa de Misericórdia de São Paulo*  
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We investigated the main characteristics of 76 arrested persons of the State of São Paulo, Brazil, who were under medical care on a General Prison Hospital. They answer the “Addiction Severity Index-6” and the Mini-Mental State Examination (MMSE). Demographic characteristics: 29.9±1.0 years old, 38% male, 51.4% multiracial; 36.8% have 8 years of formal education, 57.9% never married. MMSE scores were lower than 24 in 36.8% of these persons, indicating that they have dementia. All of them are polydrug users and have in common the abuse of crack/cocaine. They referred the 3 main abuse of the following drugs: 1) crack/cocaine - 100%, first use 21.9±0.5 years old, use for 6.2±0.4 years; 2) alcohol – 100%, first use 14.9±0.3 years old, use for 9.9±0.6 years; 3) Cannabis – 95.5%, first use 15.0±0.4 years, use for 9.9±0.5 years. The mean age of the first arrestment is 22.5±0.8 years, and they are 2.7±0.5 years in prison this time. The main cause of the arrestment was robbery/assault (39.5%), followed by drug charges (25%). In conclusion, this group of prisoners’ is polidrug users who showed high frequency of

dementia. The majority have social impairment, as they never married and the main problem with law was by robbery/assault.

## ***The Questionable Appropriateness and Effectiveness of 12 Step/Alcoholics Anonymous Models for Older Women***

Alison Barnes, *Marquette University* (alison.barnes@marquette.edu)

A growing number of mature American women are being identified as substance abusers, typically because of alcohol use, possibly with prescription drugs that exacerbate poor judgment and behavior. Many are ordered into treatment for driving under the influence. For example, one study of police records from 1999 - 2011 in the Los Angeles area found that arrests for women age 51-60 increased 81%, age 61-70 increased 67%, and age 70+, 76%. Overall, the number of arrests of men fell during the time frame. Other women over age 50 entered treatment voluntarily because of domestic or employment difficulties. Nearly all these women, regardless of any prior substance issues, are compelled or strongly advised to participate in Alcoholics Anonymous, the “12-steps” quasi-spiritual model of recovery from substance abuse. Alcoholics Anonymous and related programs have “meetings” around the world and anecdotally are found to be important interventions in substance abuse. However, there is growing skepticism about the ubiquitous recommendation of AA as it has evolved in the United States, where it originated in the 1930s. In particular, there is good reason to doubt the appropriateness and effectiveness when the participant is older, has limited history of substance abuse, and especially if she is female.

## **182. Substance Abuse and Drug Addiction (II)**

### ***Ethical Considerations in Collaborations between Criminal Justice Supervisors and Substance Abuse Counsellors in Community Programs in the US***

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Kevin Barnes-Ceeney, *John Jay College of Criminal Justice* ([kbarnesceeney@jjay.cuny.edu](mailto:kbarnesceeney@jjay.cuny.edu))

With the advent of drug courts in the US, there has been a great increase in criminal justice referrals to community substance abuse programs. A large percentage of clients in substance abuse programs are now referred by the criminal justice system. Key to the success of these clients is appropriate collaboration between the substance abuse counselor and CRJ supervisor. This paper will outline key ethical issues confronting this collaboration. Substance abuse counselor ethics focus on the client. In our view, the ethical considerations should not leave out community safety. The challenge is to balance this with ethical responsibilities to the client. On the other hand, CRJ supervisors tend to focus on community safety and may not understand or support the substance abuse treatment program mandated for some of their clients. Similarly, we

feel that CRJ supervisors should not only focus on community safety but appropriately support their clients' substance abuse treatment. We will review the current codes of ethics for substance abuse counselors and the ethics literature on CRJ supervisors. We will discuss some of the challenging aspects of this collaboration, as for example, when a client tests positive for drugs but has made good progress in his treatment. We will conclude with suggesting elements for the creation of a good model for collaboration.

### ***In and Out of Criminality and Substance Abuse – Life Stories***

Marie Väfors Fritz, *Malmö University* (marie.vafors.fritz@mah.se)

Many individuals would agree that desistance from crime and substance abuse is a process and not a one-time event. In order to enhance the understanding of this process, a small number of in-depth interviews were conducted to listen to the subjective voices of individuals that have been through the hazards of trying to repeatedly leave a life of crime and substance abuse. During 2013-2014 men and women in the ages between 20-50 yrs. of age were asked to narrate their own life stories. The purpose of the study was to investigate the lives of people with repeated substance abuse and criminal behavior. Semi-structured interviews were used in order to give the narrators the feeling of conveying freely their life story and yet giving the interviewer opportunity to ask about and thus cover aspects of their lives known in the literature as risk factors to develop antisocial behavior. The subjects were recruited by the general manager together with a psychiatric consultant at a treatment center for repeated and hard to treat individuals with severe substance abuse problems and criminal behavior. Results will convey both the power and challenges of individual perceptions on family and social bonds and utilization of health care.

### ***Psychological Distress Associated with Certain Aspects of the Homosexual Experience and its Interactions with Addictive Trajectories***

Jorge Flores-Aranda, *Université de Sherbrooke* (Jorge.flores.aranda@usherbrooke.ca)

**Objective:** To describe and understand the interactions between psychological distress associated with certain aspects of the homosexual experience and addictive trajectories among gay and bisexual men.

**Methods:** A qualitative study based on symbolic interactionism was carried out. Semi-structured interviews were conducted with thirty-five gay and/or bisexual men having problematic substance use. A thematic analysis was performed.

**Results:** Many participants experienced distress when they were aware of their homoerotic desires. This distress has influenced their drug use initiation and/or the intensification of this

behaviour. In some cases, acceptance of homosexual desires led to the reduction in drug use. Distress associated with a HIV positive diagnosis (43% of the sample were HIV+) also influences the initiation or the intensification of drug use as well the decrease of it, when this condition is accepted. In addition to the psychological distress, drug availability in places of gay socialization is trivialized and influences initiation and/or intensification of drug consumption. Despite addiction therapies do not always address these issues; they sometimes promote a greater acceptance of sexual orientation and/or HIV status.

**Discussion:** It is important to take into account different dimensions of the homosexual experience in addiction preventive interventions and addiction treatments.

### ***A Three Year Prospective Design Shows the Protective Effects of Social Supporters on Drug-Related Offenders' Relapse in Japan***

Kenji Yokotani, *Niigata Seiryō University* (yokotani@n-seiryō.ac.jp)

The longitudinal, protective effects of social supporters on adolescents' drug use were convincing in previous studies, but their effects on adult drug use were inconsistent. The present study sampled 223 inmates arrested for drug-related crimes in Japan and examined the longitudinal effects of social supporters on drug-related recidivism (relapse) through a three-year prospective design. According to Japanese correctional records, 61 individuals relapsed within three years of their release. Results suggested that social supporters outside prison were significantly associated with the decreased risk of relapse, even if participants' age, sentence length, number of prison terms, educational levels, and membership in the mafia were controlled. Social supporters outside prison could have protective effects on drug-related offenders' relapse.

### ***Harm Reduction and the Austrian Addiction Policy***

Alfred Uhl, *Austrian Public Health Institute, Vienna, Austria* (Alfred.uhl@uhls.at)

Austria has not officially decided on a comprehensive policy to deal with illicit and licit drugs but has an implicit policy formulated in the form of many independent laws and regulations. Since most countries have a formalized addiction policy, the Austrian government decided to develop a written policy as well. As a first preparatory step, the Ministry of Health commissioned a Delphi study involving almost a hundred renowned Austrian experts from research, prevention, treatment, and administration, to formulate central positions to prevent and treat substance-related problems. The results of this Delphi study were published in 2014, but the first official Austrian addiction policy document is still not yet finalized. A central outcome of the Delphi study was that the idea of harm reduction is solidly established within the expertise of different areas and the traditional notion abstinence alone is a sensible goal when treating addiction is virtually non-existent.

## **183. Suicide**

### ***Factors Influencing Professional Assessment of Suicide Risk***

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

According to the WHO, approximately one million people die from suicide each year. This risk is particularly acute in victims of violence, youth in the criminal justice system, and individuals suffering from virtually all mental illnesses. The assessment of suicide risk is thus a critical skill required of all mental health professionals, but particularly those working with clients in a forensic setting. Clinical experience may allow not only for the acquisition of knowledge, but may also include exposures that lead to physiological stress, trauma response and burnout. In an experimental design study, thirty-seven Master of Social Work students specially trained in suicide risk assessment, and thirty-four experienced clinicians conducted assessments of two standardized patients performing in risk scenarios, an older chronically depressed woman, and an adolescent in crisis. This study hypothesized that the previous professional experiences and current emotional state would interact with client variables to influence suicide risk appraisal.

Results revealed that there was no correlation between any measures of personal distress and assessment of risk. The critical factor determining judgment of acute suicide risk was scores on standardized risk assessment scales. The one exception was that younger participants with less experience were significantly less likely to believe that the adolescent required hospitalization than were older participants. Thus, despite a myriad of work related experiences, assessment of suicide risk was determined by appraisal of evidenced based client factors.

### ***Arguments against Assisted Suicide and Euthanasia in Principle and in Prudence***

Carter Snead, *University of Notre Dame* (osnead@nd.edu)

Arguments supporting and opposing physician assisted suicide and euthanasia have roiled the public square in nations around the world. This presentation will offer a critical analysis of the strongest arguments for and against these practices. The talk will begin by situating the debate over assisted suicide and euthanasia in its Anglo-American cultural, historical, and legal context. It will offer a descriptive taxonomy of the various terms in this domain (e.g., “assisted suicide,” “termination of life sustaining measures,” “voluntary euthanasia,” “non-voluntary euthanasia,” and “involuntary euthanasia”). It will next evaluate the strongest arguments in favor of assisted suicide and euthanasia, namely, arguments based on (i) autonomy/self-determination; (ii) state neutrality and pluralism; (iii) fairness; (iv) compassion; and (v) utility/efficiency. Each argument will be evaluated on its own terms, and will be shown to be insufficient. The presentation will conclude by setting forth the most powerful (and decisive) arguments against physician assisted suicide and euthanasia, rooted in prudential concerns

regarding (i) discrimination against the poor, disabled, and elderly; (ii) fraud, abuse, and mistake; (iii) coercion by insurers and family members; (iv) corrosion of the doctor-patient relationship; and (v) neglect of palliative treatment.

## ***Research Informed Policy on Suicide in Prisons: Ways Forward in England and Wales***

Graham Towl, *Durham University* ([pvc-dw.col@durham.ac.uk](mailto:pvc-dw.col@durham.ac.uk))

This paper outlines the data from a range of studies into suicide in prisons and poses the question of how such research may better inform policy development. There is a plethora of data more readily available to policy makers than ever before. It is argued that now is the time to take stock of what we know about suicide in prisons based on some significant data bases rather than to simply add to the learning in relation to the knowledge base. Research Informed Policy (RIP) is advocated, such inclusive terminology is intended to broaden the evidence base which may be drawn upon to inform policy.

## ***Suicidal Behaviours by Offenders Serving Community Sentences: Staff and Service User Perspectives***

Jay MacKenzie, *University of Westminster* ([jay-marie.mackenzie@my.westminster.ac.uk](mailto:jay-marie.mackenzie@my.westminster.ac.uk))

Jo Borrill, *University of Westminster* ([j.borrill@westminster.ac.uk](mailto:j.borrill@westminster.ac.uk))

Higher rates of suicide exist in the community offender population compared to those in the general population. However little research has been carried out with this offender population. The current presentation will focus on two studies which have investigated near-lethal suicide from the perspective of both probation staff and probation service users. In-depth interviews were carried out with 13 probation staff about their experiences of managing suicidal services users. A further 7 in-depth interviews were carried out probation service users who had carried out a near-lethal attempt whilst serving a community sentence. Preliminary findings indicate that suicide is experienced as a process rather than a single event and that suicidal feelings can be triggered by problems directly related to the probation process. Preliminary themes will be discussed as well as directions for future research.

## ***Deaths by Suicide by Offenders under Community Supervision***

Jo Borrill, *University of Westminster* ([j.borrill@westminster.ac.uk](mailto:j.borrill@westminster.ac.uk))

Despite considerable research on suicides by prisoners, relatively little is known about suicide or suicidal behaviour by offenders who are under supervision in the community, either on licence

after release from custody or serving a community sentence. This presentation focusses on information obtained from initial assessments and ongoing supervision records of offenders who died by suicide between 2010/11 and 2013/14 in a metropolitan area. The findings will be discussed in terms of the complex process leading to suicide, including stages of developing suicidal intent, triggers and traumatic events, and personal capacity to complete suicide. In particular, the findings raise issues concerning the impact of legal warnings and sanctions when offenders breach their conditions, and the apparent temporal relationship between threats of return to court or prison and suicidal action.

## **184. Taking Collaboration from Words to Bricks and Mortar**

### ***Development of the Collaborative Care Resource Services: Taking the Collaborative Care Arrangement between Hunter New England Mental Health Service and Mental Health Non-Governmental Organisations from Words to Bricks and Mortar***

Barbara Stacy, *Hunter New England Mental Health, Newcastle, Australia*  
(Barbara.stacy@hnehealth.nsw.gov.au)

This presentation traces collaboration between Hunter New England Mental Health clinical and community managed organisations' non-clinical staff from an idea in 2005, through production of a collaboration guide 2009, to the development of a Collaborative Care Resource Service 2014. From the embryonic idea in 2005 the presentation follows development of the concept to the production of the first guideline booklet presented to the New York Congress 2009 as the *Team Care Model*. Following evaluation with community clinicians, community support staff and front line service providers, and revision, the progress of the collaboration was presented at the Berlin Congress in 2011. The second edition of the guidelines emerged as the *Collaborative Care Arrangement* in January 2013. Partnerships formed through the *Collaborative Care Arrangement* are now taking a leap forward with the establishment of the Collaborative Care Resource Service. A unit developed to sit within public mental health in the Hunter New England Mental Health Service. Staffed through a roster of staff from services utilising the *Collaborative Care Arrangement* it provides a focal point for clinicians, consumers, families, and carers to become aware of services available to promote wellness for mental health consumers. Through the unit inpatient discharge to community becomes a smooth journey.

### ***The Non-Government Organisation Perspective on Commitment and Collaboration in the Development of the Hunter New England Mental Health Collaborative Care Resource Services***

Neil Mawson, *Hunter, Richmond PRA, Newcastle, Australia*  
(neil.mawson@richmondpra.org.au)

The non-government organisation sector continues to experience unprecedented growth in recent years in Australia. With an ever-changing landscape it is essential that non-clinical mental health services remain committed to ongoing permanent collaboration and partnerships with clinical mental health services. This discussion draws on the combined experience of RichmondPRA programs in the successful establishment and broad use of the *Collaborative Care Arrangement*. The use of the document has had area wide benefits for non-clinical staff in their day to day roles, leading to improved outcomes for service users, and sustained improvement of partnerships and best practice. The evolution of the *Collaborative Care Arrangement* has led to a more permanent solution in sustaining partnerships through the establishment of the Collaborative Care Resource Service. The commitment of the clinical and non-clinical partners to operate a shared space, complementing shared care, has many benefits for ongoing collaboration and communication, effectively turning words into bricks and mortar.

## ***Legal Considerations in the Development of the Hunter New England Mental Health Collaborative Care Resource Services***

Thanh-Nu Reeves, *Hunter New England Local Health District* ([thanh-nu.reeves@hnehealth.nsw.gov.au](mailto:thanh-nu.reeves@hnehealth.nsw.gov.au))

Research has shown that the issue of professional liability, ie duty of care and accountability for collaborative care may act as a barrier to the implementation of a collaboration approach. For this reason the understanding of legal implications of collaborative activities such as those of the Collaborative Care Resource Service cannot be over emphasised. This presentation outlines the results from an activity-based descriptive survey of and the subsequent workshops for clinicians and non-clinical support workers who are involved in the operations of the Collaborative Care Resource Service. It is anticipated consensus advice will be developed on communication systems and tools so that the likelihood of legal risks to the functions of the Collaborative Care Resource Service can be minimised while maintaining the need for best consumer outcomes.

Machiel Polak, *Forensic Psychiatric Centre de Kijvelanden, Poortugaal, the Netherlands* ([machiel.polak@kijvelanden.nl](mailto:machiel.polak@kijvelanden.nl)) – Discussant

## **185. Telemedicine and Ethics and Legal Aspects of Sex Offender Legislation and Assessment**

### ***Lessons and Limitations of Telepsychiatry***

Julie Aultman, *Northeast Ohio Medical University* ([jmaultma@neomed.edu](mailto:jmaultma@neomed.edu))

Telepsychiatry is a growing practice that greatly benefits rural patient populations as well as non-rural patients who are unable to visit mental health providers due to illness, financial difficulty, distance, stigma, etcetera. However, telepsychiatric practices may not fully adhere to ethical and legal standards due to the virtual nature of connecting with patients, particularly when communication may not be private or secure. In many cases, psychiatrists prefer to use telepsychiatry as a way to monitor patients' psychotropic medications and other benign interactions compared to more complex interactions, such as psychotherapy. However, there is a growing need for more complex interactions despite the increased legal and professional liability. This presentation defends the use of telepsychiatry and presents recommendations for improving privacy and security measures, while reducing liability concerns and eliminating the need to practice defensive medicine.

### ***Changing Our Perspective about the Efficacy and Real Challenges Associated with the Treatment of Anxiety Disorders through Videoconference***

Stephane Bouchard, *Université du Québec en Outaouais* (stephane.bouchard@quo.ca)

Most people suffering from anxiety disorders do not have access to empirically validated treatment such as cognitive-behavior therapy (CBT). One option is delivering CBT through videoconference. We therefore conducted a randomized control trial for panic disorder with agoraphobia (PDA). A sample of 59 PDA patients received CBT either via videoconference (n=35) or via face-to-face (n=24) for 12 sessions. Repeated measures ANOVAs for data collected at pre/post/12-mo follow-up document the occurrence of significant changes in all outcome variables, and non-inferiority tests confirmed the equivalence of both delivery methods. Systematic investigations of motivation and the quality of the therapeutic bond between patients and therapists confirmed the quality and safety of using telepsychotherapy. These results raise a shift in our appraisal of e-mental health. It was initially thought to be useful essentially for patients living in rural areas. But telepsychotherapy is not "a second best" option for people who have no alternatives. A paradigm shift is coming from delivering treatments based on geographical proximity to delivery based on therapist competence and patients' preferences. Expert therapists can be located in rural areas and deliver treatments to people in large cities. Other issues such as confidentiality will also be discussed from an innovative angle.

### ***Telehealth Modalities to Facilitate Evaluations Globally as well as in Use by Legal Teams for Case Coordination***

Bhushan Agharkar, *Morehouse School of Medicine* (agharkar@gmail.com)

As global commerce has evolved, there is a need for greater efficiencies and effectiveness vis-à-vis accessing information and assessing individuals involved with a case that can have a

significant impact on the outcome. The ability to generate and connect information on a multinational level across multiple systems in as close to real time as possible enables stakeholders to better manage risk, adapt overall strategy, and leads to enhanced case coordination. As healthcare issues are more prevalent across a broad spectrum of cases, leveraging telehealth and mobile health platforms provide for immediate visibility into matter information thereby enabling optimized evaluations and facilitating legal teams to have better information available. This in turn leads to nimbleness in overall case strategy and guides towards a more positive outcome on individual and related matters. The use of a 3-step process and interoperability platform allows for qualified providers to assess individuals and provide analysis that can enable greater collaboration across global legal and business management teams.

### ***Practical Experiences in Creating a Telepsychiatry Service***

Joseph Varley, *Summa Health System Saint Thomas Hospital, Akron, USA*  
([varleyj@summahealth.org](mailto:varleyj@summahealth.org))

Telepsychiatry continues to expand in various ways and for various intentions. This presentation will overview the process of developing a Telepsychiatry service at Summa Health System from initial ideas to current functionality. Multiple aspects of the process will be highlighted, including reviewing our motivation and intention for developing such a clinical service, process of acquiring funding for equipment as well as finances of this project, our choice of equipment, the clinical considerations including how we chose partners for collaboration, and finally, significant lessons learned along the way. Overall experiences with this technology as we have designed our program have been uniformly positive and support the expansion of such services for those who would otherwise have little or no access to psychiatric care.

Faraz Zubairi, *ExamMed, USA* ([faraz@exammed.com](mailto:faraz@exammed.com)) – Discussant

### ***Legal Issues Relevant to Forensic Assessments of Sex Offenders***

Pratap Narayan, *University of California San Francisco* ([pratbs@hotmail.com](mailto:pratbs@hotmail.com))

The forensic assessment of Sex Offenders is a complex issue encompassing legislative, political and legal elements in addition to psychiatric evaluation. Courts and politicians in different jurisdictions have evolved different laws to specifically address the involuntary commitment process. Review of statutes, relevant case law and psychiatric research from the United States. While criminal sentencing guidelines prescribe finite sentences, involuntary commitment laws appear to offer legislators the option of indefinite incarceration. Unfortunately, the field of Mental Health is caught between a rock and a hard place. Consequently, the current status of Sex Offender laws raises considerable ethical and clinical dilemmas for the clinician. Should we wait for the science to catch up with the legislation?

## ***Ethical Dilemmas in the Assessment of Sex Offenders***

Julian Gojer, *University of Toronto* ([juliangojer@hotmail.com](mailto:juliangojer@hotmail.com))

The assessment and treatment of Sex Offenders is a multimodal process involving biological, psychological, social and legal mechanisms. The use of psychotherapy and or pharmacotherapy is complex and may involve forced treatment, consent issues, and imposition of coercive legal mechanisms to bring about control of men with sexual deviations and dangerous sex offenders. How these issues intersect will be explored. Review of current psychiatric literature, legislation and case law and selected cases. Research has its limitation in evaluating the role of Psychotherapy and Counseling in sex offenders. While pharmacotherapy is effective, medication side effects and low compliance are significant concerns in managing sex offenders in the community. The legal mechanisms are coercive call into question the ethical underpinnings of offering such treatments in exchange for liberty and freedom. The balancing of clinical and legal measures requires a closer look at the ethical dilemmas that clinicians face and how they interact with law makers.

## **186. Telepsychiatry**

### ***Telepsychiatry: Evolution and Expanded Use***

Jagannathan Srinivasaraghavan, *Southern Illinois School of Medicine* ([jagvan@gmail.com](mailto:jagvan@gmail.com))

The American Telemedicine Association defines Telemedicine as the use of medical information exchanged from one site to another via electronic communication to improve patient's health status. Telepsychiatry is the delivery of psychiatric services over distances, especially through interactive videoconferences. Telepsychiatry was used in US in the University of Nebraska in 1959. By the close of the century, there were at least 25 consultation programs. The use is extensive now that includes clinical consultations in child and adolescent, geriatric, forensic, community and emergency psychiatry. In addition there are professional and administrative consultations, court testimony, distant learning and research taking place frequently. Videoconferencing remains the principal mode, however videophones and in home messaging services are also utilized. The equipment has vastly been improved over the years. The service points include mental health clinics, emergency rooms, group homes, shelters, nursing homes, half way houses, civil courts, schools and class rooms. Benefits in improved access, reduced travel time and costs have been the selling points while some barriers including technology, reimbursement, licensing, civil commitment and liability slowed the progress. Empirical evidence of effectiveness is amply shown in many disorders. Veterans Health Administration has expanded telepsychiatry year after year to meet the goals of the system in access and improved services. A concise review of the system will be presented so also use of telepsychiatry around the globe including in disaster situations. Considering there is enormous disparity in the availability of mental health professionals across different countries and also within the borders of each country, telepsychiatry may very well be the best solution to provide reasonable access to quality mental health care around the globe.

## ***Legislative Aspects of Telehealth and Telepsychiatry: Statewide Progress, Federal Oversight***

Jeffrey Bennett, *Southern Illinois University* (jbennett@siumed.edu)

The available technology for providing clinically efficacious, complex specialty healthcare including mental healthcare has advanced rapidly over the last five years although administrative and legal efforts necessary for widespread use has lagged behind the apparent need. A number of state governments in the U.S.A. have passed statewide legislation addressing the various aspects of Telehealth and Telepsychiatry. These efforts have been initiated and supported by a wide range of mental healthcare advocates and professional organizations including state and national medical societies. Three main domains of legislation have arisen: (1) the need for reimbursement on par with regular office or hospital based face to face services through public and third party payors, (2) the development of standards regarding protected healthcare information, and (3) the need for reciprocity in state medical board licensure to allow mental health and general healthcare providers from different states to provide services nationwide. The need for Federally orchestrated oversight and national legislation to promote and facilitate the development of Telehealth and Telemental Health services is evident and will be discussed in terms of the current climate of healthcare reform, state medical board licensing initiatives and strategies which may be useful to attendees seeking legislative action in local municipalities.

Veena Garyali, *Forest Hills Psychiatric Services, Manhasset, USA* (vgaryali@hotmail.com) - Discussant

Meryl Sosa, *Illinois Psychiatric Society, Chicago, USA* ([msosa@ilpsych.org](mailto:msosa@ilpsych.org)) – Discussant

## **187. The Assessment, Treatment and Community Management of Sex Offenders**

Paul Fedoroff, *Royal Ottawa Mental Health Centre, Ottawa, Canada* (paulbev@mac.com)

This panel will provide an in-depth discussion of the current methods used to assess, treat and manage sex offenders, from both an American and Canadian perspective. It will also include a review of current research and evidence on the effectiveness of treatment for this population.

## ***Assessment of Sexual Behaviour Etiology and Recidivism Risk: An American Setting***

Gregg Dwyer, *Medical University of South Carolina* ([dwyer@musc.edu](mailto:dwyer@musc.edu))

Dr. Gregg Dwyer will provide an overview of a protocol for assessing the etiology and risk of recidivism of offending sexual behaviors. This will be presented in the context of American sexual offender statutes often known as sexually violent predator laws. The use of a tripartite approach with the components being clinical review, psychological instruments and physiological assessments will serve as the framework. The clinical component includes review of health and criminal justice histories, clinical interview of the person being evaluated and collateral source inquiry. Psychological instruments include both traditional psychometric techniques and use of actuarial tools. The physiological element includes visual reaction time measurement, penile plethysmography (PPG) and polygraphy. This will include a discussion of the development of an innovative phallometric stimuli set, as well as preliminary empirical data from an ongoing study on this new set. Attention will be given to presenting the evidence-base for each component of the assessment. Although sexual predator laws are specific to various jurisdictions within the United States, the general concept of varying risk for re-offending is addressed elsewhere in the world as well and the assessment methods are not unique to the law but rather the application of findings varies with the legal system use and intent. The debates surrounding such uses will be incorporated into the discussion of the various protocol components.

### ***The Sexual Behaviours Clinic: Innovation in Sex Research and Clinical Practice***

Rebekah Ranger, *Royal Ottawa Mental Health Centre, Ottawa, Canada*  
([rebekah.ranger@theroyal.ca](mailto:rebekah.ranger@theroyal.ca))

Similar to Dr. Dwyer, Rebekah Ranger will provide an overview of the assessment protocol for sex offenders, however from a Canadian perspective. She will discuss referral sources, patient characteristics, objective measures of sexual arousal, as well as psychological measures that are currently being used in the Sexual Behaviours Clinic (SBC) of the Royal Ottawa Mental Health Centre. Simultaneously, Rebekah will present demographic data on the population seen through the SBC. She will then discuss ongoing new and innovative research projects. This includes discussion on the objective assessment of female sexual arousal, which is in a pilot stage of study. In this part, Rebekah will also present alternate and complimentary methods for the objective assessment of sexual arousal. These include fMRI testing, eye-tracking, and new stimulus sets to be used during penile plethysmography.

### ***The Evolution of Sex Offender Treatment***

Natasha Knack, *University of Ottawa* ([natasha.knack@theroyal.ca](mailto:natasha.knack@theroyal.ca))

Natasha Knack will provide a timeline of treatment strategies used with sexual offenders from the 1960s to the present day, which will highlight the most significant developments in sex offender treatment over the past five decades. This will include the progression from solely behavioural techniques, such as aversion therapy, to more advanced and appropriate treatment interventions such as pharmacotherapy, cognitive-behavioural therapy, relapse prevention, and the Good Lives Model. This presentation will provide information on the importance of the therapeutic approach used when treating sex offenders, as well as an outline of the dynamic risk factors that are commonly targeted when treating this population and how these treatment targets have expanded and evolved throughout the years. An overview of treatment strategies for special populations of sex offenders, such as juveniles, females and individuals with intellectual disability, will be included in order to highlight the similarities and differences that are relevant when treating these various subgroups. The presentation will conclude with a discussion of the controversies surrounding the effectiveness of treatment interventions for sexual offenders.

### ***Definitive Treatment for Men with Paraphilic Disorders***

Paul Fedoroff, *Royal Ottawa Mental Health Centre, Ottawa, Canada* ([paulbedv@mac.com](mailto:paulbedv@mac.com))

Dr. Paul Fedoroff will review evidence challenging the hypothesis that paraphilic disorders are untreatable. He will review four perspectives that have been used to describe and treat the paraphilias. He will review four ways treatments have improved and discuss the emergence of a fifth approach that is now in place at the Sexual Behaviours Clinic at the Royal in Ottawa. He will present evidence that supports the hypothesis that sexual interests can not only be controlled but changed. Finally, he will present an explanation for why the idea that sex offenders cannot be successfully treated has been so persistent and why it may be time for a new paradigm regarding the effectiveness of treatment for men with paraphilias.

### ***Understanding Sex Offender Registration and Notification: An International Perspective***

Lisa Murphy, *Royal Ottawa Mental Health Centre, Ottawa, Canada* ([lisa.murphy@theroyal.ca](mailto:lisa.murphy@theroyal.ca))

Since the mass implementation of a number of mechanisms of community based management to control the risk posed by released sex offenders, criminal justice officials and academics have been eagerly seeking proof of the effectiveness of such tools. These two dominant measures are the use of sex offender registries (SORs) and public notification (PN) of the release of sex offenders. A number of ethical concerns have been identified regarding the use of this type of community based management. Academic research findings on the utility of these tools have largely been limited and inconsistent where available. Varying features of SORs across state and national lines has severely limited the ability for cross-sectional comparisons and broad

legislative improvements. Lisa Murphy will provide an overview of the current research on SORs and PN. She will identify the rationale for the use of this legislation and highlight ethical concerns that have been raised about SORs and PN. Legislative comparisons will also be made with on an international perspective.

## **188. The Covert Administration of Medication: The Ethical, Legal and Clinical Implications of Its Practice in Canadian Psychiatric Settings**

### ***Deception in the Clinical Relationship: The Ethics of Covert Medication***

Rosalind Abdool, *Centre for Clinical Ethics, Toronto, Canada & Waterloo University*  
(rabdool@uwaterloo.ca)

Deception is a central issue in bioethics. This emerges most clearly when considering ways of assisting individuals who are incapable of making decisions for themselves. Philosophically, it is a crucial question whether deception should be considered morally reprehensible, morally permissible, or perhaps even praiseworthy in different clinical scenarios. Deception can be defined as purposefully misleading another to think that something one believes to be false is true. Deception often deprives others of the ability to make informed decisions and it further creates a false image of reality. But what about those individuals whose reality is already altered due to mental incapacity? From a clinical ethics perspective, I explore several traditional arguments that deem deception as morally unacceptable. For example, it is often argued that deception robs people of their autonomy (Frankfurt 2005). Deception also unfairly manipulates others and is a breach of important trust-relations (Williams 2009, Scanlon 1998). In these kinds of cases, I argue that the same reasons commonly used against deception can provide strong reasons why deception can be extremely beneficial for patients who lack mental capacity. For example, deception can enhance, rather than impair, autonomy in certain cases. I ultimately argue that deception ought to only be used after considering several key morally relevant factors.

### ***Covering It Up? Questions of Safety, Stigmatization and Fairness in Covert Medications Administration***

Christy Simpson, *Dalhousie University* (Christy.simpson@dal.ca)

In situations where medications are covertly administered to patients without their consent (or the consent of their substitute decision-maker if the patient does not have capacity), this practice is often justified in terms of terms of the patient's best interests and safety for both the patient and others. In this presentation, I contend that there are additional values and perspectives which

are both less frequently discussed and quite relevant for a more detailed ethical analysis of this practice. These values and perspectives include vulnerability and stigmatization, fairness and justice, and a more fulsome description of the care context. The presentation will also suggest that a more in-depth consideration of safety – and what it means to provide a safe work environment – in light of the duty to provide care can be helpful for identifying broader organizational (ethics) issues that may have an impact on patient care and potentially create contexts in which the practice of covert medications administration may be more likely to occur.

## ***The Covert Administration of Medication: Legal Issues***

Tess Sheldon, *University of Toronto* (tess.sheldon@mail.utoronto.ca)

This presentation will review the legal principles that apply to the practice of the covert administration of medication, including:

- The application of the *Convention on the Rights of Persons with Disabilities* to the practice.
- The covert administration of medication also raises important questions about procedural fairness and natural justice. If a person does not know that she has been subject to the covert administration of medication, she cannot challenge it.
- The covert administration of medication raises questions about the duty of a health care provider to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to other. The common law duty to restrain cannot be used to compel or force routine medications.
- The presentation will highlight relevant international legislative initiatives, including in the UK.
- The presentation will also highlight specific unanswered legal questions.

In Canada, there are few legal sources that govern the covert administration of medication to adults who are decisionally incapable in psychiatric settings. Legislation is silent on the question of the covert administration of medication. Canadian courts have not yet commented on the covert administration of medication in psychiatric settings. These “silences” contribute to the discomfort surrounding the practice.

## ***Professional Duties and Obligations Raised by the Covert Administration of Medication***

L. Martina Munden, *Attorney-at-law, Patterson Law, Nova Scotia, Canada*  
(mmunden@pattersonlaw.ca)

The practice of covertly administering medications to patients without their consent is often discussed in the framework of legal questions around the right of patients to consent and refuse medical treatment. However, this practice also raises significant questions surrounding the professional duties and obligations of health care professions as it relates to the decision-making process of whether or not to engage in the covert administrations of medications. In this presentation, I intend to present an overview of the origin of those duties and obligations, and discuss how those duties and obligations when seen from different perspectives may either justify or prohibit the practice. Further, it is my intention to discuss whether the duties and obligations of health care professionals as they are currently framed are suited to address the complexities of this issue both from the health care professional and patient perspectives.

## ***Covert Medication Administration and Issues in Emergency Psychiatry***

Brian Furlong, *McMaster University* (furlbria@homewood.org)

Canada has a checkered history with regards to coercive institutional practices which were designed with good intentions but have had serious long-term adverse consequences. Covert medication administration is a parallel to those earlier institutional abuses and clinicians use some of the same justifications to explain this practice. Utilizing the real life clinical scenario of a patient with a four-decade history of paranoid schizophrenia, the compelling arguments for and against covert medication use are illustrated. This patient's presentation to emergency mental health services within a Canadian hospital brings the clinical, ethical and legal issues to a head. Managing the patient's emergency condition identifies the need for a clearly defined process and policy involving multiple different players in this complex conundrum all of whom have a unique and at times a contradictory perspective. Covert medication administration for individuals with severe and chronic psychiatric disorders are often associated with medication non-adherence and relapses, however pose dilemmas which are played out in a difficult manner within the emergency department but highlighted in this presentation.

## **189. The Crisis Intervention Team Model in 2015**

### ***Overview of the CIT Model in 2015: What We Know after 27 Years***

Amy Watson, *University of Illinois Chicago* (acwatson@gmail.com)

The Crisis Intervention Team (CIT) model emerged out of collaboration between law enforcement, mental health clinicians, service providers, and advocates more than 25 years ago. Its goals are to improve safety in police encounters with persons experiencing mental health crises and divert individuals away from the criminal justice system and to appropriate mental health services. Over 2700 police departments in the United States (as well as several outside of

the US) are now implementing some version of the CIT model, and there is a growing body of research that suggests CIT can improve officer knowledge and attitudes, increase safety in encounters, increase linkage to mental health services, and in some jurisdictions, increase diversion of individuals with mental illnesses from the criminal justice system. Additionally, as CIT programs have matured, some jurisdictions have created enhancements to the model to further improve response to mental health crises. These enhancements include advanced CIT training, follow-up outreach and linkage, and CIT adapted for corrections. This presentation will provide an overview of the CIT model and summarize the research to date, including the presenter's own research on CIT in Chicago. Several models of enhanced CIT programs will also be described.

## ***The Situational Decision-Making of Police Officers during Mental Health-Related Encounters***

Jennifer Wood, *Temple University* ([woodj@temple.edu](mailto:woodj@temple.edu))

The established literature on police decision-making during mental health-related encounters has provided critical insight into the ways in which specialized training as well as officers' personal histories and experiences with mental illness shape their intervention decisions. There is more to be learned, however, about the nuances of police decision-making with specific individuals in particular spaces and places of the city. Based on ride-along observations of Chicago police officers as they respond to a range of mental health-related incidents, this paper outlines a conceptual model depicting the situational factors and resources explaining officers' intervention decisions. Extending on a rich sociological literature on police work in urban environments, we argue that such decisions are shaped by a mixture of factors related to officer style, subject characteristics, personal knowledge of subjects, situational resources (facilities, social supports), and administrative priorities within patrol beats and districts. We further argue for the need to integrate ethnographic observations of police work with spatial analyses of patrol environments to better understand the ecological contexts of this decision-making.

## ***How Police Officers Assess for Mental Illness***

Casey Bohrman, *West Chester University* ([caseybohrman@yahoo.com](mailto:caseybohrman@yahoo.com))

Amy C. Watson, *University of Illinois Chicago* ([acwatson@gmail.com](mailto:acwatson@gmail.com))

Jeffrey Draine, *Temple University* ([jetpak@temple.edu](mailto:jetpak@temple.edu))

Research on police officer decision-making in situations involving people with mental illnesses typically begins with the assumption that officers are able to recognize the presence of a mental illness. However, this is a lofty assumption given that even experienced emergency room psychiatrists have difficulty diagnosing a mental illness during a crisis situation. Developing a greater understanding of how officers determine whether or not a person has a mental illness, is a

crucial component to understanding why an officer might refer some people for treatment and not others. Researchers on this study interviewed 15 police officers in a large urban area to examine how they determined that a subject of a call had a mental illness. The analysis indicated that officers used three broad sources of information: information from dispatch, information from collateral contacts on the scene, and a behavioral assessment of the subject of the call. This presentation will elaborate on the types of information available from each source as well as discuss how perception of this information may be shaped by the neighborhood context. The presentation will discuss implications for policing as well as for individuals with a mental illness and their families.

## ***Initial Steps toward Adapting CIT in West Africa***

Michael Compton, *Hofstra University* (mcompton@nshs.edu)

CIT is being implemented broadly across the United States and has begun to reach into other developed countries. However, the CIT approach has yet to be adapted for low- and middle-income countries, especially those whose infrastructures have been devastated by years of civil war. In the West African nation of Liberia, CIT adaptation has recently begun. The mental health infrastructure of Liberia was greatly compromised by two decades of violent conflict and government instability. The government of Liberia is now rebuilding mental health services with training and technical support from The Carter Center Mental Health Program. The presenter will describe a needs assessment, site visits, and meetings with stakeholders from an August 2013 visit to Liberia. The culmination of this visit was a curriculum-development workshop conducted in coordination with the Liberian national police force and mental health clinicians trained by The Carter Center. The Core Elements of CIT will require substantial modification to fit the needs of diverse law enforcement and mental health systems, especially in low- and middle-income countries, and in post-conflict settings in particular. This initial endeavor at adapting the CIT approach in Africa will inform future attempts at translating CIT in other parts of the world.

## ***Adapting CIT for Corrections***

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

Estimates of mental illness among the prison population are as high as 16%, which exceeds estimates of mental illness in the general population. Despite implementation of diversion programs, the numbers of people with mental illnesses in corrections continues to rise. Like police officers, correctional officers are the front-line workers in correctional facilities who respond to people with symptomatic behaviors. Correctional officers perceive that they are not well equipped to manage situations involving people who are symptomatic. Given that correctional officers have discretion in use of force, provision of violations, and segregation, some jails and prison in the United States are adapting the crisis intervention team (CIT) model

for corrections in order to improve safety and outcomes for people with mental illnesses and officers. It is expected that CIT education, training, and support for correctional officers will result in changes in the way officers interact with and understand prisoners with mental illnesses. This presentation will provide an overview of CIT for corrections including the key adaptations and the state of the research to date. Further, the research needs for the adapted CIT model will be discussed including an overview of a new project on CIT for one state prison in Missouri.

## **190. The Duty to Warn and Protect**

### ***The Duty to Warn and Protect***

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

Since the Hippocratic Oath physicians have undertaken to keep silent about a patient's confidential health information. In 1974 the first Tarasoff case introduced the concept of a duty to third parties flowing through the patient. This was clarified in Canadian law in 1999 in the Supreme Court of Canada decision in the case of Smith v Jones. In the first part of this presentation I will give an introduction to the development of the law and Canada. Following the Supreme Court of Canada ruling on Smith v Jones Canadian organizations were put in a position where they had to consider what position to take on this issue. This led to a CPA guideline on the topic.

### ***“What I May See and Hear... I will Keep to Myself”. From Hippocrates to Tarasoff and Beyond: An Update on the Duty to Warn and Protect***

Dylan Glancy, *University of Toronto* (Dylan.glancy@gmail.com)

Since the Hippocratic Oath physicians have undertaken to keep silent about a patient's confidential health information. In 1974 the first Tarasoff case introduced the concept of a duty to third parties flowing through the patient. This was clarified in Canadian law in 1999 in the decision of the Supreme Court of Canada in the case of Smith v Jones. I will present two interesting cases that raised issues in Canada. At this case involves a civil action against a psychiatrist who discharged the patient who subsequently, six weeks later, killed his partner. In this case the psychiatrist was successfully sued for not meeting the standard of care. The second case is based on a real case, which is still before the court, although the identity of the patient is disguised. This involves a psychiatrist who directed a child care worker to inform the police of a threat made by a patient. As a result of this transmission of information a young woman was held in a youth detention facility, sexually assaulted therein, had to leave school. She subsequently claimed that the psychiatrist did not meet the standard of care in exercising his duty. It is hoped that the participants will make a valuable contribution and provide feedback.

## ***The Duty to Protect in the United States in the 21<sup>st</sup> Century***

Alan Felthous, *Saint Louis University* (felthous@slu.edu)

The clinician's duty to protect victims from his patient's foreseeable violence, with the option of warning the victim of such danger, originated with the *Tarasoff* decision of the California Supreme Court in 1976. During the evolution of liability concerning the protection of other persons, interactions between courts and legislators have varied. Only a minority of appellate court decisions interpreted their state "*Tarasoff* statute" so as to limit the clinician's duty owed to third parties. Even with clarifying statutes in place, most courts left the duty to protect ambiguous, and some even overrode the statute's limitations on the clinician's duties. The duty to protect in California has undergone remarkable changes since inception of the *Tarasoff* principle in 1976. In 2013, the *Tarasoff* statute was again amended with the intention of providing more flexibility to the clinician in selecting which if any protective measures to be use.

In reaction to mass shootings, legislatures in several states recently enacted law to restrict firearms from mentally ill persons who are thought to be at risk. Where such legislation has imposed a duty to report on clinicians, such law further expands the clinician's protective responsibilities in ways that remain to be fully analyzed and understood.

## ***The Duty to Warn and Protect***

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

Since the Hippocratic Oath physicians have undertaken to keep silent about a patient's confidential health information. In 1974 the first *Tarasoff* case introduced the concept of a duty to third parties flowing through the patient. This was clarified in Canadian law in 1999 in the decision of the Supreme Court of Canada in the case of *Smith v Jones*. A number of medical organizations and agencies began putting together guidelines and discussion papers to assist physicians in their need to balance this new duty and their fiduciary duty to the patient regarding confidentiality. The Canadian Psychiatric Association produced a Position Paper on the Duty to Protect shortly after *Smith v Jones*. Some time has passed since then and new cases have begun to enter the shifting landscape of the doctor-patient relationship. This paper will explore the key issues that may guide a more universal position paper on the issue of the apparent duties to inform, warn and protect.

## ***The Physician's Responsibility Concerning Guns and Older Patients***

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

The legal and ethical role of physicians in inquiring about the presence of firearms in the homes of children is a subject that has received substantial attention in the last few years. However, firearms in the homes of many older patients (some of whom suffer from dementia, depression, or other mental health problems) may also pose a significant risk of harm, both to the older individual and others. This presentation will explore the possible legal responsibilities and authority of the older person's physician(s) regarding the detection of firearms in the home and initiation of various intervention options when the presence of firearms posing a safety risk is suspected. This exploration will take into account tort law principles relating to duty to protect, as well as relevant elder abuse and neglect statutes.

## **191. The Importance of Place**

### ***The Importance of Place***

Christy Simpson, *Dalhousie University* (Christy.simpson@dal.ca)

Fiona McDonald, *Queensland University of Technology* ([fiona.mcdonald@qut.edu.au](mailto:fiona.mcdonald@qut.edu.au))

The importance of paying attention to the context of the patient, his/her family, and relevant factors that may impact or influence that patient's decision-making is often talked about in health care ethics. In this presentation, we explore the relevance, and significance, of "place" for mental health care practice and the possible impacts that an improved understanding of "place" may have for ethical decision-making (Dale, Ling & Newman 2008; Kelly 2003; Klugman 2008). We focus on how being "rooted" in one's community, such as the connection to the land (whether its situation is remote, rural or urban) and/or sea, rivers and lakes may – and should – be given legitimate weight. This may include, for example, assessing treatment options with "place" as a distinct aspect of the discussion in terms of the relative potential benefits and harms of travel to another (urban) centre for care (e.g., Rosel 2003). Further, attending to "place" can also open up consideration of the value of community and community support as part of what may be of benefit for specific patients' mental health and the possibility of creative and alternative solutions to more urban-focused and/or urban-located mental health services.

### ***Character Ethics and the Influence of 'Place' in Mental Health Practice***

Andrew Crowden, *University of Melbourne & University of Queensland*  
([acrowden@unimelb.edu.au](mailto:acrowden@unimelb.edu.au))

The influence of 'place' is profound. Consider rural mental health. Size, isolation and community expectation all have impact on health care in rural and remote settings. Ensuring equitable access to care, balanced team practice, sensitivity to cultural safety needs, and fostering heightened awareness about the actual capacity of clinicians to maintain confidentiality and

clearly defined therapeutic relationship boundaries, all present ongoing challenges. ‘Place’ influences human thought, feeling, and action. ‘Place’ influences professional practice.

Carefully analysing the influence of ‘place’ on mental health practice extends and takes us beyond the distinct professional role morality that already develops within different professions. Aristotle observed as much. Like him we can appreciate how distinct ways of experiencing, being, and doing influences the development of specific role-related character-based dispositions and regulative ideals. It is ‘place’ driven dispositions and ideals that engender distinct professional virtues. When these virtues are cultivated, deepened and strengthened through habituation, they guide expert mental health practice. Applying a character-focused virtue ethics framework for mental health practice successfully captures, and responds, to the distinct nuances and challenges of professional practice across diverse settings.

Encouraging our mental health practitioners, across all settings, to develop a practical ethical sensitivity to ‘place’ will certainly help matters.

### ***The Ethics of Place***

Lori d’Agincourt-Canning, *British Columbia Children’s and Women’s Health Centre, Vancouver, Canada* (ldagincourt@cw.bc.ca)

In this presentation, I offer reflections from my experiences with clinical ethics consultations with patients and families who have travelled long distances to receive (mental) health care at British Columbia’s Children’s & Women’s Health Centre. I argue that part of what is at issue in these situations may be a lack of understanding of the “ethics of place” in terms of caring for the patient in their home community versus what is being expected by health care teams based in Vancouver. What is understood to be the “more right” approach can be seen quite differently depending on one’s “location.” The framing of these case-based reflections will then be broadened to develop a richer sense of the “ethics of place” and the potential implications of this ethical construct. This includes consideration of how many ethics concepts and principles seem more “urban-centric” when assessed across a range of mental health cases that cover the spectrum of urban-rural-remote settings.

### ***Place and Mental Health Policy in Canada and Australia***

Fiona McDonald, *Queensland University of Technology* ([fiona.mcdonald@qut.edu.au](mailto:fiona.mcdonald@qut.edu.au))

Christy Simpson, *Dalhousie University* (Christy.simpson@dal.ca)

We argue that ‘place’ is a variable that plays an important role in ethical and clinical decision-making in all clinical contexts. However, it is a variable that is seldom discussed and engaged with in the context of providing clinical services, let alone in the context of the formulation of health policy. In this presentation we undertake a values-based analysis of key mental health

policies from Australia and Canada, focusing particularly on the issue of place. Given that in the Australian and Canadian context with a proportion of the population of each country living in remote and rural areas of vast geographical expanse and with research indicating that these populations have distinct mental health related needs, examining these mental health policies and the values that underlie them is particularly relevant. We examine how these policies engage (or do not engage) with remote/rural versus urban contexts as variables for service delivery and clinical care. Drawing on work by Bourke, Humphreys, Wakerman et al 2010, we also interrogate whether assumptions about the “deficits” of rural and remote locations may (negatively) influence these policies, when this deficit perspective may not always be appropriate and/or limited in understanding the range of health care contexts and places of mental health care.

### ***The Causal Contribution of Place: How Neighbourhoods Shape Functioning and Behaviour across Lifespan***

David Freedman, *CUNY Institute for State and Local Governance, New York, USA*  
(df2379@gmail.com)

Independent of individual vulnerability, neighborhoods are associated with an increased the risk for mental illness and criminal behaviors. Place matters both as the social context in which people live and because it shapes the neurodevelopmental trajectory across lifespan. For instance, new immigrants to a neighborhood who have little community and are generally isolated experience higher rates of discrimination and higher rates of psychosis. Beyond social support networks, the increased risk of mental illness is complex and includes experiences of dislocation, isolation, and discrimination. Similarly, children raised in chronically abusive families are intentionally isolated from others to protect against detection. This isolation and abuse are important components in the long-term neuropsychiatric risks for mental illness. The ability of a family to isolate itself and remove a child from the neighborhood context evidences the low levels of collective efficacy in that place. High collective efficacy neighborhoods are more likely to intervene, to enlist institutional intervention, and to draw out isolated families. Assessment of place and social context should effect the way in which neuropsychiatry attributes some causes and conditions to the individual when they arise from place. This raises two related questions which are the focus of this presentation: how do we understand the role of place as a causal agent in mental illness? and how do we treat or punish behaviors which result from mental illness when part of the cause is place not individual choice?

### ***An Ethical and Legal Look at Problematic Behavior of Physicians from a Rural Perspective***

L. Martina Munden, *Attorney-at-Law, Patterson Law, Nova Scotia, Canada*  
(mmunden@pattersonlaw.ca)

Research into the issue of problematic behaviours of physicians uniformly identifies that disruptive physician behaviour has negative impacts for patient care. Accordingly, problematic behaviour has become a topic of discussion for professional organizations, regulatory colleges, and health care systems, as these organizations attempt to identify, understand and address this issue. It is my contention that a legal and ethical analysis of, and response to, disruptive physician behaviour needs to account for “place”. That is, the analysis must take into account important, relevant differences in the rural and urban contexts of health care practice. Through the use of case studies, I identify and discuss factors that add to the complexities facing health organizations when attempting to address disruptive behaviour in the rural environment. Challenges that a rural-based physician with disruptive behaviour may face in attempting to rehabilitate him or herself when the behaviour is interrelated with mental health issues or substance abuse will also be identified and discussed from the individual physician and health organizations perspectives.

## **192. The Legal Treatment of Child Sex Abuse: US and International Perspectives**

### ***Politics, Psychology, and the Sexual Abuse of Children***

Ross Cheit, *Brown University* ([rc@brown.edu](mailto:rc@brown.edu))

Academic psychologists in the United States have largely adopted the view that children are "highly suggestible" and therefore should be subject to special procedures known as "taint hearings" to determine whether they can testify before a judge or jury. This view originated in a series of high-profile child sexual abuse cases from the 1980s and early 1990s. A close examination of the transcripts in those cases reveals that this view does not do justice to the facts of those cases or to the children who testified. These findings raise serious doubts about the ecological validity of experiments that have had a significant influence on legal policies and public opinion about children as witnesses. These developments have implications for child protection and on the ability of children to obtain justice in the legal system. This presentation describes these developments and places them in a political context that includes an analysis of how the media has promoted the "witch-hunt narrative" without sufficient skepticism.

### ***Identifying Sex Offenders: Psychological Knowledge and Legal Practices***

Rose Corrigan, *Drexel University* ([rose.corrigan@drexel.edu](mailto:rose.corrigan@drexel.edu))

Opponents of contemporary sex offender registration and community notification laws routinely criticize such laws for failing to reflect current research from the mind sciences. Critics argue, quite persuasively, that such laws are premised on highly emotional responses to sex crimes. The scientific study of sexual offending is presented as a stark contrast to these emotional responses.

Mind sciences professionals and their research findings are described as rational, objective, and apolitical; their findings are assumed to transcend the legal regulation of sex crimes. I argue, however, that mind sciences theories about sex offenders, especially those who offend against children, have always been shaped by both formal legal changes and by the informal “front end” practices of victims, police, prosecutors, judges, and juries. As psych arguments influence legal practices, decisions about individual sex offense cases come to create new legal—and research—realities. These self-reinforcing practices are naturalized as “truths” about sex offenders, with both critics of sex offender laws and mental health experts obscuring how the changing legal terrain of sex crimes itself produces the conditions for psych knowledge about sex offenders.

### ***Collateral Damage from Child Sex Abuse Prosecutions***

Elizabeth Ainslie, *Schnader Harrison Segal & Lewis, Philadelphia, USA*  
([eainslie@schnader.com](mailto:eainslie@schnader.com))

I have been defending the former President of Pennsylvania State University against criminal charges based on an incident in which he allegedly ignored or condoned child sex abuse that may have occurred on the university campus more than 10 years ago. My experiences lead me to believe that the public has a huge appetite for child sex abuse prosecutions, and that this leads to scapegoating of both individuals and institutions, scapegoating which is supported by politicians and the media, at least in the United States. From the point of view of the law, such scapegoating leads to distortions of legal process in both the criminal and civil arenas.

### ***Sexual Violence and the Schooling of Girls in Zambia***

Cynthia Bowman, *Cornell University* ([cgb28@cornell.edu](mailto:cgb28@cornell.edu))

While the education of girls is central to development in Africa, persisting obstacles prevent the implementation of this goal. This presentation will focus on one area that presents particular obstacles: sexual violence directed at schoolgirls. It reports on a study carried out by the presenter, Cynthia Grant Bowman, and her colleague, Elizabeth Brundige, involving interviews of 105 schoolgirls in and around Lusaka, Zambia. The study documented persistent sexual abuse of schoolgirls, including constant harassment by boy pupils and requests for sex by male teachers, as well as teen pregnancy and societal attitudes toward sex that prevent remedial approaches to this problem, and related these findings to the persistence of discriminatory attitudes toward girls and the differential effects of poverty upon the education of girls. The presentation will then suggest a number of legal changes to address these issues, along with problems facing the therapeutic community in Africa.

## **193. The Origins of Mental Health Policy and Social Welfare: the Japanese Experience**

## ***The Reischauer Incident and Mental Health Policy in 1960s Japan***

Akira Hashimoto, *Aichi Prefectural University* (aha@ews.aichi-pu.ac.jp)

On March 24, 1964, U.S. Ambassador Edwin O. Reischauer was stabbed in the grounds of the American Embassy in Tokyo. The Japanese government was anxious about the potential aggravation of the relationship between the two countries. By that time the opposition movement to the security treaty, which enabled stationing of the U.S. Forces to Japan, had already been performed radically. The captured attacker, however, was deemed by authorities to have no political background and to be mentally ill, though the Japanese minister of public safety was forced to resign. Shortly afterwards, the mass media mounted the campaign to “abolish a mentally deranged person's uncontrolled condition.” The government, on the other hand, had been revising the *Mental Hygiene Act* (established in 1950) to promote community mental health according to the trend of advanced countries. But in the aftermath of the stabbing, attention was also paid to the fact that the law should protect the public safety from a patient’s violence. As a result, the revised *Mental Hygiene Act* (1965) stipulated promotion of community care, but at the same time it tightened control of mental patients to some extent. Such opposite directions of the regulation produced an inconsistent evaluation of mental health policy in 1960s Japan.

## ***The Japanese Government’s Mental Health Policy and Family Care of Mentally Ill Patients in Iwakura, Kyoto, Japan***

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

As the Japanese Government wished to revise unequal treaties that were concluded with Western countries in 1854, it tried to show that Japan had caught up with Western standards in every respect. It was true even in the field of caring mentally ill patients. The Japanese Government tried to build mental hospitals like those in Western countries. It could not, however, provide enough beds for the patients because of financial difficulties. As such, it overlooked the family care of mentally ill patients as inns and farmhouses in Iwakura, Kyoto had provided since the end of 18<sup>th</sup> century. The Japanese Government prohibited the inns and farmhouses to receive the patients without medical treatment in 1950 and sent them to hospitals. In those days, however, Western countries changed their policy and tried to care for them in local communities. The Japanese Government realized the importance of caring them in local communities in 1990’s and tried to care them there. Local communities, however, had changed a lot and it becomes quite difficult to care mentally ill patients there. This presentation is an attempt to clarify the relationship between the community care of the patients and the Japanese Government’s policy.

## ***The Legal Treatment of Mental Health Patients in Public Places in Modern Japan***

Miki Kawabata, *Ibaraki University* ([mikikwbt@gmail.com](mailto:mikikwbt@gmail.com))

This presentation examines the legal treatment of mental patients in public places (including public services) in Modern Japan from 1880 to 1948, based on documents of prefectures throughout Japan and national governments. At the previous conference, I reported on the legal prohibition of mental patients from public services, for example, public baths, rickshaws, and omnibuses. Formerly, local regulations, patients with infectious diseases and mental patients were prohibited from using these services. In addition to these cases, I have also researched references to such patients in local regulations of entertainment facilities, *Ryokan* (hotels, lodging-houses, boarding-houses), and hot springs. In 1948, national legislation on hot springs was enacted, closely followed by national legislation on public baths, entertainment facilities, and *Ryokan* business. In past studies, I showed that the public bath law restricted patients with infectious disease and mental patients to facilities for medical treatment which were usually hot springs. In this presentation, I will discuss the effects of this national legislation on access to public places and services for mental patients and those with infectious diseases.

### ***Eugenics Policy in Pre-War Japan and Germany***

Yoji Nakatani, *University of Tsukuba* ([yojinaka47@yahoo.co.jp](mailto:yojinaka47@yahoo.co.jp))

Junko Miyagi, *Tokyo Women's Medical University* ([miyagi.junko@twmu.ac.jp](mailto:miyagi.junko@twmu.ac.jp))

Junko Koike, *School of Nursing Jichi Medical University* ([koike@jichi.ac.jp](mailto:koike@jichi.ac.jp))

From the late 1920s to the early 1930s, eugenics was widely discussed as a means of improving the quality of the Japanese nation. The enactment of a sterilization law (*Sterilisierungsgesetz*) in Germany had a strong impact on the eugenics movement in Japan, creating heated debate in academic and non-academic circles. Opponents criticized Germany's legislation, while proponents argued that it would be reasonable to sacrifice a minority for the sake of the "eternal life of a nation." The Japanese Society of National Hygiene actively promoted eugenics research in cooperation with the Ministry of Health, which led to the enactment of the *National Eugenics Law* in 1940. The purpose of this law was to increase the healthy population by improving the people's physical conditions. The law further stipulated that sterilization could be performed on patients with hereditary mental illness and deficiency as well as serious types of hereditary morbid character and malformation. From 1941 to 1947 (when the law was abolished), the number of sterilizations totaled 538. Three factors seem to have contributed to the limited use of sterilization in Japan: less coercive legal provisions, difficulty in systematically detecting patients due to paucity of psychiatric institutions, and reluctance of practitioners including psychiatrists to be involved in the practice.

### **194. The Paradigm Shuffle: Progress and Paradox in Mental Health Legislation post CRPD**

## ***Implementing Capacity-Based Laws – How is Decision-Making Capacity Assessed in Mental Illness?***

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

Recent reforms in Australian mental health legislation have required clinicians and mental health tribunal members to determine whether or not a patient with mental illness has the capacity to refuse treatment before deciding if involuntary treatment can be initiated or authorised. Though assessment of decision-making capacity is a familiar concept in general medicine, psychiatric clinicians are generally unfamiliar with how this is undertaken – particularly how one is to judge whether the person can use and weigh the information material to the decision. Drawing on concepts familiar to clinicians regarding the assessment of delusions, this paper provides practical advice on assessing this use and weigh arm. I reject suggestions that an ability to use and weigh information is congruent with an ability to rationally or logically manipulate information, and instead introduce “intersubjective validation” as a means of assessing the presence or absence of this element.

## ***Hits and Misses in CRPD-Based Reform in Australia***

Sascha Callaghan, *University of Sydney* (sascha.callaghan@sydney.edu.au)

Six of Australia’s eight states and territories have recently undertaken reviews of their mental health statutes with a view to improving compliance with the CRPD and at least 3 will have new laws by mid 2015. All fall short of the recommendations made by the United Nations Disabilities Committee in its Concluding Observations to Australia in 2013, which included that all legislation that authorizes medical interventions without free and informed consent of the persons with disabilities be repealed, along with legal provisions that authorize compulsory treatment either as psychiatric inpatients or via Community Treatment Orders (CTOs). This paper analyses new Australian laws and rules relating to involuntary treatment since the CRPD was ratified from a human rights perspective. We also consider the challenges of implementing a paradigm shift when many stakeholders and yet to come to grips with the full implications of CRPD reform.

## ***And Then What? The Consequences of Capacity or Incapacity for Decision-Making Processes in Australian Mental Health Law***

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

The law reform debates surrounding the Convention on the Rights of Persons with Disabilities (CRPD) are influencing new legislative trends in mental health law in Australia. A common feature of new mental health legislation in Australia is a greater emphasis on capacity, informed consent and supported decision making measures, but with different consequences in each case. This paper focuses on the entitlement to decision making authority in Australian mental health laws in light of CRPD debate about legal capacity and supported decision making. The paper argues that Australian mental health laws reveal a continuing misapprehension about the principles of equality and non-discrimination that animate the CRPD, and examines current efforts and shortcomings in recent approaches to supported decision making.

### ***Mental (In)capacity or Legal Capacity? A Human Rights Analysis of the Proposed Fusion of Mental Health and Mental Capacity Law in Northern Ireland***

Piers Gooding, *National University of Ireland, Galway* ([piers.gooding@nuigalway.ie](mailto:piers.gooding@nuigalway.ie))

Eilionoir Flynn, *National University of Ireland, Galway* ([eilionoir.flynn@uigalway.ie](mailto:eilionoir.flynn@uigalway.ie))

In this paper, I seek to address the tensions between the legislative proposal for the Mental Capacity (Health, Welfare and Finance) Bill (Northern Ireland), and the emerging consensus in international human rights law on the need for substitute decision-making regimes to be replaced by supported-decision-making, in light of General Comment 1 of the Committee on the Rights of Persons with Disabilities on Article 12. I will focus my analysis in this paper on the need for reform in light of Article 12, since the proposed framework for Northern Ireland intends to apply the same legal standards to persons with mental health issues as to those with any other perceived deficit in decision-making ability. I will also provide comparative insights on developments in the Republic of Ireland, given the requirement in the Good Friday/Belfast Agreement to ensure equivalence of protection for human rights on both sides of the border.

Gavin Davidson, *Queen's University Belfast* ([g.davidson@qub.ac.uk](mailto:g.davidson@qub.ac.uk)) - Discussant

### **195. The Progress and Challenges of Forensic Mental Health Services in Japan, from Its Introduction in 2005 to the Present**

#### ***Japan's Court-Ordered Treatment System for Serious Criminal Offenders Who Were Found Not Guilty or Whose Charges Were Dropped by Reason of Insanity***

Takayuki Okada, *National Center of Neurology and Psychiatry, Tokyo, Japan*  
([takayukiok@ncnp.go.jp](mailto:takayukiok@ncnp.go.jp))

Chiyo Fujii, *National Center of Neurology and Psychiatry, Tokyo, Japan* ([chyfujii@ncnp.go.jp](mailto:chyfujii@ncnp.go.jp))

Until the recent enactment of the Act for the Medical Treatment and Supervision of Persons with Mental Disorders Who Caused Serious Harm—better known as the Medical Treatment and Supervision Act (MTSA)—in 2005, neither legislations nor facilities for mentally disordered offenders were available in Japan. The aim of the country’s forensic mental health services, based on the MTSA (i.e., the MTSA system), is to improve the social reintegration of mentally disordered offenders. In order to provide optimal medical treatment and care to these individuals, specialized court proceedings, treatment facilities, and concrete guidelines have been established. As a curtain-raiser to the session, we will present a comprehensive overview of the MTSA system’s methodology, including how it connects to the criminal justice and general mental health systems, as well as how it differs from the forensic mental health services of other developed countries.

### ***Analysis of the Current Situation of Forensic Inpatients in Japan***

Toshiaki Kono, *National Center of Neurology and Psychiatry, Tokyo, Japan* (konot@ncnp.go.jp)

Akiko Kikuchi, *National Center of Neurology and Psychiatry, Tokyo, Japan*  
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Since the enactment of the Medical Treatment and Supervision Act (MTSA) in 2005, inpatient treatment facilities for mentally disordered offenders have increased their capacity to 791 beds across 30 hospitals nationwide in Japan. Although the initial complications resulting from the shortage of facilities directly after the enactment have subsided, there remain substantial regional differences in resource allocation, and problems such as difficulties in the reservation of outpatient treatment facilities following discharge and an accumulation of long-staying inpatients have emerged instead. Previous research has estimated that the average duration of inpatient treatment is 608 days, based on data collected from patients admitted to the designated MTSA inpatient facilities between July 15, 2005, and July 14, 2010. This was longer than the government’s initial estimate of 18 months. In this presentation, we will report on the implementation status of inpatient treatment as assessed in our survey of all MTSA-designated inpatient facilities nationwide between 2005 and 2014, with a special focus on the circumstances and characteristics of long-term admitted patients. We also discuss challenges for smooth transfer from inpatient to outpatient treatment.

### ***Analysis of the Current Situation of Forensic Outpatients in Japan***

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The Medical Treatment and Supervision Act (MTSA) was the first law to be enacted concerning offenders with mental disorders in Japan. Although this system was launched with great expectations, it recently encountered a range of complex issues or problems, among which were cases of suicide. Thus, in this presentation, we look back at the past nine years since the MTSA's enforcement and overview the current status of outpatient treatment orders in Japan. We have been conducting continuous research of forensic outpatient treatment under the MTSA since July 15, 2005. Subjects of the study comprised 1,190 outpatients from 388 designated outpatient facilities nationwide who agreed to participate in the study. Among the behavioral problems observed in outpatient care, the most common was "refusing or tending to refuse medication (166 cases, 13.9%)", followed by "refusing or tending to refuse to go to hospital/a facility (162 cases, 13.6%)". On the other hand, "physical violence" was rarely observed (82 cases, 6.9 %). Additionally, our research revealed that 19 suicide cases occurred over 9 years, and that suicides/re-hospitalizations are most likely to occur within the first year of MTSA outpatient treatment. In this presentation, we will also report on other findings of the study.

### ***Ethical Issues Concerning How to Deal with Mentally Disordered Offenders under Treatment Orders***

Chiyo Fujii, *National Center of Neurology and Psychiatry, Tokyo, Japan* (chyfujii@ncnp.go.jp)

Kumiko Ando, *National Center of Neurology and Psychiatry, Tokyo, Japan* (ando@ncnp.go.jp)

Masafumi Mizuno, *Toho University* (mizuno@med.toho-u.ac.jp)

Under the Medical Treatment and Supervision Act (MTSA), sufficient consideration has been given to the human rights of mentally disordered offenders under treatment orders by due process of law. They are required to be accompanied by a lawyer from the beginning of the process and an ethical committee regarding the appropriateness of treatment meets regularly and as needed. In addition, the MTSA ensures that patients, their lawyers, and "Persons Liable for the Protection of Patients" under the law have the opportunity to raise an objection against an order or treatment. However, ethical issues requiring further consideration in the process of developing forensic mental health services in Japan have been noted. In this presentation, we will focus on the ethical issues related to patients' confidentiality and advocacy, discussing the pros and cons of having Japan-style advocators known as "Persons Liable for the Protection of Patients," most of whom are patients' family members. The 2014 amendment to the Mental Health and Welfare Act recently abolished the article prescribing "Persons Liable for the Protection of Patients" after years of debate. Referring to the significance of this amendment, we will examine future directions for practice and policy to protect not only patients' rights but also public (including family) rights.

## **196. The Psychoanalytic in American Legal Culture**

### ***When Rational Minds Differ: Psychoanalysis and the Law***

Anne Dailey, *University of Connecticut* (anne.dailey@uconn.edu)

This project aims to establish the relevance of psychoanalysis to law. The connection at first glance seems highly counter-intuitive. Our legal system operates on the assumption that most individuals are – and should be – rational beings. The law in most cases takes for granted that we are purposive selves who consciously intend what we say and do. Our words and actions are treated as the mirror of our intentions and the outcome of our volition. But when we hold the law’s assumption of rationality up to the light of everyday reality, we discover that this assumption is largely an abstract fiction wholly out of step with actual human experience. The assumption of human rationality as it operates in law leads to unjust results for people who cannot be said to be intentionally “at fault” in any meaningful sense of the term. A psychoanalytic perspective provides law with a much-needed and powerful explanatory model for irrational behavior, as well as the normative framework for working out how the law should regulate it. Legal doctrines to be discussed include: surrogacy agreements; false confessions; recovered memories; therapist liability; and sexual autonomy.

### ***The Law of the Father and the Law of the Mother: the Varying Implication of Freud and Winnicott for Understanding Law***

Nomi Stolzenberg, *University of Southern California* (nstolzen@law.usc.edu)

This project aims to establish the relevance of psychoanalysis to law. The connection at first glance seems highly counter-intuitive. Our legal system operates on the assumption that most individuals are – and should be – rational beings. The law in most cases takes for granted that we are purposive selves who consciously intend what we say and do. Our words and actions are treated as the mirror of our intentions and the outcome of our volition. But when we hold the law’s assumption of rationality up to the light of everyday reality, we discover that this assumption is largely an abstract fiction wholly out of step with actual human experience. The assumption of human rationality as it operates in law leads to unjust results for people who cannot be said to be intentionally “at fault” in any meaningful sense of the term. A psychoanalytic perspective provides law with a much-needed and powerful explanatory model for irrational behavior, as well as the normative framework for working out how the law should regulate it. Legal doctrines to be discussed include: surrogacy agreements; false confessions; recovered memories; therapist liability; and sexual autonomy.

### ***Judge David Bazelon and the Possibility of a Psychoanalytic Jurisprudence***

Susan Schmeiser, *University of Connecticut* (susan.schmeiser@uconn.edu)

What tensions and harmonies exist between models of human behavior focused on psychic processes and their complex determinants, and those concerned with systemic and institutional barriers to equality? This project examines the career and jurisprudence of Judge David Bazelon, an American jurist who sat for almost four decades on the District of Columbia Court of Appeals, second in influence perhaps only to the U.S. Supreme Court. His writings on criminal responsibility and other challenges to social order afford an occasion to consider how law both invites and resists the contributions of disciplines that potentially unsettle fundamental precepts organizing legal reasoning. A pioneer in the burgeoning field of mental health law and policy and self-proclaimed judicial activist whose vision of law and legal institutions reflected Progressive-era ideals that yielded to swelling forces of conservatism in American culture, Judge Bazelon welcomed the expertise that other disciplines offered to legal processes and public policies. Yet whereas the jurisprudence of his early decades on the bench embraced psychiatric knowledge, particularly the psychodynamic accounts of human agency and motivation that reigned during the middle decades of the 20<sup>th</sup> century, by the 1970s and early 1980s Bazelon's emphasis shifted from individual psychology to structural disadvantage.

### ***Subordination through Surveillance: Disclosure of HIV in Intimate Settings***

Craig Konnoth, *University of Pennsylvania* (ckonnoth@law.upenn.edu)

This paper focuses on laws that require HIV positive individuals to disclose—on pain of criminal prosecution—their status to any sexual partner. I argue that criminalization laws operate to clearly denote the status between HIV positive and negative individuals. A close reading of the transcripts from prosecutions under these laws show that the laws do not simply inhibit sexual activity, as most scholars argue. Rather, they are a status-creation mechanism. They force seropositive individuals to disclose information that is private, making them the object for the gaze of another, subjecting them to the dynamics of fear and apprehension as documented by thinkers such as Lacan, Satre, and Foucault. The negative person is treated as normal, innocent, and entitled to know HIV status. The dynamic proliferates throughout society, operating in “intimate” contexts, without centralized state control. By increasing the salience and surveillance of HIV-related information, HIV status is used to separate and organize otherwise (comparatively) cohesive minority communities.

I argue that surveillance dynamics help explain subordination in other contexts. Surveillance can be either specific—examination of individuals for the stigmatized characteristic—or general—general collection of information of the lives of the individuals with the characteristic. Each method creates apprehension among surveilled individuals and spreads the message that social hierarchies must be organized along that characteristic. Surveillance operates to proliferate status-based discourses that serve to demarcate the surveillor and the surveilled. Individuals can seek to escape subordination either by concealing the characteristic, or by embracing the classification but seeking to change the meaning of the classification.

## **197. The Real “Cold Blood”: What Crime Typologies Tell Us about the 1959 Clutter Family Murders, and What Non-Fiction Novels and Movies Can Powerfully Obscure**

### ***Session Overview***

Richard Adler, *Forensic Psychiatrist, Seattle, United States* (richadler@fcpsych.com)

In their Kansas farmhouse, on a Saturday night in 1959, four members of the Clutter family were tied up and shot, each once in the head. This was next-day nationwide front-page news. Seven years later, after Richard Hickock and Perry Smith were hung for these crimes, *In Cold Blood* provided a celebrated artistic account of the murders as well as of the murderers. Although author Truman Capote insisted that his book was meticulously factual, at this time Capote’s claim is generally felt to be untrue. The presenter is a forensic psychiatrist who has examined the recently surfaced field investigative notebooks of Kansas Bureau of Investigation agent Harold Nye. This session will address the historical meaning of *In Cold Blood* to the field of forensic mental health. An overview of how the Nye materials came to light, plus the State of Kansas’ efforts to get possession of the notebooks and to squelch any discussion of their contents will be provided. Interesting practical and theoretical aspects of the matter will be a focus of the presentations to follow.

### ***What a Media-Savvy Lawyer Can Teach Forensic Experts: Lessons from Topeka, Olathe, Washington, D.C., and Vienna***

Anne Bremner, *Law Office of Anne Bremner* (anne@annebremner.com)

Ms. Bremner, a lawyer who has been retained in numerous international high-profile cases and a frequent commentator on Court TV (aka truTV), CNN and other media outlets, was retained by this session’s organizer to represent him in the State of Kansas v. Nye and McAvoy case. Ms. Bremner will address issues pertinent to Kansas’ fight to get the Nye Notebooks, as well as issues vitally important to forensic experts in front-page news stories. This presentation will focus on US First Amendment issues, “gag orders,” contractual issues, role definition, when a work product is considered a “work for hire,” and, very importantly, what is “creative expression.” Copyright law, with a special focus on Harper & Row v. Nation Enterprises, [471 U.S. 539](#) (1985), intellectual property, non-disclosure agreements (NDAs) and other agreements will be addressed. The presenter will explain and distinguish the roles played by lawyers, agents and publicists. Attendees will find themselves suitably prepared for high profile cases.

## ***What We Know about the Typology of Nighttime Home Invasion Robbery and How It Helps Our Proper Understanding of the 1959 Clutter Family Murders***

Loren Atherley, *Seattle Police Department, Seattle USA* (loren.atherley@seattle.gov)

Typologies are descriptions of the characteristic features of crimes within a given category. Among the benefits of crime typologies is their usefulness in the analysis and understanding of a particular crime. At the capital murder trial of Richard Hickock and Perry Smith the State's theory was that the crime was a nighttime home invasion robbery, with the murder of the Clutter Family not necessarily part of the plan. The presenter, a criminologist for the Seattle Police Department, will describe in detail what is known about nighttime home invasion robbery. In addition, he will provide statistics regarding crime in rural Kansas at the time. Other specifics regarding the crime, for example, the weapons used, the number of gunshots, the crime scene details, and information from the coroner's report will be looked at within the context of what was known then, and now, about criminal behavior. This information will provide a backdrop for the presentation that follows.

## ***A Knowledge of Crime Typologies Indicates that the State's Theory of the Clutter Family Murders was Tacitly Erroneous***

Richard Adler, *Forensic Psychiatrist, Seattle, United States* (richadler@fcpsych.com)

About Criminology, Truman Capote admitted that he had only: "a layman's knowledge and I don't pretend to anything deeper." His interest in the case, he explained, "was altogether literary." Capote described Mr. Clutter as "the [local] community's most widely known citizen... a member of the Federal Farm Credit Bureau during the Eisenhower Administration." More accurately, however, Mr. Clutter was the first President of the Kansas Association of Wheat Growers and also the first President of the Wheat Growers National Association, being elected in 1950 and re-elected in 1951. In 1954 Herb Clutter was the focus of an article in the New York Times Sunday Magazine Section. Although a Republican, Clutter described views on US farm policy that made him, in his own words, a "radical fellow." Congressman Clifford Hope stated: "I can think of no man who... occupied as many important positions in the regional and national agricultural fields as Herbert Clutter." The first impression of KBI lead investigator Alvin Dewey was that the murders were part of a 'vendetta.' An unnamed senior policeman was quoted by the UPI on November 17, 1959: "This was a carefully thought out murder, planned skillfully and in advance." Extensive and detailed elements of the crime will be presented, then contrasted and compared with the Crime Typology for Nighttime Home Invasion Robberies. This presentation's focus will be on how such analysis impacts our scientific understanding of the crime.

## ***Mediated Truth - The Role of Books and Movies in Creating Popular (Mis)Perceptions: The Help and In Cold Blood as Prime Examples***

Kathryn Kelly, *University of Washington* (faslaw@uw.edu)

The worldwide cultural impact of In Cold Blood has been extraordinary. In part this was because there were limited media outlets in 1966 compared to today. Truman Capote promoted his book as establishing a new genre, the non-fiction novel. Capote arranged it so that at a certain point onward he was the only writer permitted access to the condemned killers. Capote wrote the screenplay also, negotiating full artistic control of the film -- all of this done before the book's release. As is true even today, books and films of historical events become regarded as the full and complete truth. The presenter, an experienced state probation officer, federal probation and parole officer, as well as a Death Penalty investigator and Mitigation Specialist, will address the impact and legacy of the major media representations in the Clutter case, and how they meaningfully were in error. Correlations with other well-known contemporary films and their underlying events will be addressed.

## **198. The Relevance of Neuroscience for Mental Health Law**

### ***Liability of Mental Health Authorities for the Unlawful Acts of Discharged Patients***

Sharon Erbacher, *Deakin University* (Sharon.erbacher@deakin.edu.au)

There have been incidences in Australia where mentally ill patients shortly after their discharge from hospital have killed a family member or the person into whose care they were released. Complex questions arise when assessing whether the relatives of the victim, or indeed the patient, have a claim in negligence against the discharging hospital. The assessment of the existence and scope of a duty of care involves concerns about the need to preserve the coherence of the statutory scheme that confers powers on health authorities to detain mentally ill patients. Problems also arise about indeterminacy of the potential class of victims, and by virtue of the fact that the most direct cause of the harm is the criminal conduct of the patient. Where the claimant is the patient, there are additional policy concerns about whether the patient should be compensated for harm that arises from his or her own unlawful act, and whether that harm is of a type that is recognised at law. In this presentation I will describe the difficulties that arise in assessing claims of this nature, with a focus on the need to ensure that these claims do not create an incoherence in the law. The claim must be rejected where it would be inconsistent with statutory powers of admission and detention of the mentally ill, or with the criminal law that governs the unlawful conduct. This will be on the basis that a duty of care is not owed, that legal causation is not established, or that the harm is not of a kind that is recognised by the law.

## ***The Role of Neuroscience and the Admissibility of Neuropsychological Evidence***

Elizabeth Leonard, *Arizona State University* (ncapsych@me.com)

The U. S. Supreme Court in *Daubert v. Merrell Dow* and subsequent lawsuits established precedent for admitting evidence regarding scientific standards evaluating expert opinions offered by psychologists performing forensic mental health evaluations and neuropsychological testing in civil and criminal proceedings. New techniques for brain imaging such as fMRI and biological markers for brain injury offer promise for enhancing our understanding of the relationships between developmental and acquired brain injuries and neurocognitive function in assessing individuals involved in criminal and civil proceedings. Rapidly developing neuroscience techniques illuminating central nervous system function draw on radically different, biological approaches to ascertain neurocognitive function, than information acquired during forensic mental health interviews and traditional psychological and neuropsychological testing. The field of neurolaw is at the intersection of law and neuroscience and draws on this data to inform legal opinions. This presentation will address the current state of neuropsychological assessment, admissibility of neuropsychological test findings and expert testimony, and discuss principles of scientific scrutiny that must be satisfied before data obtained by new and advancing neuroscience technologies can be admitted for evidence.

## ***Brain Injury: A Neglected Factor in the Rehabilitation of Offenders***

Ivan Pitman, *Disabilities Trust, Burgess Hill, UK* (ivan.pitman@thedtgroup.org)

Brain injury can be associated with long-term deficits in social reasoning, executive control and behavioural disturbance. It is, therefore, of little surprise to forensic clinicians that recent research has highlighted the large numbers of young offenders and adult offenders who have a history not only of a brain injury but also of multiple brain injuries. Despite this empirical evidence within UK courts, prisons and secure hospitals, no formal process exists for the routine detection of brain injury amongst offenders. It is argued that existence of a brain injury is a ‘marker’ for factors that indicate both a risk of further injury and criminal behaviour, it may also be an additive, independent, risk factor. Rehabilitation after brain injury may be protective of such negative outcomes. There is a significant need, therefore, for better means to provide effective detection and targeted interventions to reduce lifetime risk of recidivism within offenders with a history of brain injury. We review neuro-rehabilitative approaches and service adaptations that may reduce reoffending and improve outcomes for the large number of offenders with the ‘hidden’ disability of a brain injury.

## **199. Therapeutic Engagement (TE): The Key to Reducing Coercive Practice**

Mary Chambers, *Kingston University and St. George's University of London*  
([m.chambers@sgul.kingston.ac.uk](mailto:m.chambers@sgul.kingston.ac.uk)) - Moderator

Mental health nursing and therapeutic engagements (TEs) are central to positive service user (SU) experience. Such engagement ensures that effective and meaningful outcomes are recognised. Engagement is paramount when individuals find themselves in situations of high vulnerability, for instance, when they are distressed and disturbed in public and when they are admitted to in-patient facilities under mental health legislation. In such situations, SUs are confronted with various health and social care professionals, as well as those who enforce the law. For all professionals concerned, there are varying levels of vulnerability; the police may be the least well prepared, as their preparatory education and training programme tends not to involve how to deal with those experiencing mental health problems. This symposium will explore the importance of TE from a range of perspectives. It will begin by outlining the lessons learned by emergency workers who enforce Section 136 of the Mental Health Act (MHA) (1983; 2007). An exploration of how TE is exercised with black and/or ethnic minority (BME) groups regarding TE and medication adherence. The next paper will discuss advance care planning as an alternative to compulsion in mental health care. This will be followed by the examination of the criticality of TE when nurses' holding power is implemented. The symposium will conclude with the consideration of abusive restraint and its implications on the well-being of SUs and mental health professionals alike.

### ***Therapeutic Alliance in Section 136 (UK Mental Health Act) Process: The Emergency Worker's Perspective***

Mirella Genziani, *Kingston University and St George's University of London*  
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Section 136 (S136) of the UK Mental Health Act 1983, (amended 2007) empowers a police officer to legally detain someone in a public place, who they believe to be in need of immediate care. They are taken by police to a designated place of safety for assessment, with arrangements for treatment and aftercare, as appropriate. Emergency workers such as police and ambulance play a vital role as first helping professions at the scene that interact with individuals experiencing acute psychological distress. The evidence base on their lived experiences of the process is currently limited. Group interviews with four police officers and three ambulance workers were examined using interpretative phenomenological analysis (IPA). The findings suggested that encouraging individuals to accept help voluntarily rather than under coercion was felt to be in that persons best interests. Emergency workers felt that conflicting demands and limited training hampered the process for establishing rapport and gaining trust. Realising they may have to detain and remove someone against their will, appeared to generate feelings of betrayal towards the person for whom they felt they had established an alliance. Lessons learned will be considered together with a debate around how therapeutic engagement could work in S136.

## ***An Exploration of Factors Influencing Mental Health Medication Adherence in Black and Minority Ethnic (BME) Groups with Experience of Community Treatment Orders (CTOs): A Pilot Study***

Iris Gault, *Kingston University and St George's University of London*  
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Community treatment orders (CTOs) were introduced in 2007 in England in response to concern about poor medication adherence and repeated inpatient admission. Since inception, statistical evidence has elicited concern at over representation of black and ethnic minority (BME) service users (SUs) legally coerced to take medication (Care Quality Commission, 2013). They constitute 13.4% of those on CTOs, yet only 3.5% of the British population and 2.7% of mental health SUs in England (Health and Social Care Information Centre, 2013). This qualitative study investigates the factors influencing medication adherence in black and minority ethnic group members on CTOs. It is conducted co-productively with academics/professionals and SUs making up the research team. Case study methodology is used, involving five cases consisting of SU and both lay and professional carers. Service user (SU) and carer (lay and professional) triad are interviewed (individually) regarding perception of key elements influencing TE and medication adherence. Analysis utilises a staged thematic approach within an adaptation of grounded theory. Data is collected in a large English city. Findings are shaping the types of TE acceptable to SUs and lay carers and will inform further research on implementation and evaluation of educational interventions with professionals.

## ***The Impact of the Implementation of Section 5(4) (Nurses's Holding Power) of the Mental Health Act 1983 on the Therapeutic Alliance***

Russell Ashmore, *Sheffield Hallam University* (r.j.ashmore@shu.ac.uk)

Section 5(4) of the Mental Health Act 1983 (DH, 2007) empowers mental health nurses (MHNs) to legally prevent informal inpatients from leaving hospital for their health or safety or the protection of others. The therapeutic alliance between patient and nurse has been recognised as the foundation on which all care and recovery in mental health nursing is based. Some have argued that implementation Section 5(4) is likely to impact negatively on the therapeutic alliance (Hoggett, 1996). However, there have been no attempts to examine this belief systematically. This study sought to address this deficit by examining nurses' and patients' stories of the impact of Section 5(4) on the therapeutic alliance. A case study approach generated data from 34 narrative interviews with nurses and patients. Narrative analysis produced an eight-part collective story (Richardson, 1990) that explained the impact of Section 5(4) on the therapeutic alliance. The findings suggest that both nurses and SUs perceived the implementation of the Section to be a negative coercive intervention that had the potential to impact on the therapeutic alliance. Participants reported that the use of Section 5(4) had no impact on the therapeutic

alliance in some cases but in other there were both short-term and long-term consequences. The use of Section 5(4) had emotional consequences (a sense of failure, fear) for both nurses and SUs that affected the therapeutic alliance. On a more positive note, there was a belief that any initial difficulties resulting from the detention could be overcome. The presentation will outline the collective story and discuss the implications for the patient's experiences of recovery, choice and exclusion within acute psychiatric settings.

## ***Abusive Restraint: Practicing Outside the Law***

Sue McAndrew, *University of Salford* ([smcandrew@salford.ac.uk](mailto:smcandrew@salford.ac.uk))

Pauline Cusack, *University of Central Lancashire* ([pcusack@uclan.ac.uk](mailto:pcusack@uclan.ac.uk))

Safeguarding, balancing the concept of risk coupled with the need for public protection and its implication for the lives of individuals is particularly pertinent for those in receipt of mental health care. The Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (Ministry of Justice 2008) provide frameworks for people who need to be deprived of their liberty, and who do not have mental capacity in relation to making decisions regarding their care and treatment. The MCA (2005) can be used to restrain a person however, NICE (2005) guidance regarding restraint advises account be taken of 'necessity', referring to Articles 2, 3, 5 and 8 of the European Convention on Human Rights, and the principle of 'proportionality'. Professionals are required to recognise these rights, when delivering care to vulnerable people. In the UK, there has been growing concern regarding abusive practices in institutions, with a number of reports identifying unacceptable methods of restraint as a feature of care. This form of restraint is abuse, its inappropriate use often being associated with fear, neglect and lack of using de-escalation techniques. In consequence such restraint can have negative implications on the well-being of service users and mental health professionals alike. It is these consequences that will be the focus of this presentation.

## ***Developing a Therapeutic Engagement Tool for Use by Mental Health Nurses and Service Users***

Mary Chambers, *Kingston University and St. George's University of London*  
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Therapeutic engagement (TE) is central to quality mental health nursing (Peplau, 1952) however the ability to measure, quantify and clearly articulate the contribution of TE to Service User (SU) outcomes is missing. The goal of our project was to develop a TE tool in partnership with SUs and Registered Mental Health Nurses (RMHNS) for use in acute, inpatient, mental health settings. The development process involved a literature review, analyses of interviews from the 'Lived Experience of Detained Patients' project (Chambers et. al. 2012) and a TE workshop. Five themes were evident from the analyses. Following review by an expert panel, the tool was

revised and pilot-tested with participants from 3 UK NHS Mental Health Trusts. In addition to completing the tool, participants were asked to fill-in a feedback log. Following revisions, the tool became the basis for a larger study involving 4 Mental Health NHS Trusts. Upon statistical analysis, a 2-factor solution was apparent – items were grouped into ‘presentation of care’ and ‘delivery of care’. The tool has been found to behave well as an assessment scale; its validation across 12 study sites in the UK will ‘authenticate’ the tool. This paper will describe the outcomes of the validation study.

## **200. Therapeutic Problem Solving Family Courts**

### ***Can the Current Family Court Protect Children from Abuse?***

Lenore Walker, *Nova Southeastern University* ([drlewalker@aol.com](mailto:drlewalker@aol.com))

Family courts are usually thought to be courts of equity where a marital couple’s life is divided fairly. But, can there be equity or fairness when domestic violence, child abuse, or child sexual abuse is alleged during child custody battles? Current laws make the presumption that it is in the best interests of the child to have equal parenting time with each parent. If one parent believes that is not in the child’s best interests, then he or she has the burden to prove “detrimental to the child” or even “irreparable harm to the child”, which is much more stringent than simply deciding who is the better parent. Judges and Child Custody Evaluators do not have sufficient knowledge to make the decision that is in the best interests of the child in these cases according to research. In fact, it is proposed that the family court, as is now structured in most countries, will not be able to correctly decide what is best for the child when abuse allegations are raised. Far too often, in incest cases, the child tells the mother about the abuse after the parents separate, the child custody evaluator decides that the evidence is not compelling, the father accuses the mother of parental alienation, and the court either ignores the abuse allegations or punishes the mother by taking parenting time away from her. The child’s needs are lost in this and similar scenarios, especially when the adequate training or time is not available to make these complex decisions. These and other similar challenges will be explored with some suggestions offered including a training program with a MS in Forensic Psychology.

### ***Dissociation in Litigation and Incarceration: Memory, Agency, and Identity***

Steven Gold, *Nova Southeastern University* ([gold@nova.edu](mailto:gold@nova.edu))

Dissociative states of mind are often relevant to the events that prompt legal proceedings. However, until recently very few attorneys or other participants in the judicial or penal system have been aware of the topic of dissociation or how it may be pertinent to matters that prompt both criminal and civil litigation. A frequent source of misunderstanding, even among mental

health professionals, is the equation of dissociation with dissociative identity disorder and the related assumption that dissociation is exceedingly rare. A rapidly growing body of empirical research that has accumulated since the 1980s demonstrates otherwise. Dissociative disorders are much more prevalent than previously recognized, dissociation is the third most frequent psychological symptom after anxiety and depression, and dissociation is a commonly occurring phenomenon in daily life and is not exclusively a sign of psychopathology. This presentation will explain: what dissociation is; its relationship to traumatic events and to high levels of stress; its role in some patterns of violent behavior; and the various forms it takes, including memory impairment, a diminished sense of agency, and alterations in identity. Examples of the relevance of dissociative states to litigation will be provided, as well as ways in which awareness of dissociation can aid in making sense of and effectively managing behavior of incarcerated inmates that would otherwise seem incomprehensible or simply provocative. The role of the mental health professional in educating attorneys, judges, juries and jail and prison staff about dissociation will also be considered.

## ***The Integration of Therapeutic Jurisprudence in a Unified Family Court***

Ginger Lerner-Wren, *Broward County Mental Health Court, Broward County, USA*  
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From a historical perspective the first problem solving court could arguably be identified as The Juvenile Court, first established in 1899, Cook County Illinois. The legislation was comprised of three essential principles:

- Juvenile matters shall heard separate and apart from adult criminal matters and maintain rehabilitative goals under the common law doctrine of *parens patriae*, providing the state with superior governing position to provide for the best interest of the child.
- Parents shall be held responsible through court authority.
- Punitive measures, such as imprisonment will be replaced with rehabilitative measures.

Over the past several decades, Family Law reformists have integrated multiple interdisciplinary legal philosophies and structural court reform strategies to better address the many complexities of families. Unified family Courts have applied human ecology and therapeutic jurisprudence approaches to seek problem solving therapeutic strategies to effectively address the overall needs of the family. This presentation will discuss the integration mental health court fidelities into the Family Court Model, with an evidence based focus on matters of prioritization, intervention strategies and coordination to reduce trauma and promote the overall best interest of the child.

## ***Profile of Victims and Perpetrators in Intimate Partner Violence: Implications for Law and Public Policy***

Eduin Caceres-Ortiz, *University Catolica de Colombia* (eduincaceres@gmail.com)

The aim of this presentation is to show the importance of the study of victims and perpetrators in intimate partner violence IPV to provide information for the design of laws and policies on IPV. The sample consisted of 20 victims and 20 offenders who interviewed for socio-demographic characterization and some instruments for measuring psychopathological consequences on victims and psychopathological characteristics of abusers were applied. The data show characteristic profiles of victims as low social and economic class, economic dependence, social isolation, history of domestic violence situations and other forms of violence. The most important characteristics of perpetrators were the lack of regulation of anger and self-management skills, low problem solving and high verbal aggression type. On the other hand, it's important to show the most effective treatments that have shown help reduce recidivism of offenders, posttraumatic symptomatology in victims and empowering them to pursue a life without violence. Finally, the importance of developing and studying the different profiles of victims and perpetrators can to give knowledge of reality intimate partner violence to create laws and policies more adapted to the changing needs and reality of society.

## **201. Topics in Forensic Psychiatry and Risk Assessment/Management in the Elderly Population**

### ***Neuropsychiatric Assessment in Geriatric Forensic Psychiatry***

Robert Granacher Jr., *University of Kentucky* (rgranacher@aol.com)

This presentation will cover the commonest problems in geriatric cases requiring forensic assessment. The basic premise is that geriatric forensic psychiatric assessment requires a neurocognitive-based model with use of forensic neuroimaging. Examples of clinical categories more likely to come to forensic attention in the geriatric population can include criminal behaviors, personal injuries affecting neurocognitive function, fitness-for-duty in those choosing to work into old age, undue influence of testamentary capacity, geriatric sexual crimes, and competency to stand trial. Neuropsychological assessment techniques, cognitive and neurological issues, and neuroimaging will be stressed.

### ***Medicolegal Aspects of Prescribing Psychotropics for Management in Dementia Patients***

Manish Fozdar, *Duke University* (drfozdar@braininjuryexpert.com)

With rising number of elderly people all around the world, the incidence and prevalence of dementia is also increasing. Neuropsychiatric symptoms are very common amongst dementia patients. Agitation and aggression in particular remain problematic areas as these symptoms hinder caregiving efforts and placement in nursing facilities. Treating clinicians are often pressured to treat these symptoms on urgent basis. Nursing home staff has to manage these patients within a framework of strict rules and regulations as well as constant threat of liability issues. Psychotropic medications are often used for management of agitation and aggression in dementia patients. Traditionally antipsychotics, benzodiazepines and mood stabilizers have been used for this purpose. However, United States Food and Drug Administration's warning regarding use of antipsychotics in dementia patients has brought a close scrutiny of aggression management strategies in dementia patients. This talk will focus on relevant risk management issues regarding use of psychotropics for management of aggression in dementia patients. The evidence for effective alternative management strategies will be discussed. Audience participation will be encouraged.

### ***The Role of Biomedical and Psychosocial Aspects on Aging Play in Postural Stability in Older Adults***

Jitka Vseteckova, *The Open University* (jitka.vseteckova@open.ac.uk)

Biomedical and psychosocial changes associated with ageing represent a major issue often related to worsen mental health and Postural Stability (PS). This cross sectional study focused on how PS indicators: body sway deviation (BSD) and body sway velocity (BSV), change with age and their association with levels of social and physical activity. 80 older adults (aged: 60–96) were purposefully recruited from two sources: the University of the Third Age (TAU) (n = 35) and a residential care home (CH) (n = 45). Differences in the indicators of PS, approximated through Centre of Pressure (COP) measurements, were assessed by the Romberg Stance Test using a Kistler® Dynamometric Platform. The RCH Group was older, had higher BMI and was less socially and physically active, showed more body sway in all indicators compared to TAU group. For all participants body sway velocity (BSV) was significantly correlated with age. The strength of correlation of body sway deviation (BSD) with age was also significant but not as strong. The findings indicate in line with previous studies that deterioration in BSV is associated with poor PS more than deterioration in BSD. The social activities and related mental health of the elderly participants has been found to play an important role.

### **202. Transitions in Health and Criminal Justice Pathways: Mind the Gap!**

#### ***Adverse Outcomes at Transitional Points in Care Pathways***

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

A transition is defined as the passage from one life phase, condition or state to another. Transitions are the most vulnerable parts of any care pathway. In general medicine, 1/10 people die in the immediate discharge period and there are high rates of readmission. In mental healthcare, discharge from in-patient facilities is associated with increased risk of relapse, readmission, violence and suicide, particularly in the first week following discharge. Prisoners are a socially excluded, vulnerable group with high levels of ill health, including mental illness. Transitions into and from the criminal justice system are particularly vulnerable periods for this group. On discharge, they may be multiply disadvantaged, with housing and finance problems, breaks in social ties, mental ill health and a reluctance to engage with services, who in turn are reluctant to engage with them. The risk of adverse outcomes including relapse and death, especially from suicide are high. Potential effective transitional case managements interventions used in general medicine, psychiatry and the criminal justice system are outlined and the symposium content introduced.

### ***Risk in Recently Discharged Psychiatric Patients***

Sandra Flynn, *University of Manchester* (Sandra.m.flynn@manchester.ac.uk)

There is evidence that people discharged from psychiatric in-patient care are at high risk of suicide, violence, relapse and readmission. The reasons include; incomplete recovery and deterioration of mental state; return of insight of illness; withdrawal of care leading to enhanced vulnerability and being re-exposed to stressors. The objective of this study was to describe the demographic, social and clinical risk factors of patients who died by suicide or committed homicide following discharge from in-patient care, by using a national clinical survey in England (2002-2012). There were 2,428 suicides within 3 months of discharge, 18% of all patient suicides, an average of 221 deaths per year. There were 48 homicides within 3 months of discharge, 9% of all patient homicides, an average of 4 per year. Most of these suicides (16%) and homicides (10%) occurred in the first week after leaving hospital. Of all patients who died in the first week after discharge, the highest number occurred on day 2 (20%). The transition of mental health patients from in-patient care to community services is a vulnerable time for patients. Immediate follow up and enhanced levels of care planning under the Care Programme Approach may help reduce adverse incidents immediately after discharge.

### ***Engager 2: Developing and Evaluating a Collaborative Care Intervention for Offenders with Common Mental Health Problems, Near to and After Release***

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

Prison healthcare has improved in the last decade however mental health care is minimal except for those with the severest problems; care after leaving prison is particularly lacking for those with short sentences. Addressing mental health problems would lead to considerable gains: to the individuals own health; to the wellbeing of their families and communities; along with wider economic and social benefits due to reductions in reoffending. This project will develop and evaluate a complex clinical and organisational intervention for people with mental health problems who are near to release. It will ensure a collaborative approach between health and criminal justice services. Phase one will see researchers working closely with people who have previously been in prison, the prison service and community care providers, to develop the model for an integrated approach to identify and engage prisoners before release and then set up and deliver care after release. The approach will be tested, and elements of it ‘road tested’, to ensure the best chance of benefitting prisoners. The second phase will be a randomised control trial.

This presentation will cover the findings from Phase 1 of the study.

### ***Critical Time Intervention for Severely Mentally Ill Released Prisoners: a Randomized Controlled Trial***

Caroline Stevenson, *University of Manchester* (caroline.stevenson@manchester.ac.uk)

Prisoners in the UK and in other countries have higher rates of mental disorder than the general population. For prisoners with mental illness, the transition between prison and community is associated with a range of negative outcomes including deteriorating health, suicide and recidivism. Critical Time Intervention (CTI) is a case management approach originally designed for homeless people discharged from psychiatric hospitals but more recently adapted for released prisoners with serious and enduring mental illness. It is aimed at “plugging the gap” between prison and community and improving clinical and social outcomes post-discharge. CTI is a time-limited, holistic intervention focusing on key areas of need including psychiatric treatment and medication management; money management; substance abuse treatment; housing crisis management; and life skills training. In this presentation I will describe the results of a randomised controlled trial conducted at 11 prison establishments in England. I will discuss whether CTI is more effective in increasing service engagement and community tenure while reducing hospitalisation and reoffending in comparison to TAU, primarily at six weeks, but also at six and twelve months post-release. I will also outline the cost-effectiveness of CTI provision for this group.

### **203. Trauma Assessment and Interventions for the Mentally Ill in Legal Situations**

#### ***Trauma-Informed Intimate Partner Violence Interventions: An Integrative Approach to the Conceptualization and Management of Complex Trauma***

Tara Jungersen, *Nova Southeastern University* (tj290@nova.edu)

Intimate partner violence survivors survive multiple battering incidents over the course of their abuse. However, few, if any, experience battering as one distinct type of trauma. Many survivors of intimate partner victimization report a history of complex traumas, including child abuse, stigmatized deaths, motor vehicle accidents, disasters, crime, acts of war, and other types of victimization. These complex traumas result in persistent, yet malleable neurobiological changes to the brain. Neuroplasticity research points to promising techniques that deactivate the portions of the brain responsible for hyperarousal and stored trauma memories in trauma survivors. Traditional interventions targeting Intimate Partner Violence reflect deficits-based approaches that rely mainly on talk-therapy. However, as trauma-informed care develops, interventions that focus on strengths, wellness, and posttraumatic growth show encouraging results in managing the effects of complex trauma in situations of domestic violence. This presentation will outline several strength-based techniques that combine talk therapy with experiential exercises aimed at the promotion of trauma resolution and hemispheric integration of the stored trauma memories in the brain.

### ***Development of the Power and Control Inventory***

David Shapiro, *Nova Southeastern University* (shapiro@nova.edu)

Psychological assessment of risk of intimate partner violence is an important area of research but the risk assessment measures currently in use are largely actuarial and pay little attention to the personality dynamics that underlie such violent behavior. Several of the devices that purport to be domestic violence risk assessments are merely re-iterations of earlier general risk assessment instruments. None include the personality variables that characterize the male batterer. The new inventory which will be described in this presentation is based upon the theories of Dr. Lenore Walker who first conceptualized domestic violence as an abuse of power and control. The development of a questionnaire called the Power and Control Inventory will be presented, along with a discussion of the scales that make up this instrument. Some of these, in addition to power and control are rationalization of violence, isolation of partners, sexual jealousy, denial and minimization of the impact of violence, and a positive impression management. A proposed set of approximately 150 items describing the above dimensions were sent to 200 therapists who treated batterers. The final list of items were those endorsed by more than 50% of the therapists.

### ***Symptoms of PTSD in Victims of Sex Trafficking in Greece***

Christina Antonopoulou, *University of Athens* (cantonop@primedu.uoa.gr)

Recently studies have emerged that examine various traumatized populations, which have shed light on the course of Post Traumatic Stress Disorder (PTSD). The differences in the symptomatology of PTSD between “at risk” populations must be understood, so that people are not misdiagnosed and therapeutic interventions are tailored to each group. The purpose of this study was to examine the symptoms of PTSD in victims of trafficking, an under researched population, and to establish how their symptoms differ from those experienced by other victims of abuse and by females in the general population of Greece. According to the National Center for PTSD (2000), people who are most likely to develop PTSD are those who experience greater stressor intensity, uncontrollability, and sexual victimization. These experiences personify the reality of trafficking. Our results suggest that victims of trafficking are a group of abused women who are at higher risk for developing PTSD. Not only have these women’s symptoms met the DSM-IV-TR criteria for PTSD, but they also display additional pathology. It is necessary to be aware of the varieties of PTSD symptoms and to practice a treatment modality that is sensitive to this group’s specific situation.

### ***The Relevance of Adverse Childhood Experiences to Mitigation Testimony***

Steven Gold, *Nova Southeastern University* (gold@nova.edu)

This presentation will consider the application of research on Adverse Childhood Experiences (ACEs) to expert witness testimony in both civil and criminal proceedings. An empirical study with an exceptionally large sample examined the prevalence of adverse childhood experiences (ACEs) in the general community and their impact on both psychological adjustment and medical health in adulthood. Based on extensive health interviews of a sample of over 17,000 community respondents, 10 ACEs were identified, some of which constitute forms of psychological trauma (e.g., childhood sexual abuse, witnessing domestic violence) and others of which were reflective of a general family atmosphere that would likely be deleterious to a child’s well-being (e.g., growing up with a household member who abused alcohol or drugs). Each ACE was found to be predictive of a wide range of both psychological problems (e.g., aggressive behavior, substance abuse) and medical difficulties (e.g., autoimmune diseases, heart disease). The more ACEs in an individual’s background, the more severe the psychological and medical impact was in adulthood. In fact, participants with five or more ACEs in their histories were found to have a life expectancy nearly 20 years shorter than those with none. Testimony structured around the number of ACEs in a litigant’s, criminal defendant’s or crime victim’s background can lend structure to the often confusing and chaotic personal histories of individuals whose childhoods were characterized by multiple adverse life circumstances and help juries understand how these factors can culminate in lasting medical, psychological and functional impairment. Illustrative examples of applications of ACEs research to expert witness testimony will be provided.

## ***New Evidence Based Trauma Treatments in Jail for Victims of Intimate Partner Violence***

Lenore Walker, *Nova Southeastern University* (drlewalker@aol.com)

New evidence based treatment for trauma resulting from intimate partner violence (IPV) has appeared in the literature. Generally, these interventions take place in community based agencies in a group therapy format. Occasionally, individual psychotherapy may be provided but it is expensive and limited to only a few sessions. Often, victims of IPV are unable to obtain treatment while still living with the batterer who controls who she sees and where she goes. Many women victims also abuse substances, which may enter into their being arrested for committing a related criminal act. Drug courts and mental health courts provide for treatment, sometimes in the jail, for substance abuse. These women may have been arrested and awaiting trial or accepted a plea arrangement so they could obtain treatment. Rarely, however has that treatment in the jail included trauma-informed therapies. Both men and women with diagnosed mental illnesses also are held in jail, sometimes in a clinic setting where they can obtain treatment for their illness. However, trauma treatment may also be beneficial for these men and women, to assist in healing from trauma experiences. Several programs will be discussed along with the modifications that were necessary for inmate participation and results of measuring their efficacy.

## ***Mental Health Courts and the Application of Human Rights***

Ginger Lerner-Wren, *Broward County Mental Health Court, Broward County, USA*  
(jwren@17th.flcourts.org)

The criminalization of persons with serious mental illness and other neurological disorders, has led to a majority of America's jails and prisons to serve as de facto psychiatric hospitals. This negative trend has serious human rights implications which were documented by Human Rights Watch in its 2003, Special Report, "*Ill-Equipped*" and subsequent policy reports. This Presentation will trace the historic development of the first mental health court in the U.S. which was developed as a human rights strategy. In 2001, Human Rights Watch staff Counsel spent several days observing Broward's Mental Health Court, and included the court model in its special report, *ill-equipped* as a recommended intervention strategy. Although Broward's court was the model for Congressional Legislation in 2000 many of the human rights fidelities were not included in national policy center mental health court procedural and structural guidelines. This article and presentation will discuss and describe these fidelities (procedurally and structurally) which comprise a human rights oriented mental health court. Moreover, we will review the significance of the integration of a human rights focus as it relates to multi-level goals and long term procedural implementation and operational capacity of a problem solving therapeutic mental health court.

## **204. Trauma-Informed Organization, Community and Evaluation**

### ***Educating a Community on Trauma Sensitivity and How to Provide Trauma-Informed Care***

Kim Bennett, *University at Buffalo* ([kimbenne@buffalo.edu](mailto:kimbenne@buffalo.edu))

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Jamy Stammel, *University at Buffalo* ([jstammel@lake-shore.org](mailto:jstammel@lake-shore.org))

Education plays a critical role in expanding the awareness of the need for trauma-informed care in every human service interaction. The Trauma Informed Community Initiative of Western New York (TICIWNY) is a coalition of service providers with a mission to educate the community regarding trauma, the impact of trauma and the need for, as well as how to go about, creating and maintaining trauma-informed care organizations and programs. Through grand rounds, sector specific meetings, conferences, trainings and quarterly community meetings the coalition has provided definitions of, and information on, the diverse effects of trauma to a large number of agencies and individuals. The coalition focuses its educational efforts on four service sectors: behavioral health, education, law enforcement/first responders and healthcare. These sectors have historically been heavily burdened and inadequately prepared to deal with trauma issues. The coalition has successfully educated hundreds in the community on the importance of trauma-informed care, understanding trauma and its universality, ensuring that organizational practices and policies do not re-traumatize, and understanding secondary/vicarious trauma for service providers. This knowledge has resulted in positive system changes at every level of service, leading to the creation and maintenance of trauma-informed care organizations throughout Western New York.

### ***Evaluation as a Tool for Creating Trauma-Informed Systems***

Thomas H. Nochajski, *University at Buffalo* ([thn@buffalo.edu](mailto:thn@buffalo.edu))

Travis W. Hales, *University at Buffalo* ([twhales@buffalo.edu](mailto:twhales@buffalo.edu))

Evaluation plays an integral role in facilitating the adoption and implementation of trauma-informed program models. Standardized instrumentation has enabled the Institute on Trauma and Trauma-Informed Care to conduct quantitative, mixed method, and qualitative evaluations on numerous organizations in the Western New York Region. Through the identification of departmental, organizational, and system level strengths and challenges, the evaluation component informs and directs the efforts of larger trauma-informed change initiatives. Initial evaluations assess the organizational climate (i.e., shared psychological perceptions of staff) in terms of the trauma-informed principles of safety, trustworthiness, choice, collaboration, and empowerment. The results of the assessment are then presented to key organizational stakeholders to be used as a resource to guide decision-making practices.

## ***How the Settlement House Model Has Helped Us to Build Community in New York***

Lena Alhousseini, *Arab American Family Support Center, Brooklyn, New York*  
(lena@aafscny.org)

I would like to discuss The Arab American Family Support Center's (AAFSC) experience using the Settlement model as a way to engage and integrate the Arab American, South Asian and Muslim communities in New York. As the largest provider of social services to the community in the East coast, we provide culturally competent trauma informed wrap around services to a growing community with very specific needs and customs. AAFSC 's programs cover child protection, domestic violence, teen dating, sexual assault in addition to afterschool, educational and cultural/social services. As well as social and educational services, we also provide legal, health, and disaster relief services. All our our services are delivered with cultural humility and competence. In 2008, we adopted the Settlement house model, a model that was developed at the end of the nineteenth century in the USA as Jane Addams, Lillian Wald and other leading American reformers founded and built institutions such as Hull House and Henry Street Settlement in poor big-city neighborhoods. The settlement house model traditionally brings residents and immigrants together in a way to educate, inform, empower and engage new immigrants with their community. It is a powerful space that allows interaction, understanding, cultural adaption and civic engagement. We create community. We are a trauma informed agency that works on the most difficult cases of child abuse and neglect, domestic violence, international child abduction and forced marriage. For over 20 years we have had a partnership with child protective services in NYC, where we manage cases of suspected abuse with families from our communities. The combination of our cultural skills, evidence based model couched within a trauma informed practice has yielded excellent outcomes, and we hope to share our experience and best practices in this area.

## **205. Treatment Issues for Incarcerated Individuals across the Life Cycle**

### ***Neurocognitive Enhancement and Offenders***

Tracy Gunter, *Indiana University* (tdgunter@iupui.edu)

Neurocognitive enhancement refers to the augmentation of neurocognitive functions in an individual without known medical illness or disability. Although some enhancement strategies such as sleep, exercise, and education are relatively non-controversial, others such as prescription drugs and devices raise more concerns about access, quality, risk and cost. In most of the literature over the last ten years, the implicit assumption has been that increased attention,

concentration, processing speed and/or memory through any means would necessarily result in increased achievement and adaptation. More recently, there have been calls to shift the debate from perceived increased mindfulness and cognition to increased adaptability and human flourishing. Provocatively, some authors have suggested that overall enhancement or well-being may be achieved by reducing or diminishing some neurocognitive responses or abilities. In this session, we explore the issues raised in this debate as they related to offenders, with specific attention to the ambiguity of medical necessity criteria in mental health and the interplay between individual autonomy, correctional systems, and society.

## ***Self-Injury in Juvenile Corrections: Management and Treatment Challenges***

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

Management of non-suicidal self-injurious (NSSI) behavior during incarceration consumes many institutional resources. Although many youth enter the juvenile justice system with a history of self-harm, other youth first engage in this behavior while in a correctional setting. Research examining this maladaptive behavior suggests the average age of onset is late childhood, increasing across development, and peaking in mid-to-late adolescence. U.S. surveys have found approximately 15% of high school youth, 17% of college students and 40-60% of youth in inpatient mental health treatment studies reported engaging in NSSI. The few studies examining the prevalence among incarcerated youth suggest rates comparable to youth in inpatient settings rather than in the community. Although various theories explain how NSSI is initiated and maintained, what is clear is that if the underlying factors contributing to the behavior are not eliminated, the self-harm behavior may become repetitive, chronic and more severe. Youth who self-harm must also be carefully evaluated for suicide risk. A thoughtful and individualized assessment of NSSI behavior is essential and should guide individualized treatment and behavior management plans for youth. The treatment and management of repetitive NSSI becomes increasingly more challenging within the confines of a correctional setting. This presentation will address one large US state's prevalence, identification, multidisciplinary management and treatment approach of self-injurious youth in juvenile correctional facilities. Unique challenges working with these youth will be discussed.

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

Christopher Thomas, *University of Texas Medical Branch* (crthomas@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. The objectives of this presentation are to 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.

### ***Regulations Affecting Telemedicine: Unintended Consequences***

Christopher Thomas, *University of Texas Medical Branch* (crthomas@utmb.edu)

The rapidly developing use of computers, the Internet and telecommunication in medicine has created new questions and challenges for regulating agencies. Previous laws and rules do not necessarily cover all aspects of telemedicine. As policy makers grapple with one issue, there may be unintended consequences of the regulations created that have major impact on other areas in the practice of medicine. A recent example illustrating this is the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 in the United States. The Act was passed to counter the growing sale of prescription medications on the Internet by regulating online pharmacies by requiring pharmacy websites display identifying information, ban the sale of drugs by the Internet when a website directs a customer to a physician that writes a prescription without having seen the patient, and empowers federal regulation of online prescriptions. The Act was intended to halt the use of the Internet for prescription abuse, but has had an unintended impact on telemedicine. The US Drug Enforcement Agency interpretation includes telepsychiatry when the practitioner seldom has direct physical encounter with patients although following all other guidelines. This restricts the use of certain medications when otherwise indicated. It is important for to be aware of the rapid changes in legislation even when not directed at current practice and policy makers of the unintended impact of regulations.

### **206. Typologies of Prison Populations: The US, Argentina and Brazil**

***An outpatient inmates service: the patients profiles and the barriers in a five-year experience of the brotherhood of the holy house of Sao Paulo***

Camille Chianca Rodrigues, *Santa Casa de Misericordia de Sao Paulo*  
(Camille\_chianca@yahoo.co.uk)

Since April 2009, the Hospital of the Penitentiary System assists the prison population in the State of São Paulo. There is a formal agreement between the São Paulo Health Department and the Brotherhood of the Holy House and thus, this Hospital is currently the only general hospital to provide health care to the prison population in that state. It is a large task indeed. There are approximately 250 psychiatric consultations monthly and 8 inpatients beds for acute cases. There is a multidisciplinary team and, in their different areas of expertise, they are responsible for the care planning of each patient. The aim of the work is a brief intervention to control acute crisis, to provide information to patients about ways to avoid further acute episodes, to give support also to family members and to help the individuals to prepare their lives after leaving the prisons settings. We are going to discuss the particular nature of our work – notwithstanding the Hospital of the Penitentiary System is not a prison, sometimes it is hard to see it as a pure hospital.

### ***“The pill line is longer than the chow line”: Impacts of incarceration on prisoners and their families***

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Mass incarceration has unique impacts on prisoners, their families, and communities, with great importance to legal policy, mental health, and human services. This study combines focus groups with prisoners, interviews with families, and integrated administrative data to examine impacts of incarceration. This mixed-methodology study is described, providing in-depth findings from eight prisoner focus groups for adult and youthful offenders. Respondents included 77 prisoners (38 males, 39 females) from three correctional facilities in the US. Prisoners ranged in age from 17 to 66 and were incarcerated for a variety of offenses, including shoplifting, burglary, robbery, assault, manslaughter, murder, kidnapping, criminal sexual conduct, and drug manufacturing or trafficking. Analyses were conducted using MaxQDA qualitative software, and themes included impact of incarceration on mental and physical health, family communication and conflict, economic stability, and academic/behavioral well-being of children. Inmates and their families received few supports from community agencies or informal networks—instead describing increased isolation from supports. Findings address a gap in knowledge on re-entry and services to families and communities. The study has implications for how incarceration’s impact is spread across communities (e.g., schools, juvenile justice, mental health, economic services, child welfare) and for breaking down service silos to develop networked interventions.

## ***Expanding the Feminist Pathways Perspective to Latin America: A Profile of Women Inmates in Argentina***

Emily J. Salisbury, *University of Nevada, Las Vegas* ([emily.salisbury@unlv.edu](mailto:emily.salisbury@unlv.edu))

The number of women deprived of their liberty around the world has risen substantially over time and has increased disproportionately in comparison to men prisoners. Beyond the United States, Latin America has also experienced disproportionate increases in female incarceration rates, likely in large part to the U.S. “war on drugs.” Argentina is no exception – from 1990 to 2012 the number of female prisoners within the federal system increased 193%, while the male population rose 111%. Using interview data from a random sample of federally imprisoned women throughout Argentina, the current study investigated the offense dynamics and possible risk factors for women’s imprisonment, contextualizing results within the feminist pathways perspective of offending. Because the pathways perspective has been largely dominated by investigations of U.S. female offending populations, this study expands the knowledge of understanding by exploring gendered risk factors of offending in a distinct geopolitical and cultural environment.

## ***Profile of the Female Prison Population Hospitalized in the Penitentiary System Hospital Center and Its Several Correlations with the Drugs***

Quirino Cordeiro Jr. , *Irmandade da Santa Casa de Misericórdia de São Paulo, Brazil*  
([qcordeiro@yahoo.com](mailto:qcordeiro@yahoo.com))

The incarceration rate in Brazil has increased greatly in recent years, especially the female prison population. The Hospital of the Penitentiary System of São Paulo (CHSP) aims to provide hospital care for patients in the prison system for São Paulo state. The female admissions are for general diseases and women after child birth. The aim of this study was to describe the female population hospitalized in CHSP between the years 2010 and 2012 and see if there were correlations between the drugs and the women’s prison population within the following aspects: substance use, criminal history, demographic data and psychiatric symptoms. It will be describe the sociodemographic, clinical and criminal variables. From total of 676 women, 61 % had a history of nicotine, 47 % of cannabis, 30 % of crack, 30 % of cocaine and 25 % of alcohol use; 64 % were charged for drug dealing and 14 % for burglary. The drugs issues has a great relationship with this population, considering the positive history of substance use, with higher rates than the general population and most of them are also convicted of drug dealing.

## ***Human Activities, According to Hannah Arendt, in the Penitentiary Hospital***

Natalia Timerman, *University of São Paulo* ([matimerman@hotmail.com](mailto:matimerman@hotmail.com))

The presentation examines experiences of liberty deprivation by inmates in a penitentiary hospital through the prism of Hannah Arendt's question of liberty. It offers a broader scope of inmates' perception of their own imprisonment, beyond the usual understanding of incarceration as simply deprivation of freedom. A phenomenological description of the *Penitentiary System's Hospital Center* examines the peculiarities of this space where two complex institutions, the hospital and the prison, meet. The cells, the corridors, how the inmates spend time, the way they interact with each other are comprehended through Hannah Arendt's human activities: labor, work, and action, in the specific context of the penitentiary hospital.

## **207. UK Mental Health and Police Interface**

Aileen O'Brien, *St. George's University of London* ([aobrien@sgul.ac.uk](mailto:aobrien@sgul.ac.uk)) - Chair

### ***The Use of Place of Safety Orders in England over the Last Thirty Years***

Patrick Keown, *Newcastle University* ([Patrick.keown@ntw.nhs.uk](mailto:Patrick.keown@ntw.nhs.uk))

Background: Place of safety orders allow police officers in England to take people from a public place to a hospital or police station if the police think the person may be mentally disordered and in need of immediate care.

Aims and method: To detail changes in the use of place of safety orders in England using publicly available data.

Results: There was a sixfold increase in the rate of the Mental Health Act Section 136 detentions to places of safety in hospitals between 1984 and 2011. The use of Section 135 and the rate of subsequent detention under Section 2 or 3 also increased, but the proportion of people detained fell as the absolute rate of detention increased. There was a wide variation between regions in the use of hospitals or police stations as places of safety.

Clinical implications: The increase in detentions under Section 136 may in part reflect the move of places of safety from police cells to hospitals. It may also reflect a real increase in overall rate of detention and possibly a change in the threshold for the use of Section 136 detentions by police officers

### ***Information Sharing between Health and Law Enforcement: Harnessing Online Technologies***

Jane Senior, *University of Manchester* ([jane.senior@manchester.ac.uk](mailto:jane.senior@manchester.ac.uk))

In recent years, UK public, media, and government attention has focused disproportionately upon a small number of violent crimes perpetrated by mentally ill people living in the community.

Inquiries into such events commonly cite a lack of adequate information sharing, both within and between agencies, as contributing to inadequate risk management. In practice, the need to conform to data protection legislation often leads to healthcare professionals being reticent to share any information with their immediate colleagues. This can lead to key management issues being unknown to frontline staff dealing with a complex and potentially dangerous individual at times of highest risk, for example upon arrest or within the early days of custody. This presentation shares the findings of a study undertaken jointly between police, probation and health services, designed to explore issues around the appropriateness and proportionality of, and mechanism for, information sharing regarding mentally disordered offenders. We developed cross-agency information sharing protocols, determined the type and level of clinical and risk information each type of professional required, and created and piloted an internet-based Multi-Agency Information Sharing portal.

We will share our experiences and findings, including recommendations for policy and practice.

### ***Section 136 of the Mental Health Act: a Cohort Follow-Up Study***

Aileen O'Brien, *St. George's University of London* ([aobrien@sgul.ac.uk](mailto:aobrien@sgul.ac.uk))

Jennifer Burgess, *St. George's University of London* ([m1103012@sgul.ac.uk](mailto:m1103012@sgul.ac.uk))

**Background:** The use of Section 136 of the Mental Health Act is increasing in the UK although the number of assessments converted to section is not rising. A study looking at section 136 assessments in one London place of safety found that less than half of patients were admitted to hospital and over 40% were intoxicated at the time of section 136. **Aims and method:** This study aimed to look at service use of this group of patients over one year. The electronic records of the original cohort was examined for a period of twelve months looking at further admissions and contact with services. **Results:** 14% percent were reassessed under section 136, some multiple times, and 34% were in hospital at some point during the follow up period. Just under half were in contact with some form of local mental health services over the year. Alcohol and substance abuse were common but only 24% had contact with drug or alcohol services over the year. **Clinical Implications:** This is a group of patients requiring a large amount of input from services, often admitted via section 136 or under section, many with repeated section 136s, presenting a challenge to both mental health services and police.

### ***Section 136 Mental Health Act: Longitudinal Follow-Up study***

Patrick Keown, *Newcastle University* ([Patrick.keown@ntw.nhs.uk](mailto:Patrick.keown@ntw.nhs.uk))

Iain McKinnon, *Northumberland Tyne and Wear NHS Trust, Newcastle upon Tyne, UK* ([iain.mckinnon@ncl.ac.uk](mailto:iain.mckinnon@ncl.ac.uk))

Section 136 of the Mental Health Act in England and Wales allows police officers to detain an individual who appears to be suffering from mental disorder. They can then be taken to a place of safety in order to be definitively assessed. In recent years concern has been raised about the increasing numbers of individuals detained using this power and what proportion of these cases are detained appropriately. There are a number of possible outcomes for people taken to the place of safety once assessed by mental health clinicians. For the small proportion who go on to be detained in hospital, data is statutorily collected. Clinical data on the others is not routinely collected in a format that makes it suitable for analysis. We report on a longitudinal project which aims to describe the characteristics of all of the people taken to a place of safety in the North East of England, and to see what impact the introduction of police “street triage” has upon the patterns of detention.

## **208. UK Mental Capacity Act 2005**

### ***Intensifying the Risk Agenda: The Impact of the Deprivation of Liberty Safeguards on the Mental Health Act***

John Fanning, *University of Liverpool* (j.b.fanning@liverpool.ac.uk)

Ten years have passed since the United Kingdom’s Mental Capacity Act (‘MCA’) came into force. While there can be no doubt that the MCA has transformed clinical decision-making in England and Wales, it has at times endured a tricky relationship with the Mental Health Act (‘MHA’). In 2007, Parliament complicated their relationship further by introducing the Deprivation of Liberty Safeguards (‘DOLS’). Ostensibly designed to plug the “Bournewood gap”, the Safeguards have been roundly criticised for complicating the mechanics of mental health law. This paper argues that much of this criticism is misconceived. While it is true that the DOLS were poorly-drafted and oddly placed as a Schedule to the MCA, they have in effect clarified the role and purpose of the MHA. By distinguishing between informal and formal patients, the DOLS have intensified the significance of risk as the key trigger to compulsory admission under the MHA and have in effect reinforced the boundary between the two statutes. Ten years after the MCA came into force, the tension between it and the MHA may finally have been resolved.

### ***Looking through the Reeds: Accountability in Mental Health Care Services***

David Horton, *University of Liverpool* (d.horton@liverpool.ac.uk)

Mental health care has become a labyrinth of professionals, agencies and services. Hundreds, even thousands of decisions are taken about patients during their trajectory of care. Reams of documentation are produced. Patient case histories, some going back years, are densely packed

with decisions, interactions and paperwork. When adverse events happen, the ‘big’ questions come to the surface; why did the adverse event happen and what could have been done to prevent it? Investigators subsequently elicit information by holding many actors to account. But information can be vague, contradictory and piecemeal. Answers to the ‘big’ questions are often unclear and uncertain. And yet, somehow, these answers are fed into crucial actions and decisions that seek to improve how mental health services are delivered. Using the independent homicide inquiry as a case study, the paper examines the issue of complexity and accountability in health care. When patients in receipt of mental health care commit homicide, the inquiry attempts to answer the ‘big’ questions. The inquiry is a useful ‘window’. They reveal how complex mental health care services are becoming. More importantly, they prompt us to question our basic understandings of what accountability is in a changing modern health care system.

### ***Mama Mia! Serious Shortcomings with the Application of the Mental Capacity Act 2005 in Another ‘(En)Forced’ Caesarean Section Case***

Emma Walmsley, *University of Liverpool* (hsewalms@liv.ac.uk)

A series of cases show that caesarean sections have been authorised by finding that the patient lacks capacity. One of the latest enforced caesarean cases to come before the Court of Protection (CoP) is *Re AA*, delivered by Mostyn J. This presentation begins by detailing the facts and decision before discussing two questions that emerge from the judgment. Firstly, whether *Re AA* confirms that the ‘best interests’ framework within the Mental Capacity Act 2005 (MCA) is used as a tool for maternal compliance. Secondly, whether capacity is thoroughly tested in cases involving invasive obstetric surgery. By raising these questions it can be evaluated whether the MCA has been adequately applied in this context.

### ***Genuine Mental Illness = Lack of Capacity! The Construction of Disability by Social Landlords in Their Control of Antisocial Behaviour***

Leigh Roberts, *Liverpool John Moores University* (l.e.roberts@ljmu.ac.uk)

Under the Medical Model of Disability, disabled people are defined by their illness or medical condition and viewed as a problem to be cured or cared for. Under the Social Model of Disability, problems are caused by the environment, policies, legislation, practices and attitudes leading to a complex form of institutional discrimination. Social landlords are subject to fundamentally conflicted laws and policies: controlling antisocial behaviour while at the same time facilitating the Social Model of Disability by providing housing and social inclusion for mentally disabled people who may perpetrate antisocial behaviour (or be responsible for the antisocial behaviour of others). The Equality Act 2010 aims to facilitate the Social Model of Disability by removing barriers to disability equality. In particular, it provides defences

to antisocial behaviour proceedings. A small scale empirical study of four social landlords in the North of England using qualitative methods was undertaken to explore how social landlords use antisocial behaviour controls against their mentally disabled occupants. Transcripts of interviews and focus groups were analysed thematically. The paper will examine findings to date. The two key emerging themes are professionalism and conditionality; within them the subthemes of evidence, risk and responsabilisation: perpetrators deemed lacking capacity being exonerated.

## **209. Understanding and Addressing Elder Abuse: An International Perspective on Research and Public Policy Considerations**

### ***Understanding Elder Abuse: Addressing the Perpetrator-Victim Dynamic***

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

In order to develop multi-disciplinary theoretical frameworks for analysing elder abuse, generate more holistic policy responses, and construct effective professional practice models, it is essential to acquire a more sophisticated understanding of the nature, context and interpersonal dynamics of abuse in later life. In so doing, it is important to establish a conceptual and definitional consensus, while challenging stereotypical perceptions of older people, ageist assumptions, and misconceptions about elder abuse found in professional discourses and the wider society. We will explore how the definition and categorisation of elder abuse can shape policy responses and intervention strategies. Identifying the predictors of abuse is only part of the solution. More is learned about elder abuse not simply by focusing on risk factors associated with victimisation—such as victim dependency and vulnerability—but also by examining perpetrator motivations and intentions and the nature of victim-perpetrator dynamics in specific contexts. Data from a study of elder abuse in domestic settings are used to identify perpetrator types and their implications for intervention strategies. From a broad policy perspective, this is not simply about protecting older people, but involves promoting self-determination, enhancing individual autonomy by empowering individuals to make informed choices, and protecting basic human rights.

### ***Elder Abuse: Definitional Challenges for National and International Legal Systems***

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

Growing awareness of the prevalence of elder abuse has engendered many national and international discussions on the role that the law might play in both prevention and response. The preventative role is critical: If the law fails to treat elder abuse as being potentially a

criminal act, then it effectively decriminalises it, sending out the wrong message to abusers and society, and failing to change attitudes and perceptions of elder abuse. Similarly, the legal response to elder abuse can be discriminatory, effectively denying older people the basic right to justice. The case for establishing and enhancing legal protections for older people is persuasive. Several national initiatives are under way, and the United Nations Open Ended Working Group on the Rights of Older People is exploring prospects for an international convention on older people's rights, featuring elder abuse. Central to the lawyer's way of thinking: "How do we define elder abuse?" This includes two primary dimensions: "Who is an older person?" "What is abuse?" We will draw on other disciplines in addressing both of these fundamental issues. How, for example, can Psychiatry, Psychology, Gerontology, and Public Policy inform legislators in ensure that future laws are proportionate and compatible with human rights?

### ***Older People, Domestic Abuse, and the Personal Tragedy Model***

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

Social Care Policy responses often shy away from interventionist approaches, constructing a victim-centred discourse based on "choice" and "empowerment." We argue that in the context of domestic abuse—particularly in the case of older victims—State policy response inhibits the opportunity for genuine victim engagement and empowerment. We draw upon an empirical Pan-Wales study that examines older victims' perceptions of barriers to engagement with welfare and justice mechanisms. The State response echoes to some degree earlier practices in response to people with disabilities, which the disabled movement coined a "personal tragedy" model, where physical, procedural and attitudinal support was paternalistic, and expert-led. The disabled movement actively sought to challenge barriers to autonomy and devised a social model of disability which called for widespread societal and structural change to facilitate genuine participation, and to reconstruct how people with disabilities had been defined as well as their subsequent treatment by State institutions. Research findings suggest that current policy and practice mirror a similar response to older people who are experiencing domestic abuse. Older people are conceptualised within an individualized and medicalised paradigm by statutory agencies.

### ***The Pan-Wales Adult Protection, Domestic Abuse and Hate Crime Study: 'Significant Harm' as an Ambiguous and Inconsistent Concept***

Rebecca Boaler, *Aberystwyth University* (rrb10@aber.ac.uk)

We will explore key findings from the "Pan-Wales Adult Protection, Domestic Abuse and Hate Crime Study." This research endeavor involved 22 Local Authorities, four Police Service areas, and the Crown Prosecution Service Cymru. In exploring practitioners' perceptions of service provision and data management systems, a multi-method research design was chosen, employing

both quantitative and qualitative methods of data collection. Information was primarily obtained from two major sources: Adult Care Services and Police Services. Across the twenty-one local authorities that participated in this research, some variation was observed with respect to how “significant harm” was interpreted and applied. The “significant harm” element was based upon a particular individual’s professional judgment. The element of subjectivity involved in assessing levels of harm was found to increase inconsistencies concerning both threshold testing and subsequent responses. Whilst small differences were understandable, practitioners felt that current practice had led to wide variations in threshold decisions, with an uncertainty as to how to address fluctuations in the threshold test. The presentation will explore the ambiguous and inconsistent concept of “significant harm,” highlighting the need for greater clarity in this regard.

## ***Understanding and Addressing Elder Abuse: The American Perspective***

Eric Drogin, *Harvard Medical School* (eyd@drogin.net)

Research initiatives such as the “Pan-Wales Adult Protection, Domestic Abuse and Hate Crime Study” have continued to inspire similar endeavors in jurisdictions around the world—including the United States. Although sociolegal phenomena vary substantially in light of differing statutes, regulations, case law, and codified professional practice standards, there are also readily apparent similarities that prevail internationally. As the American “Baby Boomer” generation begins to grapple with the clinical and legal implications of growing older—including the literal demise of its cultural icons and an increasing shortage of services due to disproportionate numbers of persons requiring assistance—a cohort that prided itself on adaptability and acceptance is now coming to terms with the ramifications of its own ageist philosophies and lifestyle entitlement issues. A population historically accustomed to a politically stylized, broadly inclusive victim role is now seeking to make sense of victimization on an individual level, where the most salient development is the decline of a talismanic youth orientation that largely defined the lives of millions. We address current American research and policy initiatives regarding Elder Abuse, with a particular emphasis on identifying contrasts and similarities with studies and practical solutions being undertaken in other nations.

## **210. Understanding the Use of Community Treatment Orders**

### ***General Hospital and Emergency Department Utilization: The Role of Community Treatment Orders***

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

Objective: Over the course of a decade in Victoria, Australia, this study considers how and with what consequences persons with mental illness utilize general hospitals and their emergency

departments and how such utilization is influenced by the use of community treatment orders (CTOs) for patient oversight. **Method:** Mental health utilization records for the years 1999 to 2010 were obtained from the Victorian Psychiatric Case Register/RAPID system for 11,411 patients who had experienced psychiatric hospitalization and exposure to CTOs, 16,124 without CTO exposure, and 22,850 with mental health system exposure though no psychiatric hospitalization or CTO exposure. These records were linked to the patients' general hospital and emergency department records. Descriptive statistics were used to determine the characteristics of patients who presented for general hospital and emergency department care, ANOVA to determine the role of the mental health system and CTO oversight in their accessing care. **Results:** Patients were more likely to receive a physical health diagnosis during periods of mental health system oversight than in periods when they were uninvolved with mental health care. Though CTO oversight did not increase such access above that experienced by Non-CTO patients, it more than doubled the chance of such diagnostic access for the CTO group. **Conclusion:** Mental health system involvement and CTO oversight facilitate access to needed physical health care for patients with severe mental illness, a group that has in the past been found to be subject to excess morbidity and mortality.

### ***Challenges in the Meta-Analysis and Interpretation of Randomized Controlled Trials of Community Treatment Orders***

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

**Background:** Randomised controlled trials (RCTs) of CTOs are rare because of ethical and logistical concerns. **Objectives:** To update an earlier Cochrane systematic review of RCTs in patients on CTOs. **Method:** A systematic literature search of the Cochrane Schizophrenia Group Register, Science Citation Index, PubMed/Medline and EMBASE up till April 2013. Inclusion criteria were studies that compared CTOs with standard care including those where controls received voluntary care for the majority of the trial. **Findings:** Three studies provided 749 subjects for the meta-analysis. Two compared compulsory treatment with entirely voluntary care while the third had controls who received voluntary treatment for the bulk of the time (medians of 257 vs. 8 days respectively for initial randomised legal compulsion and 262 vs. 103 subsequently). Compared to controls, CTOs did not reduce admissions to hospital in the subsequent 12 months (RR=0.98, 95%CI=0.83 to -1.17). Neither were there significant differences in psychiatric symptoms or social functioning. However, there were methodological concerns in all, or some, of the studies including generalisability, selection bias, the nature of the controls, and crossover between study arms. **Conclusions:** Methodological concerns mean that the RCT evidence for the effectiveness, or non-effectiveness, of CTOs has to be interpreted with caution.

### ***Involuntary Psychiatric Treatment in the Community: General Practitioners and the Implementation of CTOs***

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

The care of people with severe and persistent mental illness is increasingly delivered in the community setting, including involuntary services provided under community treatment orders (CTOs). There is little known about the role of general practitioners in coercive treatment systems and the implementation of CTOs, the evidence for which is frequently focused on the specialist clinical and legal systems that commonly underpin involuntary treatment. This presentation will report on the findings of a qualitative study of clinical and legal decision-making about CTOs and the lived experience of patients and carers. Based on interviews with patients, carers, clinicians and Mental Health Review Tribunal members in NSW, Australia, the study found general practitioners had an integral role either in the direct implementation of CTOs and/or indirectly as a therapeutic relationship outside the coercive order. It revealed a number of positive and negative aspects to GP involvement, as well as practical challenges, and the implications of the findings for practice and policy will be discussed.

### ***Perspectives on Supported Decision-Making and Community Treatment Orders***

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

Renata Kokanovic, *Monash University* (renata.kokanovic@monash.edu)

Claire Tanner, *Monash University* (Claire.tanner@monash.edu)

This presentation will introduce an interdisciplinary project being undertaken in Victoria Australia to investigate how supported decision-making for people with severe mental health problems can be used to align Australian laws and practice with international human rights obligations. It is examining the experiences, views and preferences of people with SMHPs, their carers and mental health practitioners in relation to enabling “supported” (rather than substituted) decision-making about care and treatment in mental health service delivery. Victoria currently has high rates of use of Community Treatment Orders and the emphasis on supported decision making in the new Mental Health Act, 2014, is proposed as one method of reducing the use of coercion and working towards more recovery orientated practice. However, just how SDM will be used in the context of CTOs is unknown and this paper will report on preliminary findings about what the experiences and views of stakeholders suggest about the relevance of SDM to the reduction of CTO use in Victoria.

### ***What Would an Ethical, Non-Discriminatory Community Treatment Order Look Like?***

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

The evidence that community treatment orders (CTO) – (or Involuntary Outpatient Treatment) - are effective in reducing admissions or in improving a range of functional or social outcomes is contested. I will argue that the place of CTOs in treatment may (perhaps, should) be construed in such a manner that these conventional ‘outcomes’ are not the ones that merit primary consideration. I will examine the role that CTOs would play in a ‘Fusion Law’ framework based on ‘decision-making capability’ (DMC) and ‘best interests’ (BI) (or, alternatively, on respect for the person’s ‘will and preferences’). A CTO would be restricted to those who lack DMC, together with the requirement that it must be in their BI – (or alternatively, where the CTO gives effect to the best interpretation of the person’s ‘authentic’ ‘will and preferences’ (enduring, self-endorsed, reflecting the person’s deep commitments) when these cannot be ascertained at the time the decision needs to be made). Advance statements could play an important role.

## **211. United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD)**

### ***New Ideas for an Old Problem: Or Just Short-Changing the Masses?***

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

Honouring the requirement of the Convention on the Rights of Persons with Disabilities to introduce supported decision-making poses many challenges. Not least of those challenges is in writing laws and devising policies which facilitate access to formal and informal supports for large numbers of citizens requiring assistance with ordinary issues such as dealing with welfare agencies, managing income security payments, or making health care decisions. Old measures such as representative payee schemes or ‘nominee’ arrangements are not compatible with the CRPD. However, as comparatively routine social security or other government services become increasingly complex to navigate, and as self-managed or personalised budgets better recognise self-agency, any ‘off the shelf’ measures become more difficult to craft and difficult to resource. This paper focuses on recent endeavours of the Australian Law Reform Commission and other local and overseas law reform and policy initiatives to tackle challenges posed both for ordinary citizens and those covered by special programs (such as Australia’s National Disability Insurance Scheme and ‘disability trusts’ in Australia and Canada).

### ***Supported Decision-Making: A Population Based Model for Upholding Article 12 of the UN conventions on the Rights of Persons with Disabilities (UNCRPD)***

John Brayley, *Public Advocate, Office of the Public Advocate, South Australia*  
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The Office of the Public Advocate has completed a trial of supported decision making agreements made between 26 people with disabilities and their decision supporters. The independent evaluation demonstrated increased confidence in decision making, improved decision making skills, and a feeling of greater personal control in people's lives. The work was based on a stepped model of supported and substitute decision making which offered clear definitions of assisted, supported and substituted decision making that could be used in educating participants. In considering how to further expand access to supported decision making, a population based model was developed. A model should not only assist persons with impairments but also seek to overcome attitudinal and environmental barriers to decision making in the community. It needs to apply to the whole population (primary level), to key service sectors such as disability providers, the justice sector and finance (secondary level), and to sub-specialist services providing supported decision making agreements as an alternative to guardianship (tertiary level). Education at all levels can apply rights based principles such as the Australian Law Reform Commission's newly created draft National Decision Making Principles. This presentation will link the practical lessons from empirical research with future policy and legislative implementation of supported decision making.

### ***Meeting the Challenges of the General Comment on Article 12 CRPD: Scottish Incapacity and Mental Health Legislation***

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

On 11 April 2014, the UN Committee on the Rights of Persons with Disabilities adopted the final version of its General Comment on Article 12 (the right to equal treatment before the law) of the UN Convention on the Rights of Persons with Disabilities (CRPD). The General Comment states that it is discriminatory and a violation of Article 12 to deny the legal capacity of individuals on the basis of mental disorder or incapacity and to subject them to substituted decision-making regimes such as guardianship and forced treatment for mental disorder. Moreover, no measures must be adopted without the specific consent of the individual concerned and supported decision-making arrangements must replace those providing for substituted decision-making. Legislation of the Scottish Parliament and its implementation must be compatible with ECHR rights and also not contravene the UK's international law obligations, including those under the CRPD. This paper will consider the implications of the General Comment and the issues this raises for Scottish mental health and incapacity legislation, namely the Mental Health (Care and Treatment)(Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000.

### ***Convention on the Rights of Persons with Disabilities: The United States Has Missed the Boat***

Michael Churgin, *University of Texas* (mchurgin@mail.law.utexas.edu)

The Convention on the Rights of Persons with Disabilities was adopted in 2008 and the United States became a signatory July of 2009. To date, United States Senate ratification has not taken place. While 147 nations have now ratified the Convention, the United States sits on the outside. However, even the recommendation of the executive branch for ratification to the Senate in May 2011 was marked by reservations, understandings and declarations that would undermine the effectiveness of the Convention within the United States. The Senate debated and voted on the Convention in December 2012, but ratification failed by 5 votes. (The vote was 61 to 38, with a two thirds vote of 66 necessary under the Constitution.) This paper will look at the process of consideration of the Convention by the executive and legislative branches of the United States. Even had the Convention been ratified, the provisions would have limited applicability under United States law.

## ***Criminal Law, Legal Capacity, and the CRPD***

Peter Bartlett, *University of Nottingham* ([peter.bartlett@nottingham.ac.uk](mailto:peter.bartlett@nottingham.ac.uk))

The High Commissioner for Human Rights has taken the view that criminal law provisions based on mental disability must be abolished: UN High Commissioner for Human Rights, Annual Report, A/HRC/10/48 (26 January 2009) at [47]. This flows both from the overarching expectations of the CRPD that law will be non-discriminatory based on disability, and in particular from the requirements relating to legal capacity contained in Article 12. There are coherent reasons for this view. In their application, experience in many countries is that the rules regarding unfitness to plead and the defences of insanity and diminished responsibility do not necessarily work in favour or to the benefit of people with mental disabilities in the criminal justice system. At the same time, compliance of the criminal law with Article 12 is problematic. This is in part because criminal law has its own strictures that do not necessarily fit easily within a non-discrimination framework. It is also because the criminal law brings up situations that do not fit neatly into the paradigms in which scholars have considered Article 12.

## **212. Veteran and Military Family Care**

### ***What Veterans, Military Families, and Students Say about Needs and Gaps in Healthcare Provision and Clinical Training: Focus Group Findings***

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Evidence suggests that Veterans and military families are confronted with unique health and psychosocial challenges. Other evidence suggests that providers have received little training about these challenges and service delivery systems are not always equipped to respond to them. In an attempt to understand healthcare gaps and needs from the perspective of Veterans and military families and how clinical training programs might produce graduates equipped to respond to their needs, we conducted with focus groups with male Veterans (n=7; n=9); female Veterans (n=7); military family members (n=10); social work students (n=8); and nursing students (n=4). After transcription and verification, transcripts were examined using content analysis. Themes were checked to ensure validity. A variety of positive and negative themes emerged from Veterans and military families related to interactions with providers, the complexity of the healthcare system, and their responses to encountering frustrations in the system. Themes from students highlighted how graduate training programs in the helping professions can better prepare providers to properly respond to the challenges this population faces, including how to engage and form therapeutic alliances. Findings from this qualitative study highlight the need for culturally competent providers and culturally-informed organizations to serve Veterans and military families.

### ***Joining Forces: Developing a Curriculum to Train Social Work and Nursing Students to Work with Veterans and Military Families***

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With the conflicts in Afghanistan and Iraq over the past decade, military service members have faced multiple deployments and exposure to the traumatic stressors of combat, along with day-to-day family stresses inherent in all phases of deployment. In this presentation, we will describe an ongoing collaboration between a school of social work and a school of nursing at a US university to begin to meet some of these challenges in our community through specialized graduate training for future health and mental health care providers serving veterans and military families. This presentation will enumerate the steps we have taken to actualize this project over its first two+ years, including: faculty collaborations to develop and implement an inter-professional specialized training program; utilization of an advisory council of local veteran community leaders to guide our efforts; conducting focus groups with veterans, military family members, and students to inform curriculum development; creation of a new introductory course and advanced seminar; and development of clinical training placements for students in our local Veterans Health Administration hospital and in community sites that serve Veterans. We will also summarize the lessons learned and recommendations for others considering implementing such as program in their educational setting.

## ***A Community-Based Adaptive Sports Program for Disabled Veterans with PTSD and/or TBI***

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

Therapeutic recreation programs offer adaptive sports activities (e.g., wheelchair basketball), adaptive training and equipment specific to an individual's disability. The goal of adaptive sporting programs is to allow the individual an opportunity to participate in activities they enjoyed prior to their acquired disability. The purpose of the current study was to determine whether physically disabled veterans with a diagnosis of PTSD and/or Traumatic Brain Injury (TBI) who participated in an adaptive sports training program would show increased independence, increased social supports, and an increase in general functioning. Additionally, the belief was that as a result of the previous increases, the individual would show a more positive quality of life. Subjects ( $n = 30$ ) received six to eight instructional sessions over the course of two months or more in adaptive sporting activities including alpine skiing, sailing, archery, horsemanship, and fly-fishing by a community-based adaptive sports organization. Findings of this study indicate that participation in the program increased perceived independence, social supports, and general functioning, while quality of life remained relatively stable. Given the small sample size, additional research into the impact of recreational programming as a component of a comprehensive treatment package for disabled veterans is advantageous.

## ***Training Rescued Pets: for the Dog Tags Niagara Program It's a Two Way Street***

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Joseph Ruzala, *Dog Tags Warrior Project, Buffalo, USA* (p51hoarse@hotmail.com)

Jacob Silver, *Dog Tags Warrior Project, Buffalo, USA* (jacobsil@buffalo.edu)

Research suggests that if veterans can make a single positive connection in their life, it increases the likelihood of more positive outcomes. With that approach in mind, animal training programs may be a possible way to bring about that initial connection, potentially providing purpose and structure to what may be an otherwise chaotic or sedentary life, and creating the "Human Animal Bond" (HAB) that contributes to health and well-being. The Dog Tags Niagara project was developed to have troubled veterans work with animals that have been abused. Thus, the project has a two-way focus, one trying to rehabilitate an animal that has been abused so they can be adopted, while the second focus is on helping the veteran form a meaningful connection. The initial challenges for recruiting veterans was finding the isolated individuals and convincing

them to give the program a trial. Once the initial group began to work with the animals, they became less isolated and more confident in their abilities to interact with others in social contexts. Thus, both the rescued animals and the veterans experienced positive outcomes from the Dog Tags experience. The presentation will discuss the potential positive outcomes in greater detail.

### ***Avoiding Re-Traumatization: Utilizing a Trauma-Informed Framework with Veterans and Military Family Members***

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

The “invisible wounds” of war are often the most complex and difficult to deal with for Veterans and military family members. Military service members face a tremendous amount of traumatic stress both during their service and in their transition back to civilian life. Similarly, military family members often experience high levels of anxiety and stress in all phases of a service member’s deployment. This presentation will highlight the types of traumatic stress that may be experienced by both Veterans and military family members, and will focus on strategies professionals can utilize to minimize re-traumatization. The framework of trauma-informed care will be used to discuss strategies to promote safety and healing for Veterans and military family members. Taking into consideration differences in era, culture, and gender, this presentation will highlight the need for professionals in all vocations to be aware of and sensitive to the unique needs of this population.

### **213. Victims and Offenders: Treatment, Justice and Restitution**

#### ***Strengthening the Role of Coroner Authority in Forensic Cases: Lessons Learned from Pivotal Cases in Greece***

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Christina Antonopoulou, *University of Athens* ([cantonop@primedu.uoa.gr](mailto:cantonop@primedu.uoa.gr))

The Coroner Authority of Lamia is one of the 13 Coroner Authorities that exist in Greece and belong to the Ministry of Justice, Transparency and Human Rights. What should be mentioned is that the Coroner Authority of Lamia is the only one in Greece that follows and enforces the Recommendation No. R(99). Medico-legal experts must exercise their functions with total independence and impartiality and they should not be subject to any form of pressure.

In our opinion we managed to develop and improve the administration the function and the transparency of the scientific findings. In addition to all these mentioned above, in order to achieve the coroners’ independence, transparency and fair judicial rules, we suggest the following:

1. Constitutional Review of the Coroner's institution.
2. Foundation of Coroners Corps
3. Coroner's and Forensic Act's Regulative Code
4. Coroner's Authority Internal Regulation of Function
5. Change of Articles of the Penal Code that are related to Coroners and Forensic Acts
6. Harmonization of Greek Law concerning Forensic Acts with the European and International Law

## ***Intimate Partner Violence: Beyond Gender Asymmetry and Self-Defense***

Paula Sismeiro Pereira, *Polytechnic Institute of Braganca* (paula.sismeiro@gmail.com)

The prevailing theoretical explanations in the field of Intimate partner violence (battering and homicide) bear up mostly on feminist perspective. This approach circumscribes violence to a manhood demonstration of power, control, and coercion from men against women. Men are understood as the greater assaulters, and perpetration of violence by women is, mainly, perceived as self-defensive.

The major purpose of this paper is to conceptualize others ways by which social dimensions related to gender intervene in the violence process.

Narratives of 15 men convicted by homicide or attempted homicide against their woman, 6 men convicted for battering, and 6 women convicted for homicide against their male partner, about their intimate relationship and about the development of violent interactions will be analysed. It will be discussed how gender roles, and expectations, participate differently, for men and women, in their perceptions about their intimate relationship, and maintenance in a disturbed relationship and finally, in the perpetration of lethal or nonlethal violence. The major implications for preventing battering and homicide will be examined.

## ***Beyond Violence: a Prevention Program for Criminal Justice-Involved Women***

Sandy Krammer, *University of Bern* (sandy.krammer@fpd.unibe.ch)

*Beyond Violence* (BV) is an evidence-based manualized curriculum for women in criminal justice settings (jails, prisons, and community corrections) with histories of aggression and/or violence. It addresses the violence and trauma they have experienced, as well as the violence they may have committed. This curriculum is based on the Social-Ecological model of violence

prevention which considers the complex interplay between individual, relationship, community, and societal factors. It addresses the factors that put people at risk for experiencing and/or perpetuating violence. This model is used by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), and was used in the Prison Rape Elimination Act (PREA) research on women in prison. *Beyond Violence* applies a gender lens to the social-ecological model to create a program specific to women's life experiences. It is the first manualized intervention for women that focuses on violence-prevention. It utilizes a multi-level approach and a variety of evidence-based therapeutic strategies (i.e., psycho-education, role playing, mindfulness activities, cognitive-behavioral restructuring, and grounding skills for trauma triggers). This presentation will provide an overview of the theoretical foundation, structure, and content of the curriculum.

### ***Beyond Violence: Results from a Multi-Stage Research Process***

Sheryl Kubiak, *Michigan State University* (spk@msu.edu)

Although women comprise only 5% of those sentenced for a violent offense, nearly a third of all women in state correctional facilities are incarcerated because of a conviction for an assaultive offense. Interventions specific to women who engaged in aggressive or violent behavior are scarce or have not been empirically tested with women. *Beyond Violence*, a trauma-informed and gender specific curriculum developed for women with histories of violent offenses/behavior, was developed in 2010 and pilot tested in 2011. Initial positive results were used to modify the curriculum and a randomized control was implemented with the modified curriculum in a Midwestern state prison during 2012. Women were randomly assigned to either 'treatment as usual' (Assaultive Offender Programming) or *Beyond Violence*. Significant gains between pre and post-test measures were demonstrated in both groups. There were decreases in mental health symptoms associated with depression, anxiety and PTSD and lower scores on negative expressions of anger. However, *Beyond Violence* was delivered in 20 sessions, compared to the 44 sessions in the TAU, resulting in a substantial cost savings for the department. Researchers will also share the preliminary long term outcomes associated with recidivism and relapse while on parole.

### ***Beyond Violence: Modification of Implementation in California Prisons***

Nena Messina, *University of California Los Angeles* (nmessina@ucla.edu)

In 2011, California lawmakers enacted the Public Safety Realignment act (AB109). The law enables the diversion of low-level offenders and parole violators to county jail instead of state prison. With the implementation of AB109, the majority of women remaining in, or sentenced to prison are those who are charged with violent crimes. Little research has been conducted with

women who commit violent offenses. This pilot study evaluates the *Beyond Violence* curricula developed by Dr. Stephanie Covington. The *Beyond Violence* program was implemented at two California state prisons with 28 Peer Educator women (typically women serving life) and 40 women from the general population who have a history of violent or aggressive behavior. Qualitative (focus groups) and quantitative data (pre and post test surveys) were collected during the study. Surveys assessed change over time in depression, anxiety, PTSD, aggression, anger, and dysfunctional impulsivity. Peer Educator women were 29% black, 29% multi-racial, 21% white, 14% Latina, and 7% other. Approximately 37% had never been married and are 44 years old. Almost all of the Peer Educators were serving a sentence for murder and had served on average 18 years in prison. Full results will be available at the time of the presentation.

Anna Nikolaidis, *National and Kapodistrian University of Athens* ([annanikolaidis6@gmail.com](mailto:annanikolaidis6@gmail.com))  
– Discussant

Roula Skourogianni, *Hellenic Overseas Press* ([eaete@eaete.gr](mailto:eaete@eaete.gr)) – Discussant

## **214. Violence Associated Injury to Children: The Physical and Psychological Effect**

### ***Violence Associated Injury to Children: The Cumulative Role of Adversity***

Marie Leiner, *Texas Tech University Health Sciences Center* ([marie.leiner@ttuhsc.edu](mailto:marie.leiner@ttuhsc.edu))

All children exposed to violence-associated injury confront psychosocial and emotional symptoms that can have short or long-term consequences. Their role in the violent act as a victim, witness or aggressor can have similar physical, psychological or both consequences with short term and/or long-term effects. However, child adversity plays an additional and crucial role in the physical and psychological effects, and recovery. Because any single form of adverse childhood experience is more likely to be related to other adverse experiences, this co-occurrence is important to consider when identifying and treating children. In addition, adversity is neither randomly nor evenly distributed within human populations, but rather is focused upon particular individuals within particular settings. Children occupying marginal or subordinate positions within such peer hierarchies will be more susceptible to both physical and psychological injury with high possibilities of overlaps between violence and victimization. Therefore, in order to prevent short and long term consequences on the physical and psychological health of children when confronted with violence associated injury; it is necessary to take a more comprehensive and individualized approach for treatment. Preferably, most favorable outcomes will result from considering an evidence-based approach above and beyond the current symptom-reactive style of practice.

## ***Violence Associated Injury to Children: Are We Missing the Real Problem during Clinical Encounters?***

Maria Theresa Villanos, *Texas Tech University Health Sciences Center*  
(mariatheresa.villanos@ttuhsc.edu)

It seems that pediatric populations from lower socioeconomic strata use fewer preventative services but more emergency services than their more economically and socially advantaged counterparts. However, the rate of use of preventative services among children from lower socioeconomic strata is not consistent but instead seems to follow an undefined pattern. Some pediatric patients from lower socioeconomic strata seem to have either a higher or a lower number of consultations per year for diseases that are not chronic (which could justify a high number of visits). It seems logical that those patients with higher rates of consultation are in need of a more comprehensive service that will cover both psychosocial problems in addition to physical problems. The real issue might depend on considering that we are missing the real problem by not addressing the exposure of the child to adversity. While it might not be possible to reduce poverty, which is a pervasive adversity, there are several other risks that can be addressed with the parents to find avenues to reduce their cumulative effect. For example discussing issues related to: exposure to violence in the media, physical and emotional abuse, witnessing domestic violence, relative's substance misuse, child separation from family, etc. In addition, detection and treatment of psychosocial and behavioral problems can help the parent and child to confront the real problem.

## ***Violence Associated Injury to Children: The Impact of Collective Violence among Children Mental Health***

Cecilia Devargas, *Texas Tech University Health Sciences Center* (Cecilia.devargas@ttuhsc.edu)

Among children exposed to collective violence, the most commonly identified psychiatric conditions are anxiety, acute stress disorder, and post-traumatic stress disorder (PTSD), followed by depression, psychosomatic problems, sleep disorders, and externalizing and disruptive behaviors. Across studies, male children are usually exposed to more violence than female children and are at a higher risk of developing PTSD, whereas female children are at a higher risk of developing depression and becoming suicidal. Violence toward female children and women has resulted in shame, depression, and suicide. Young children living near the Gaza Strip revealed that 37.8% of children exposed to war were diagnosed with PTSD, with their mothers reporting depression, anxiety, and trauma-related symptoms. Furthermore, children who are displaced or living in refugee camps are usually subject to significant stress and at a high risk of developing emotional or behavioral problems. Studies have identified both risk factors associated with developing PTSD or other mental health problems and protective factors contributing to resilience among children exposed to collective violence. Collaboration among government agencies, educators, mental health providers, pediatricians, clergy, and other community partners

is essential to reduce the adversity these children confront in order to be able to reduce the devastating effects.

## ***Children: The Forgotten Victims of Police Abuse***

John Burris, *Attorney-at-Law, Oakland, USA* ([burris@lmi.net](mailto:burris@lmi.net))

Civil rights lawyers often represent children whose parents have died in confrontations with law enforcement personnel. Valuable data emerge from meeting with surviving parents or guardians, evaluating available school records, and interviewing other relatives and friends with regard to how these children have attempted to cope over time. Initial notification of a parent's death may come from a variety of sources such as televised news, schools, family members, or acquaintances—circumstances that may have significant short and long term effects upon intrafamilial relationships, educational experiences, and the child's overall self-esteem. In many such instances, such children are diagnosed Posttraumatic Stress Disorder and other debilitating conditions that may not be the focus of timely and effective clinical interventions. Participants will review cases studies involving children ranging from three years of age to late adolescence.

## **215. Violence: Contemporary Issues in Brazil**

### ***Violence of Partners in Hypermodern Times***

Lisieux Telles, *Federal University of Rio Grande do Sul* ([lisieux@telles.med.br](mailto:lisieux@telles.med.br))

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Husband aggression against wife or vice versa is considered the most severe spouse violence due to its prevalence, repeated nature with high morbidity, mortality and transgenerational risk. The presentation intends to demonstrate this issue relevance nowadays. The profiles of offences, of aggressors and of penal responsibility will be demonstrated from a sample of defendants submitted to the Exam of Penal Responsibility at the Forensic Psychiatric Institute Maurício Cardoso (RS - Brazil). This was studied in a six month period from December, 2013 to March, 2014, referring crimes perpetrated against wives. The found data illustrated a significant share of violence between partners in this period. They indicated the gravity of such occurrence. Finally, it was demonstrated that despite most aggressors presented at least one mental disturbance, there is not, in the majority of cases, causal link between the diagnosis and the crime practiced.

## ***Guardianship in Brazil – A Comparative Study***

Katia Mecler, Federal University of Rio de Janeiro ([katia@mecler.com.br](mailto:katia@mecler.com.br))

Leila Kavanagh, *New South Wales Justice Health, Australia*  
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Since the 1960s, laws governing Guardianship and decision making have evolved exponentially to encompass new rights and freedoms favoring individual autonomy over guardianship authority. Such reforms have only recently commenced in Brazil, and as such remain in their early stages. This study examines legislative reforms internationally, and compares these reforms to those in Brazil; exploring guardianship laws from both a historical and developmental perspective. It was envisaged that these comparisons could highlight ways in which Brazil could revise guardianship laws. A literature review was used to analyze and compare guardianship laws. The countries selected to undergo analysis and comparison to that of Brazil included France, Germany, Italy, Israel, the United States and Australia; as they represented a good cross-section of modern legislative approaches throughout a range of legal systems. This study revealed a significant shift from a paternalistic to an “individual-rights” based model in most countries. What the study also revealed was Brazil’s deficits in this area and the need to modify current guardianship laws to attain internationally accepted standards. In particular, future reforms to Brazil’s “all or nothing approach” to Guardianship should aim for protective measures, without the detriment of individual rights and autonomy.

### ***The Rise of the Crack Epidemic and Violent Crimes in Brazil***

Felix Kessler, *University of Rio Grande do Sul* ([Kessler.ez@terra.com.br](mailto:Kessler.ez@terra.com.br))

Studies show an increase of violence, especially homicides, and crack use in Brazil in the last decade. While experts agree that drug and alcohol often play an important role in violent activities, its specific role is unclear, being a complex paradigm to be investigated in this area. There is evidence that cocaine have properties that can motivate attitudes, behaviors and violent actions. However, there is much uncertainty about causal explanations. One issue that is not sufficiently explained is the presence of drugs in violent events can be inferred that they have affected the behavior of the people involved. In other words, it is not possible to know if these people in a state of withdrawal would not have committed the same transgressions. Another issue is that drug use can be a factor which, coupled with others, triggers violent behavior. In fact just what is possible to infer is the high proportion of acts violent when alcohol or drugs are present between aggressors and victims, or both. Finally, other authors suggest that most violent behavior in this population is related to those individuals with Antisocial Personality Disorders. This presentation will review these issues regarding the “epidemic” violence and crack in Brazil.

### **216. Violence Risk Assessment – What Should We Actually Do in Practice?: An Evidence-Based View from the UK**

## ***Formulation of Risk Using HCR-20 Version 3***

Caroline Logan, *University of Manchester* (caroline.logan@manchester.ac.uk)

The third edition of the HCR-20 (HCR-20<sup>V3</sup>, Douglas, Hart, Webster, et al., 2013) consolidates essential recent thinking about risk assessment and management using the structured professional judgement approach. As with the preceding *Risk for Sexual Violence Protocol* (Hart, Kropp, Laws, et al., 2003), risk factors for violence are now assessed for their relevance as well as presence, scenario planning has a central place in anticipating the nature, severity, imminence and likelihood of future harm, and risk management strategies must incorporate a combination of treatment, supervision, monitoring and victim safety planning interventions and recommendations. However, the key process now proposed for linking the assessment and overall management of risk is risk formulation – the act of understanding the underlying mechanism of an individual’s harm potential in order to develop sensitive and proportionate hypotheses to facilitate change (embodied within the risk management plan). In this presentation, the process of risk formulation is described and illustrated with a case study – Paul. A brief report of the risk assessment, formulation and management recommendations for Paul illustrate the key features of what is recommended in the new version of this internationally renowned violence risk guide. However, empirical research into risk formulation remains outstanding.

## ***Clinical Implementations of an Evidence-Based Violence Risk Assessment Strategy***

Marco Picchioni, *King’s College London* (marco.picchioni@kcl.ac.uk)

This paper will explore a framework for using SPJ risk assessment guides such as the HCR-20 or START as templates to design and monitor treatment planning and effective risk management in the clinical setting. SPJ guides have been shown to be able to help clinical teams make more accurate evidence based violence risk assessments. Teams are however often left with the unanswered question ‘What next?’ after completing an SPJ risk assessment; effective and meaningful clinical implementation remains elusive. This can lead to clinician dissatisfaction, questions about relevance of the assessment and whether limited clinical resources are being deployed effectively. To implement this process demands few extra resources. It can help clinical teams and patients structure therapeutic and risk management interventions in an evidence based and transparent fashion. It focuses attention on risk related therapeutic targets objectively. It can be used to track change and monitor progress and helps clinicians and patients understand the relevance of SPJ. Finally it can facilitate clinical communication and openness between teams and with patients.

## ***A Strategy to Develop a Quality Evaluation Tool for Violence Risk Assessment in a Secure Service***

Piyal Sen, *Consultant Forensic Psychiatrist, St. Andrew's Healthcare, Essex, UK*  
(psen@standrew.co.uk)

The key to an effective risk assessment and management system is quality. SPJ tools are the gold standard for violence risk in psychiatric services in the Western world and yet there are virtually no studies on the evaluation of their quality within a service. There are also virtually no published audit tools available for the purpose of carrying out such an evaluation. This paper describes an attempt by a service to develop such a quality tool based on a previous tool called the CAI-V, developed to assess the competence of psychiatric and psychology trainees in violence risk assessment. The tool is used to assess the quality of HCR-20 in a secure service and an audit cycle completed using it. Ways in how a tool like the CAI-V can be adapted to develop a quality monitoring tool for violence risk assessment are discussed, along with the potential difficulties around it. It is essential in the current climate for every service to develop an appropriate quality assurance process.

Heather Stuart, *Queen's University* ([hstuart@me.com](mailto:hstuart@me.com)) – Discussant

## **217. Ways into and out of Delinquency for Different Groups at Risk in Germany**

### ***Drinking Behaviour among Children: Is Intellectual Disability a Risk or a Protective Factor?***

Olaf Reis, *University of Rostock* ([olaf.reis@med.uni-rostock.de](mailto:olaf.reis@med.uni-rostock.de))

It has long been debated if intellectual disability (ID) consists either of a risk, a protective, or a non-conclusive influence on drinking behaviour among children and adolescents. Studies modelling it as risk often do not control for other interfering factors, such as the drinking behaviour of parents. Studies modelling it as a protective factor controlled for interfering variables only after sampling, such as introducing them as additional predictors in regression models. In our study we used a matching approach by that increasing statistical power. We matched 329 students with ID to 329 students without ID on variables we found in the literature to influence drinking behaviour: age, gender, drinking behaviour of parents, broken home situation, and parental employment. By comparing pairs of otherwise identical children we analysed drinking behaviour in students with and without ID. After controlling for interfering risk variables on a personal level, ID rather works as a protective factor, reducing regular and binge drinking among children and adolescents. Implications for prevention of offending and treatment of juvenile offenders with ID are discussed.

## ***Delinquency and Intellectual Disability: Some German Case Studies on Adult Offenders***

Michael Gillner, *Helios Kliniken Stralsund, Stralsund, Germany* (Michael.gillner@helios-kliniken.de)

People with intellectual disability (ID) are at some risk for delinquency and do commit crimes, ranging from offences against property, physical injuries, sexual crimes, or homicide. On the one hand, the capacity to be found guilty depends on the degree of ID. On the other hand, the degree of ID influences the accuracy of prognostic predictions. In a case of conviction, the question arises whether people with ID should be incarcerated in regular prisons or forensic hospitals. Questions of the incarceration regime arise, even more so for the time after serving the sentence. The presentation describes the legal framework and some individual trajectories from a forensic hospital. Risks, benefits and opportunities to avoid life-long institutional placement are discussed.

## ***Delinquency and Intellectual Disability: Some German Case Studies on Young Offenders***

Steffen Weirich, *University of Rostock* (steffen.weirich@med.uni-rostock.de)

This presentation describes the legal framework and special needs for expert witnessing regarding offenders with intellectual disability (ID) in Germany. If these offenders are children or adolescents, some special requirements await the forensic expert witness. First, the intentions of the Youth Penal Law help rather than punish. Second, the estimation of cognitive and moral maturity includes age and ID. Third, if a propensity to commit crimes is verified, alternative strategies for youth with ID should be considered if treatment within a psychiatric clinic is regarded as non-promising. Moreover, adolescents with ID may or may not be judged according to the Youth Penal Law between the ages of eighteen and twenty-one. The presentation uses exemplary cases to describe and discuss the German way of dealing with intellectually disabled offenders at a young age.

## ***Electronic Tagging: Risks, Benefits and a German Case Study***

Frank Häßler, *University of Rostock* ([frank.haessler@med.uni-rostock.de](mailto:frank.haessler@med.uni-rostock.de))

For forensic expert witnesses, the introduction of electronic surveillance to the German penal code raised some questions, such as the effects on relapse prevention. The presentation will provide an overview on international results about effects of electronic tagging on relapse prevention and lists advantages and disadvantages of this procedure. Recommendations for electronic tagging were derived from a German case of a sexual offender repeatedly convicted and released after ten years of imprisonment.

### ***Recidivism for Addicted Forensic Patients for whom Homicides, Theft or Assault is Offence of Referral***

Christina Maaß, *University of Rostock* (Christina.maass@uni-rostock.de)

Murder and manslaughter have one of the lowest recidivism rates in German statistics (with less than 20%). For assault, the rate increases (up to over 40%). This presentation overviews data on recidivism for the abovementioned group of offences. As part of a research project at the Hospital for Forensic Psychiatry Rostock, data from the Federal Central Register (Bundeszentralregister) were analyzed for all patients released from the hospital after 2001. 186 patients with addiction treatment, including 30 with murder or manslaughter, and 156 with assault as offence of referral were included in the study. Almost 60% of patients considered showed an alcohol addiction or abuse. In addition to the legal probation, course of treatment during forensic-psychiatric therapy as well as the delinquent history and early (problematic) behaviour were included in the analyses of recidivism. Almost 60% of all clients reoffended during the time of analyses. The biggest proportion of re-offences however, regarded fines or suspended sentences. The percentage of new imprisonments among all patients amounted to 24%. Differences between patients convicted for either homicides or assault will be discussed in greater detail.

### **218. Who is the judge? Social and legal perspectives of violence and marginalised women**

#### ***Murdering mothers and gentle judges: Infanticide laws and the medicalisation of female violence***

Karen Brennan, *University of Essex* (kbrennan@essex.ac.uk)

Infanticide legislation was first enacted in England & Wales in 1922. Other common law jurisdictions enacted their own versions of this law throughout the twentieth century. The Republic of Ireland, drawing heavily on the English example, brought in its own Infanticide Act in 1949. Infanticide laws that are most closely based on the English model allow for women who kill their infants while the balance of their mind is disturbed to be charged with/convicted of “infanticide”, a unique and specific form of homicide which acts as an alternative

charge/conviction to murder, and, in England at least, manslaughter. Infanticide Acts are unusual pieces of legislation for many reasons, not least of which is the fact that they create a specific homicide offence or partial defence that applies to women only, and, more particularly, to the biological mother of the victim; men are wholly excluded from the mitigation framework. Infanticide is meant to offer a lenient alternative, both in terms of conviction/labelling and punishment, to murder or manslaughter. The justification for this lenience is medical in nature – that at the time of the killing the balance of the woman’s mind was disturbed by the effect of recent childbirth or lactation, or, in some jurisdictions, a mental disorder consequent upon childbirth. The medical rationale of infanticide laws has been subject to criticism by feminist scholars on the ground that it medicalises female violence. This paper will explore the medicalization question through an analysis of the Irish experience of infanticide since the enactment of the 1949 Act. Focusing on how this legislation has been employed by Irish courts, namely on the way these cases have been processed, the outcome in terms of conviction and sentence, and the nature of the medical evidence provided to justify a reduced charge/conviction, the question of whether the infanticide framework has medicalised this form of female violence will be considered.

### ***Assessing the risk: maternal problems and repeat losses to care***

Jackie Turton, *University of Essex* ([turtje@essex.ac.uk](mailto:turtje@essex.ac.uk))

At present, in England and Wales, very few mothers who lose a child through the care proceedings are offered any follow-up support or intervention, despite often facing multiple challenges such as addiction and domestic violence. Consequently these ‘bad mothers’ can face a ‘revolving door’ process with any subsequent births viewed as at risk and removed into the care system. Cox (2012) suggests this is a ‘national problem with no name’ that requires a novel approach. Two multi-agency pilot projects have been set up in Suffolk, an Eastern County in England, to address the unmet needs of these mothers. In order to assess the progress and benefits a multi-disciplinary research team from the University of Essex conducted an evaluation of the short-term impacts of the pilot projects. This paper considers the evaluation data gathered by the clinical psychologists and sociologists offering a unique opportunity to hear the voices of these birth mothers and those working with them from a variety of perspectives.

### ***Social Denial and Legal Minimisation: Stories Women Cannot Tell***

Jackie Turton, *University of Essex* ([turtje@essex.ac.uk](mailto:turtje@essex.ac.uk))

Emma Milne, *University of Essex* ([emilne@essex.ac.uk](mailto:emilne@essex.ac.uk))

Society has always found it difficult to place violent women within the cultural context of motherhood and femininity. Even academics have struggled to find a suitable theoretical context (Fitzroy, 2001). While feminist theory has offered a substantial theoretical framework for

understanding violence *against* women this fails to adequately include violent women. And as a consequence the theoretical model is in danger of denying women culpability and responsibility for their actions. Female aggression cannot simply be understood in terms of male violent behaviour but needs to be contextualised (Swan & Snow, 2006), which we know is a complex social process. This paper does not assess women's lives in terms of their intimate relationships, and personal experiences. Rather it considers the social structures that are embedded within their narratives. The data is taken from two qualitative studies: a study that considers female perpetrators of child sexual abuse and a review of the responses of professionals and the criminal justice system to women who kill their children. The comparative analysis of these two data sets reveals a series of narratives highlighting the social structures that challenge our understanding of violent women.

### ***Exploring the Therapeutic Potential of Restitution Orders for Victims of Violent Crime***

Michelle Lawrence, *University of Victoria* ([mlawr@uvic.ca](mailto:mlawr@uvic.ca))

Elizabeth Adjin-Tettey, *University of Victoria* ([eadjinte@uvic.ca](mailto:eadjinte@uvic.ca))

The proposed *Victims Bill of Rights Act* is part of an ambitious series of initiatives launched by the Canadian Government in support of victims' rights. The legislation provides statutory rights to information, protection, participation, and restitution. However, in relation to restitution, it is questionable whether the proposed legislation is ambitious enough. The legislation will not expand the nature of reparations that victims might receive on conviction of offenders. It merely mandates sentencing judges to consider restitution orders for pecuniary damages, provided they are easily ascertainable. However, sentencing judges are not required to make orders for non-pecuniary damages, although the basis for such an award may be part of the evidentiary record. Consequently, victims may obtain pecuniary damages in criminal proceedings but will have to seek non-pecuniary damages in civil court. This may be problematic for survivors of sexual violence, who often suffer significant intangible losses. Victims may not only experience the obstacles of time and cost inherent in civil litigation, but also the risk of an obstinate or impecunious defendant. Victims may also risk re-traumatization, thereby resulting in anti-therapeutic outcomes. This paper examines Canadian law and procedures for compensating victims of violent crime in light of the principles of therapeutic jurisprudence, and explores alternate approaches to granting private law remedies in the public law setting. Particular consideration is given to the experience of survivors of sexual violence and the impact of restitution on healing. It concludes with recommendations for policy development and law reform that aim to engage the therapeutic potential of sentencing.

### ***Human Dignity and the Importance of Accurate Representations of Violence in the Helping Professions***

Cathy Richardson, *Université de Montréal* ([cathyresponds@gmail.com](mailto:cathyresponds@gmail.com))

Shelly Bonnah, *City University of Seattle* ([shellybonnah@gmail.com](mailto:shellybonnah@gmail.com))

Families that find themselves involved in child protection systems or therapeutic services are often faced with interactional and behavioural descriptions that do not reflect their own experience. Where violence is of concern, language is typically used by professionals in ways that distorts accurate representations through linguistic functions such as minimizing, mutualizing, eroticizing or romanticizing, even when it involves children. Agentless constructions are often used when obscure responsibility and lead to the blaming of victims for their own plight. Misrepresentations of violence harm victims and benefit perpetrators as well as violating the dignity and rights of the individual. In this presentation, this problem will be explored

## **219. Workplace Crime, Immigrant Victims and Justice**

### ***An Interdisciplinary Approach to Understanding Immigrant Abuse in the Workplace***

Leticia Saucedo, *University of California Davis* ([lmsaucedo@ucdavis.edu](mailto:lmsaucedo@ucdavis.edu))

This session will discuss the vulnerability of immigrants and the different responses of nations that incorporate immigrants (formally or informally) into the economy. Part one of the session will discuss the limited forms of protection against workplace immigrant abuse in the United States and the need for a framework to evaluate abuse suffered by vulnerable victims of workplace violence. Part two of the session will discuss theoretical frameworks that include vulnerability theory to more fully incorporate immigrants into U.S. society.

In part one, the discussion will examine the concept of “substantial mental or physical abuse” suffered by immigrant victims of crime in the workplace, particularly as it relates to the ability to qualify for a limited form of status known as U non-immigrant status (commonly referred to as a “U visa”). Enacted for the dual purposes of strengthening law enforcement capacity and providing humanitarian relief to victims of crime, the U visa allows non-citizen victims of crime who are helpful in a crime’s detection, investigation, or prosecution to remain in the United States. To qualify for the visa, victims must demonstrate that they have suffered “substantial physical or mental abuse” as a result of the crime.

Although legal scholars, medical and mental health experts, and government agencies have more robustly explored the concept of “substantial mental or physical abuse” in the context of domestic violence and sexual assault against immigrant women, there has been no focused exploration of this concept in relation to abuse against immigrant workers. To that end, we will discuss a comprehensive framework to evaluate abuse suffered by vulnerable victims of workplace crime.

In part two of the session we will compare how immigrant vulnerability is addressed in the U.S. and in European countries through concepts of positive and negative rights. Positive rights are

not protected to the same extent as negative rights in the United States. In this session we will explore the protection of negative economic rights as a means of recognizing a governmental duty to regulate asset-distributing institutions. We examine rights through the lens of public choice theory and Martha Fineman's theory of vulnerability to examine the American practice of deporting the parents of U.S. citizen children.

### ***A Forensic Psychological Perspective on Immigrant Abuse in the Workplace***

Giselle Hass, *Georgetown University* (Giselle.hass@gmail.com)

This session will discuss the vulnerability of immigrants and the different responses of nations that incorporate immigrants (formally or informally) into the economy. Part one of the session will discuss the limited forms of protection against workplace immigrant abuse in the United States and the need for an interdisciplinary framework to evaluate abuse suffered by vulnerable victims of workplace violence. Part two of the session will discuss theoretical frameworks that include vulnerability theory to more fully incorporate immigrants into U.S. society. Professor Hass will address the forms of psychological abuse that take place in immigrant workplaces, the victim vulnerabilities and how information from victims assessment fits in the psycho-legal process.

### ***Regulating Institutions: State Interference and Human Vulnerability***

Jihan Kahssay, *Max Planck Institute for Social Law and Social Policy, Munich, Germany* (jih.kahssay@gmail.com)

As a prerequisite for receiving a U visa, victims of workplace violence in the United States must prove that they have suffered a type of harm normally suffered by victims of domestic violence. This is chiefly due to the U visa requirements, which were created with domestic violence victims in mind. By issuing U visas to migrant workers, the State proactively interferes in the relationship between certain individuals (i.e., migrant workers) and certain institutions (i.e., employers, corporations). The first part of this panel examines how the U visa requirements hinder victims of workplace violence from accessing the same immigration benefits as victims of domestic violence. The second part of the panel examines more broadly how the State's regulation of the interactions between individuals and institutions may affect the individual's access to certain benefits. The topics to be discussed include: the State's responsibility to regulate individual-to-institution interactions; how the discourse on human vulnerability presents a useful analytical tool for evaluating the State's regulation of these interactions; and whether there may be constitutional grounds for envisioning greater regulatory responsibility for the government, so as to ensure the protection of individuals as they interact with institutions.

## *Deference to Administrative Agencies Regarding Medical Facts*

Francis Mootz, *University of the Pacific* (jmootz@pacific.edu)

This introductory paper will provide the context and background of U.S. administrative law that will explain the authority of the Department of Homeland Security to implement a statutory scheme that relies on medical facts. To understand why the regulations provide only limited forms of protection against workplace immigrant abuse in the United States, it is necessary to understand the deference afforded by courts to agencies. The statutory requirement of “substantial physical or mental abuse” suffered by immigrant victims of crime in the workplace raises medical issues, but the regulations have a political and historical valence that does not match with contemporary medical understanding of this standard in the workplace setting, rather than in the domestic violence setting that was a principal motivation for the statutory relief.

## **220. Zoophilia**

### *Psychosocial Aspects of People Participating in Zoophilia Websites in Brazil*

Danilo Antonio Baltieri, *ABC Medical School* (dbaltieri@uol.com.br)

**Background.** Self-identified zoophiles emphasize the emotional rather than the sexual aspect. Having a higher sexual interest in animals could be closer to a paraphilia. This study aims to describe sociodemographic and psychometric features of a sample of people participating in a zoophilia website and to investigate if sociodemographic and psychometric variables are associated with a greater sexual interest in animals.

**Methods.** In this cross-sectional study, subjects provided information through an online questionnaire. We located a website that catered to a network of people with a sexual interest in animals and contacted the director to ask whether an academic study would be feasible. A questionnaire was made available online to members of this network. Intensity of sexual interest was the main outcome measure and was evaluated using a numeric input scale with midpoint. Questions evaluating sociodemographic aspects and factors possibly associated with zoophilic behaviors were inserted into an online questionnaire. Measures of drug misuse, sexual impulsivity, and depression symptoms were included.

**Results.** Sociodemographic characteristics were similar to other studies using online samples. History of childhood sexual abuse, earlier onset of sexual interest in animals, preference for male animals, and higher mean levels of sexual impulsivity were significantly associated with higher zoophilic interest. The last three variables retained significance in a multiple logistic regression.

**Conclusions.** We must not consider any group as more or less problematic; we should offer treatment possibilities to those who wish to change aspects of their sexuality or help them understand how this type of sexual interest developed.

## ***Zoophilia in the United States: Legal Responses to a Rare Paraphilia***

Brian Holoyda, *University of California, Davis* (holoyda@gmail.com)

Though societies' responses to zoophilia have varied internationally, the response in the United States has typically involved condemnation and prosecution. Currently, there are thirty-one states with statutes prohibiting human-animal sexual contact. Despite the prevalence of anti-bestiality legislation, there is limited case law in the United States. Most commonly, zoophilia arises in legal cases involving sexually violent predator (SVP) civil commitments. Identifying offenders who commit acts of bestiality is important since these individuals may be at an increased risk of committing a variety of other sexual and nonsexual violent acts against humans. Due to different laws between states, however, commonly used forensic risk assessment tools for sexual recidivism can yield different scores for individuals charged with or convicted of bestiality offenses. Forensic evaluators should consider this factor when conducting risk assessments. State legislatures should also consider modernizing their bestiality statutes to accord with current terminology and objectives for such laws.

## ***Communication-Related Aspects of People Visiting Zoophilic Websites in Brazil***

Renata Almeida de Souza Aranha e Silva, *ABC Medical School* (renataaranha@uol.com.br)

Internet consists of an interesting source of research on zoophilia. Despite methodological disadvantages, people with stigmatized sexual interests use Blogs and Websites to share experiences and desires and to create an identity. Unfortunately, zoophiles rarely search for medical attention, except when there are physical damages resulting from this activity, which highlights the importance of Online-performed studies on this population. One hundred-two subjects visiting zoophilia were selected and interviewed using an online questionnaire. They had the opportunity to chat with researchers before and after fulfilling the questionnaire. All interviews were recorded, transcribed, and analyzed qualitatively. Answers were then sorted into **analytical categories** in order to undertake content analysis of the different points made. After analysis with four different researchers, the study proposed five types of people visiting zoophilia Websites: those that are curious about this sexual interest, the adepts, the practitioners, the initiators, and the viewers. Given the relatively small sample size, a quantitative analysis was not carried out (cluster analysis) to support our findings.

## ***An Exploration of Zoophilia: From Classification to Case Studies***

Heather Tarnai-Feely, *Royal Ottawa Mental Health Centre, Ottawa, Canada* (heather.tarnai-feely@theroyal.ca)

Rebekah Ranger, *Royal Ottawa Mental Health Centre, Ottawa, Canada*  
([rebekah.ranger@theroyal.ca](mailto:rebekah.ranger@theroyal.ca))

Paul Fedoroff, *Royal Ottawa Mental Health Centre, Ottawa, Canada* (paulbev@mac.com)

This presentation will provide a brief overview of the classifications of zoophilia in both legal and clinical contexts. It will examine why common definitions of zoophilia are confusing, and why legal definitions of bestiality and sentencing implications remain inconsistent. Limited research has been conducted on people with zoophilia without the use of case-matched groups; and what research that has been conducted does not present sufficient evidence to support the commonly held notion that a history of sex with animals can be considered a significant risk factor for future harm to humans. More research is recommended; using case matched groups as well as non-offender populations of people with zoophilia to increase the understanding of this poorly defined paraphilia.

## **Therapeutic Jurisprudence Sessions**

## **221. Approaches to Child Removal in Family Justice: Comparisons and New Directions**

### ***An Overview of the London Family Drug and Alcohol Court Model***

Michael Shaw, *Tavistock Clinic, London, United Kingdom* (mshaw@tavi-port.nhs.uk)

Parental substance misuse is the leading cause of child abuse and neglect in the United Kingdom. However it is a problem that benefits from evidence based treatments and reasonably reliable ways to evidence abstinence. The London FDAC model is based on similar courts in America adapted to fit the English scene. FDAC combines first judicial continuity, second a multidisciplinary assessment and intervention team, and third, parent mentors trained volunteers with personal experience of recovery from addiction. Dr. Shaw will discuss the challenges of working to timescales linked to child development crossroads such as attachment, and the recently introduced expectation that court cases will be completed inside 26 weeks where the children are not returning home.

Every family is given the best possible chance to overcome their difficulties while testing whether they can do so in a timescale compatible with their children's needs. They are offered a highly coordinated evidence-based intervention aimed at achieving abstinence, and addressing the drivers of substance misuse, relationships and lifestyle.

### ***Embedding Family Drug and Alcohol Courts in English Family Justice: New Directions in Care Proceedings***

Judith Harwin, *Brunel University* (Judith.Harwin@brunel.ac.uk)

Problem-solving courts in English family justice are a very recent innovation. The first such court, a family drug and alcohol court (FDAC) within care proceedings was introduced as a pilot in 2008. Following a 5 year evaluation by Brunel University, FDAC has already proved its capacity to deliver better outcomes for children and parents than ordinary care proceedings. Against this background, in 2014 the President of the Family Division announced his wish to roll out FDACs across England. Embedding FDACs nationally will introduce a radically different approach to family justice in cases where care proceedings are brought because of the significant harm parental substance misuse poses to child wellbeing. This paper will consider the reasons for this marked shift in approach and discuss opportunities and obstacles to national roll-out. It will consider the strength of the evidence for FDAC, the challenges that remain when parental substance misuse is the key concern and ask how family courts might play a role after the care proceedings end and whether there is scope for a specialist team before proceedings begin. It will conclude by considering how far the Children and Families Act 2014 provides a supportive framework for problem-solving courts in family justice.

## ***Repeat Clients in Care Proceedings: Can a Problem-Solving Court Help Vulnerable Birth Mothers Break the Cycle of Repeat Pregnancy and Repeat Removal of Infants and Children***

Karen Broadhurst, *University of Manchester* (Karen.e.broadhurst@manchester.ac.uk)

Until recently there has only been anecdotal evidence on the problem of birth mothers who appear and re-appear before the family court, only to lose successive infants and children to public care and adoption. This paper presents the first national statistics on repeat care proceedings in England, confirming *empirically*, that recurrence is a significant national problem for the English Family Justice System. The research team has been able to establish that during the observational window 2007-2013 and based on the total population of birth mothers in England, almost one in every three care applications was linked to a 'recurrent mother'. The age profile of this population of birth mothers is discussed, highlighting the vulnerability of these very young mothers. A key issue for policy makers and practitioners is the fact that spacing between episodes of care proceedings is very short, which leaves mothers with insufficient time to evidence change. Moreover, in a high percentage of cases, infants were subject to legal proceedings, at or very close to birth. The findings raise important questions about the role of the court in breaking this negative cycle and we outline the role that a problem-solving court might play in intercepting repeat care proceedings.

## ***Legal Approaches to Parenting, Children's Rights, and Family Justice: A View from Russia***

Olga Khazova, *Russian Academy of Sciences, Moscow, Russia* (o.khazova@gmail.com)

The main focus of this paper is on the legal regulation of removing children from their families when parents fail to fulfill their parental obligations. The basis for discussion is Russian law and practice, as in recent years there have been numerous cases when children were removed from poor families and placed in institutional care. The reason for this situation was the inability of the parents (often single mothers) to ensure appropriate conditions for their children's upbringing and to provide them with adequate care. This issue raises many questions and, most importantly, whether the State is under a duty to help families in trouble. This problem is not only relevant to Russia but many European countries face a similar dilemma. This will be analyzed through the prism of jurisprudence of the ECHR under article 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms where mutual enjoyment by parent and child of each other's company is interpreted as a fundamental element of family life. Finally the paper will consider the position of the UN Committee on the Rights of the Child regarding the duty of the State to provide support to the families that face social and economic difficulties.

## **222. Broadening Perspectives on Legal Education**

### ***Theraupeutic Jurisprudence: A ‘Sense of Place’ at the Law School in Memphis, Tennessee***

Christina Zawisza, *University of Memphis* ([czawisza@memphis.edu](mailto:czawisza@memphis.edu))

Many civil rights and public interest lawsuits were tried in the Historic Courtroom (circa 1885) at the University of Memphis School of Law before that courtroom fell into disuse in the late 1960’s. That remarkable Memphis history, building on the Martin Luther King legacy, gives users of the building a “sense of place” which is therapeutic in much the same way as many of the historic places in Europe and around the world create healing spaces. A “sense of place” grounds and motivates individuals, elevates the study and practice of law, and ultimately becomes healing in a TJ vein. The concept of “place” belongs in the TJ toolkit. In this session, I will describe some of these historic Memphis lawsuits. Why were they brought? What were the forces that drove them? How did “place” matter? What legacy did they leave? And how is this history relevant to TJ and the current users of the building: law students, faculty and the community? In a more global sense, then, how does knowledge of “place” become a therapeutic concept, fitting of entry in the TJ literature?

### ***The Value of Integrating Therapeutic Jurisprudence into the Law Curriculum: A South African Perspective***

Elmarie Fourie, *University of Johannesburg* ([esfourie@uj.ac.za](mailto:esfourie@uj.ac.za))

Enid Coetzee, *University of Johannesburg* ([ecoetzee@uj.ac.za](mailto:ecoetzee@uj.ac.za))

This paper will focus on the value of integrating therapeutic jurisprudence into the law curriculum and the importance thereof in the current South African context. The paper will indicate the importance of creating an authentic learning environment when students are trained to be therapeutically orientated lawyers. We will illustrate how the creation of an authentic learning environment and authentic learning activities such as mooting, mediation, writing skills, oral advocacy, interviewing skills and clinical legal education, provide opportunities for students to develop as therapeutically orientated lawyers. This approach enhances collaborative lawyering skills. Responses from law firms and even the bench have indicated that the current four year LLB degree (undergraduate) does not prepare students adequately for the legal profession. Problems identified include a lack of literacy skills, analytical skills and a general lack of maturity or awareness when dealing with clients. Judge Bosielo said the following about the legal profession in South Africa: “It is universally accepted that the strength and vitality of any constitutional democracy depends largely on the quality, pedigree and integrity of its lawyers. A weak legal profession will produce weak judges. We want to have legal professionals who

believe in fairness and equality, upholding the constitutional values. We need lawyers who actually understand the constitution. Lawyers should have the spirit of *ubuntu* and be willing to sacrifice, instead of being selfish. They should be socially conscious and develop an ethos of *batho pele* and be prepared to serve the community.” The above comments emphasize the urgent need to integrate therapeutic jurisprudence into the South African law curricula, to deliver legal professionals that will uphold the constitutional values and eventually to produce judges that will uphold the constitutional democracy. The incorporation of therapeutic jurisprudence principles allows law lecturers to create an awareness and respect for human dignity (both a value and a right in the constitution) teaching students to uphold the constitutional values. Fred Zacharias suggested that we should think of therapeutic jurisprudence and preventative laws in terms of the law’s effect on lawyers and law students as well as in terms of the effect on clients, litigants and other lay participants in the legal process. By incorporating these principles into the main stream curriculum, through skills courses and ultimately clinical education, law schools can deliver therapeutic orientated preventative lawyers and thus enhancing the quality and integrity of its lawyers. The paper will explore the South African values of *ubuntu* (African spiritual ethic) and ethos of *batho pele* when integrating therapeutic jurisprudence into the law curriculum.

### ***Proactive Lawyering as a Contribution to the Normative Professionalization of Lawyers***

Eric van de Luytgaarden, *Zuyd University of Applied Sciences* (Eric.vandeluytgaarden@zuyd.nl)

Proactive lawyering (PL) is focused on value creation in the legal world, with keywords as trust, collaboration and goal-orientation. PL is diametrically opposed to the traditional legal thinking, which is based on rules, separation and power (Van de Luytgaarden, 2013). PL concentrates on understanding, integration and accommodation (Barton, 2009) The modern lawyer misses aspects of morality in his work (Siedel and Haapio, 2012, Sorsa, 2011 and Susskind, 2013). He has to comply to the rather ‘poor’ instruments the law provides him for rendering his legal services. Modern lawyers want to deliver *morally good* work, but instead they have to deliver *legally good* work. Normative professionalization (NP) is an intellectual movement founded in the University of Humanistic Studies in Utrecht, the Netherlands (Van Ewijk and Kunneman, 2013). It creates a body of knowledge and expertise, involving the search of a professional for a normative basis for their work in addition to the technical-instrumental basis which became predominant during the last decades (van den Ende, 2011). Elements such as: reflections on values and real attention and presence in the relationship professional-client, in combination with the humanization of the profession are crucial. NP maps an 'ongoing process' of the valuable and enriching moral insights of professionals in their daily work (Jacobs et al, 2008). Professionals act under pressure due to the growing complexity of our world and the numerous effects of accountability in western society. NP focuses on values rather than on manageable output.

My contribution advocates the necessity of PL for NP in the legal profession.

## ***An Audio and Televised Trial as an Educational Tool for the public at Large: The Case of Oscar Pistorius***

Annette van der Merwe, *University of Pretoria* ([Annette.vandermerwe@up.ac.za](mailto:Annette.vandermerwe@up.ac.za))

The unprecedented public access to a criminal trial was made possible with regards to the murder trial of Oscar Pistorius during 2014. It was ordered that the entire trial could be broadcast in audio form, and that much of the trial could also be televised. The major role players (such as the state prosecutor, the defense advocate and bench) were both audible and visible at all times. While the majority of lay witnesses, including the accused, as well as expert witnesses for the defense, refused to be televised, it was not the case with most of the state expert witnesses. The live broadcasting of the trial was supplemented by a 24 hour TV channel with panel discussions and interviews with experts from the fields of law, journalism and psychology. The public was engaged with daily polls they could answer and tweets were sent posing all kinds of questions that were answered by members of these panels. The South African society is one exposed to high levels of violent crime. This paper explores the role that the televised trial of Oscar Pretorius possibly played in shaping perceptions of the public with regards to the role of the state prosecution in the fight against crime, as well as the understanding of criminal law, evidence and procedure.

## **223. Child Participation in Decision-Making: A Therapeutic Jurisprudence Perspective on Children's Rights**

### ***Child Participation in Family Courts in Israel: an Account of an Ongoing Learning Process***

Yoa Sorek, *Myers-JDC-Brookdale Institute* ([YoaL@jdc.org.il](mailto:YoaL@jdc.org.il))

Tamar Morag, *the Stricks Law School of COLMAN* ([tamar.morag@gmail.com](mailto:tamar.morag@gmail.com))

The article presents a practical model of children's participation in proceedings conducted in family courts, which was implemented in a pilot project in Israel. The article presents an ongoing process of cumulative insights during the implementation of the pilot and after its conclusion. These insights emerged from findings collected in the course of two studies. One was a formative evaluation study that accompanied the pilot project, and the other a follow-up study conducted three years after the pilot's conclusion. The integrated analysis of cumulative findings from these two studies points to the significant contribution of children's participation in these proceedings to the legal decisions and to the children's well being. The analysis also exposed factors facilitating and obstructing the full implementation of the right to participation in Israeli law.

## ***Implementation of Article 12 CRC in Family Law: Lessons Learned and Messages for Going Forward***

Aisling Parkes, *University College Cork* (A.Parkes@ucc.ie)

Article 12 of the UNCRC 1989 requires that all children have a voice in all decision-making processes affecting them once they are capable of forming views. This chapter highlights the importance of listening to children in family law proceedings as a therapeutic measure. In particular, it will track the progress of family law reform with a specific emphasis on the implementation of Article 12 in two comparatively similar common law jurisdictions – Ireland and New Zealand, both before and after the adoption of the General Comment on Article 12 in 2009. The extent to which the General Comment on Article 12 has had any measurable impact on State law reform in the context of family law proceedings will be considered. The most prevalent barriers to the implementation of Article 12 in practice will be explored. Furthermore, suggestions and recommendations for reform in terms of implementation will be made for State party law reform going forward.

## ***Empowerment of Child Participation through Family Involvement in Justice: The Essence of Love, and Respect***

Lynne Marie Kohm, *Regent University School of Law* (lynnkoh@regent.edu)

Teen Courts are a growing trend in juvenile diversion programs in the United States which provide a child with meaningful, therapeutic and life-changing participation in his or her own justice process. Resting on a TJ approach to participation, the teen court program empowers a child through offender rehabilitation, enhancing self esteem through peer respect, offering an opportunity for a child offender to move away from a potential life of crime toward a healthy and thriving adulthood. The central advantage of teen courts is that teens develop citizenship abilities and civic skills and generally enhance their decision-making process by participation as jurors in a teen court forum. The active participation and sense of citizenship of juveniles is reflected not only in their own procedures as offenders, but later when these children serve as role-takers in peers' trials. Through their participation, youth jurors gain practical knowledge about and respect for the judicial system, which in turn validates sentencing and enforces the effectiveness of peer support in the context of the rule of law. Teen courts foster a child's civic development in the context of a reliable rule of law based on a jury of peers. Teens are also able to develop their verbal and communication skills by serving as prosecutors or defense counsel. They gain knowledge of decorum and protocol by serving as bailiffs. These wonderfully rich opportunities for child offenders are unique to the teen court process.

## ***Implementing the principle of participation: Students' participation in placement committee***

Eran Uziely, *Achva Academic College of Education* (uziely\_e@netvision.net.il)

This paper presents the major findings of a research study conducted in the Hebrew University of Jerusalem. The study examined the right of children to participate in decision-making processes affecting their lives. Specifically, it focused on a group of young adolescents in Israel facing a Placement Committee (PC) decision regarding their enrollment in a regular class or a special education framework. These decisions are typically made by a PC following a joint meeting with the student, their parents, school staff and local authority representatives. In particular, this research study used the eight-step linear scale based on Arnstein's Ladder of Citizen Participation to investigate both the desired and actual level of participation experienced by students, parents and professionals during the PC's discussions. The findings revealed that students are indeed interested and capable of participating in the decision-making processes related to their educational future, thus supporting the position calling for a greater students' participation in PC discussions. The paper also suggests some recommendations towards a significant improvement in both the level and quality of participation for students with special needs.

## ***From the Social Exclusion to Child-Inclusive Policies: Toward an Ecological Model***

Tali Gal, *University of Haifa* (tali.gal.04@gmail.com)

This presentation is based on the concluding chapter of the recently published book *International Perspectives and Empirical Findings on Child Participation: From Social Exclusion to Child-Inclusive Policies* (Tali Gal and Benedetta Faedi-Duramy, Eds., Oxford, 2015). It proposes a holistic, ecological model of child participation using TJ methods of integrating social science into legal analysis. The model involves individual preexisting conditions, multi-level variables regarding the child, the family, the relevant professionals, the national legal structure, the local culture, and international human rights. Those variables impact the level, form, and prevalence of child participation. The model may assist in identifying paths to increase child participation as a therapeutic process for children and youth.

## **224. Conflict Management, Communication and Well-Being**

***“I hear what you are saying, but what do you really mean”? Gender Differences in Communication and Strategies to Navigate them Successfully***

Monica Broome, *University of Miami* (mbroome@med.miami.edu)

There is ample evidence from various fields of research that demonstrates that there are specific differences in how men and women communicate with each other. Knowledge of these linguistic differences and the use of specific strategies to navigate these differences will help prevent and avoid conversational misunderstandings between men and women. This presentation will briefly review background anthropological and other scientific research and offer helpful suggestions and strategies to consider when conversing with the opposite sex.

### ***Therapeutic Jurisprudence (TJ) and Motivational Interviewing (MI)***

Barbara Sturgis, *University of Nebraska* (bsturgis1@unl.edu)

Therapeutic Jurisprudence (TJ) pursues the study of the law as a potentially therapeutic agent: how legal rules, legal procedures, and legal actors can advance psychological well-being of those involved without violating other values embodied in law (Wexler & Winick, 1996). Particularly in specialty courts, the emphasis is on enhancing collaboration among the participants in order to promote positive behavior change and reduce the likelihood of re-offense, thus promoting well-being for the offender and the community. Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion (Miller & Rollnick, 2013). MI had its origins in the field of addictions treatment, where clients were often characterized as difficult to work with and resistant to change. It became apparent that often this resistance was a product of the nature of the relationship between the client and the counselor which could be changed in a positive direction by using a more collaborative style. Integration of MI with TJ would offer an opportunity to enrich the communication patterns within the legal arena in order to enhance the well-being of the participants, potentially increasing the likelihood of positive behavior change that would promote the welfare of the individual and of society. This presentation will apply the method of MI to the process of problem solving courts in order to promote the goals of TJ.

### ***Therapeutic Jurisprudence, Police Power Interventions and Human Dignity***

Robert Schopp, *University of Nebraska* (rschopp1@unl.edu)

Therapeutic Jurisprudence is a program of research and law reform designed to promote the well-being of those effected without violating other important values embodied in law. Police power interventions directed toward individuals who manifest mental impairment and harm or endanger others include: criminal conviction and punishment, criminal trial leading to an

insanity defense and post- acquittal commitment, criminal convictions and treatment conditions of probation in a mental health court, and civil commitment. Important values beyond protecting the public from harm include protection of individual liberty and promoting the interests of the individual by providing appropriate treatment. An additional value that is sometimes mentioned but rarely receives clear analysis is protection of human dignity. Insofar as respect for human dignity constitutes an important value to be considered in selecting the most justified form of police power intervention, it is important to clarify the relevant concept of human dignity and to review the reasoning that justifies specific forms of intervention as consistent with human dignity. This inquiry will pursue an analysis of the meaning of human dignity as applied to police power interventions. It will then examine the reasoning that justifies differential forms of intervention for individuals who manifest different types and degrees of psychological impairment. The analysis will include the significance of clinical diagnosis as descriptive diagnosis and as diagnostic category. It will seek to advance our understanding of the appropriate relationships among the values for liberty, self- determination, personal responsibility, and well- being.

### ***Using a Modified SPIKES Protocol to Deliver Bad News to Clients***

Shelley Kierstead, *York University* (skierstead@osgoode.yorku.ca)

This presentation discusses the viability of incorporating a protocol, “SPIKES”, used by the medical profession, when delivering “bad news” to legal clients. We often do not focus on lawyers’ role in delivering bad news – defined in medical literature as “any information which adversely and seriously affects an individual’s view of his or her future” (Buckman, 1992). However, regardless of how passionately we advocate for clients, we are sometimes unable to achieve their desired outcome. This is poignantly true in many domestic family law cases and child protection matters. Briefly, SPIKES stands for the following series of actions: “S” – Setting (find an appropriate, private setting); “P” – Perception (assess client’s perception); “I” – Invitation (Obtain client’s invitation to share information); “K” Knowledge (impart knowledge to client); “E” – Emotions (address client’s emotions with empathic responses); and “S” – discuss strategy and provide summary. Where it is clear at the outset of a lawyer’s involvement with a client that the client’s desired outcome is virtually unattainable, it is important to deliver this information in a manner that fosters the most beneficial emotional path forward possible. From a medical perspective, research suggests that “how bad news is discussed can affect the patient’s comprehension of information, satisfaction with medical care, level of hopefulness, and subsequent psychological adjustment.” (Baile et al, 2000). The same can be said, I argue, with respect to legal clients. Using child protection and domestic family situations as examples, I will present a modified approach to SPIKES for use by lawyers.

## **225. Expanding Legal Horizons**

### ***Staying in Touch: Law and the Challenge of Cultural Change***

Thomas Barton, *California Western School of Law* (tbarton@cwsl.edu)

Any legal system operates through various taken-for-granted assumptions about how people gather and process information; how they relate to other people and groups; and their general nature and instincts. These assumptions may not be consciously articulated by legal officials. They are typically buried in a larger cultural background that rarely is questioned. Western legal systems are built on the Enlightenment and Industrial Age heritage of scientific rationality, markets, and strong expectations of individualistic choice-making, self-protection and self-advancement, and accountability. The legal systems also reflect the information technologies of the 19<sup>th</sup> and 20<sup>th</sup> Centuries, which contain aspects of point-to-point customized communication for private matters but also strong elements of centralized, standardized transmissions of information in the governmental/legal sphere. The Information Age and internet technologies seem to be accelerating cultural changes that were already underway in the late 20<sup>th</sup> Century post-modernist era--changes that challenge some of the inherited assumptions about human motivation, social connection, information gathering, and decision-making. If true, this raises several issues:

- Is the law operating under fast-decaying images of people and their relationships?
- Does the law maintain unrealistic notions about how knowledge is achieved and acted upon?

If either is so—if the legal system is losing its cultural mooring--how does this affect the justness of legal applications and the well-being of those touched by the law, as well as respect for the rule of law?

My paper will suggest that to re-gain a stronger consistency with emerging cultural patterns, the legal system should:

- Adopt better—more visual, more individualized, more participatory--methods of communication in the creation and implementation of both public regulations and private contracts;
- Understand that commercial as well as social life is increasingly comprised of networks or webs of persons rather than simple and relatively standardized dyads of buyer/seller, master/servant, husband/wife, parent/child, citizen/state;
- and Work toward constructing a more flexible image of human nature and purpose than prevailing assumptions of self-maximizing, self-protective, choice-making individuals.

### ***Child-Friendly Justice in Switzerland – Application of the Principles of Therapeutic Jurisprudence and Visualization of Law***

Caroline Walser Kessel, *University of St. Gall* (caroline.walser@vtxmail.ch)

The project “Child-Friendly Justice 2020,” conducted by the independent organization “Kinderanwaltschaft Schweiz” is implementing the 2012 European Council on Child-Friendly Justice Guidelines in Switzerland. Assessed and reframed will be laws and court proceedings, rules regarding representation of children as well as juridical personnel behavior. Specifically, Therapeutic Jurisprudence (TJ) may be employed to treat children according to their psychological development and specific personal and social needs, reducing the law’s harmful effects on all parties. TJ draws on methods from psychology and other social sciences to address legal questions. In particular, relationships between children, lawyers, and judges as well as case-handling methods can benefit from individualized rather than inflexible court proceedings. Among other methods, multisensory law and law visualization can help make the law more comprehensible, and experiences with it less frustrating and stressful, especially for pre- and poorly-literate populations. “Child-Friendly Justice 2020” has created an Internet-based legal information platform for children and their legal workers. Its contents, presented age-appropriately to encourage children’s active participation, understanding, and interest in judicial contacts, will be surveyed. In conclusion: law visualization and multi-sensory law are important elements of the growing movement known as Therapeutic Jurisprudence.

### ***Combating Anti-Social Behaviour in Therapeutic Jurisprudence***

Michel Vols, *University of Groningen* (m.vols@rug.nl)

The way authorities fight housing related anti-social behavior has been a highly debated topic. This paper deals with the powers of local authorities in the Netherlands, England, Wales and Belgium that can be used against home owners (owner-occupiers) involved in housing related anti-social behavior (e.g. noise, harassment, intimidation). The victims of the anti-social behavior are entitled to issue a claim based on tort, but are usually afraid to do so because they fear repercussions. Therefore, local authorities have the power to close the home of an anti-social home owner. The use of this power results in the loss of the home of the owner-occupier. This approach has a huge financial impact and is not beneficial to the anti-social owners and their victims. Most of the anti-social resident deal with problems, such as a drugs or alcohol addiction or mental health problems. The closure-oriented approach fails to deal with these underlying causes. Probably, the closure will aggravate the problem. For the victims this approach not favorable as well, because they have many years of sleepless nights before the problem is finally tackled. The paper analyzes these legal approach towards anti-social owner-occupiers with the help of findings of therapeutic jurisprudence and research on problem-solving justice. Is it possible to apply the law in a more therapeutic way in order to combat anti-social behaviour and the underlying causes at an early stage?

### ***How a Mediator’s Understanding the Mind and Use of Healing Techniques can Enhance Resolution***

Carolyn Hansen, *Attorney at Law, Stoneridge, USA* ([attyhansen@earthlink.net](mailto:attyhansen@earthlink.net))

The continuing rapid growth of mediation has increased training certification programs. As training expands attention is being given to the mind and “new” techniques for mediators to resolve conflict. Information about current research in the West in neuroscience, microbiology and how the mind works is becoming available in mediator training programs. Besides discussing these developments, this paper will also explore the Asian understanding of the power of the mind in meditation and summarize articles in Western publications confirming those understandings. Recent research comments on the importance of the “presence” of the mediator and it being enhanced by a meditation practice. The interconnection of the physical, emotional, mental and spiritual aspects of the human, included as reflected in Brennan Healing Science, will be used as a basis to explore practices for mediators to enhance awareness and presence and to discuss techniques that can be used by the mediator with a party for positive outcomes. These include shifting a party’s state of mind, opening to expressing from the Higher Self and tapping into constructive emotional reservoirs. The paper will also explore how cultural awareness enables a mediator to design techniques harmonious with a party’s culture and the benefits of this.

## ***Self-Determination at Life’s End***

Janis Sallinger, *Attorney at Law, Swansea, USA* ([jan3is@aol.com](mailto:jan3is@aol.com))

Medical law has evolved to allow assisted dying. This presentation proposes the development of law to permit competent persons to establish frameworks for end-of-life decision-making in the event they develop advanced dementia by using advanced directives instructing that food and water be withheld upon the onset of specified triggering events. The purpose of this endeavor is to avoid having elders survive in misery for years with advanced dementia experiencing little dignity and joy. Obstructions to this proposal abound, starting with the medical profession’s commitment to extending human life. This credo has evolved such that death is viewed as failure, requiring the use of advanced technology to extend life. Another obstruction is derived from the tenets the Abrahamic faiths of Judaism, Christianity and Islam in their focus on the sanctity of human life. Sources of hope include legal developments regarding aid in dying that permit health care providers to assist persons to suicide. Although these laws generally include strict limitations, mercy provides the underpinning. A further basis of hope is seen in altering demographics. A ballooning elder population will place overwhelming demands on health care systems. The growing imbalance between a working population and the nation’s elders will pose economic challenges to governments.

## **226. Incorporating Therapeutic Jurisprudence across the Law Curriculum**

### ***Development of a Mental Health Research Centre: I***

Ruby Dhand, *Thompson Rivers University* (rdhand@tru.ca)

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is “space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. This presentation will focus on the development of a Canadian Mental Health Law Research Centre at Thompson Rivers University Faculty of Law. Clinical and experiential experiences will be developed for students. The objectives will be to provide students with opportunities to advocate on behalf of people with mental health disabilities through research and clinical/experiential learning experiences. International collaborations will also be sought with mental health advocacy centers such as the Bazelon Mental Health Centre and the Centre for Mental Health Law and Policy at SFU (which focuses on mental health law in the criminal/forensic context).

## ***Development of a Mental Health Research Centre: II***

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

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is “space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. The Mental Health Law Research Centre at the TRU faculty of law will provide a dynamic hub for interdisciplinary research in the area of mental health law, on the regional, provincial, national and international levels. We conceive of mental health law as a broad rubric that includes both civil and criminal law aspects, and incorporates a life course approach. The Centre is being developed a series of research “nodes.” The presenter will discuss research initiatives and partnerships at one of two initial research nodes at the

Centre, which focuses on dementia, mental health, and cognitive aging, and how these activities connect with therapeutic jurisprudence.

## ***Child Protection Law***

Shelley Kierstead, *York University* (skierstead@osgoode.yorku.ca)

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is “space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. This presentation will focus on the incorporation of Therapeutic Jurisprudence within a doctrinal course – Child Protection Law – which incorporates skills exercises and subsequent student reflection. As part of the course, students act as counsel in a “temporary care hearing” and are subsequently asked to reflect on the impact of their advocacy on the parties involved in the hearing. Students also role-play being parties to a child protection mediation, and reflect on the experience of being “the client”. The presentation will address successes, challenges and potential future modifications to further highlight Therapeutic Jurisprudence considerations.

## ***Real Estate Development Finance***

Carol Zeiner, *St. Thomas University* (czeiner@stu.edu)

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is

“space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. This presentation will focus on the incorporation of Therapeutic Jurisprudence within a skills course, Real Estate Development and Finance, in which students participate in a simulated commercial real estate development transaction for the acquisition of land and construction of a commercial office building. As part of the course, students learn to formulate acquisition strategies, draft an offer and purchase money mortgage, and negotiate the contract and mortgage. They are exposed to basic negotiation theory and therapeutic jurisprudence concepts to guide their work. Following the negotiation, the students reflect on the experience of negotiating, then close the deal.

### ***Advanced Studies in Therapeutic Jurisprudence***

Michael Jones, *Arizona Summit Law School* (mjones@azsummitlaw.edu)

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is “space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. Therapeutic jurisprudence has reached its twenty-fifth anniversary, and there exists an extensive body of literature on TJ. With TJ’s co-founder, Professor David Wexler, Professor Jones teaches an advanced TJ studies course at Arizona Summit Law School designed for third year law students, and intended to challenge students to look for new and practical applications of TJ. This course provides an advanced study of Therapeutic Jurisprudence (the study of the role of the law as a potential therapeutic agent), its origin and development, and its reach into the world of practice. While various areas of law are explored (general legal counseling, family law, torts etc), the focus is on how Therapeutic Jurisprudence enriches our thinking about judging and practice in criminal law, juvenile law, corrections, and re-entry from prison into society.

### ***Continuing Legal Education***

David Yamada, *Suffolk University* (dyamada@suffolk.edu)

Legal education is evolving – both in relation to pedagogical approaches and subject matter. Law school offerings span a number of approaches, including: traditional “large group” lectures; small group seminars using discussions and presentations; in-house clinics and externships; skills-focused courses; doctrinal courses with skills; and doctrinal courses that critically analyze lawyering (Katz, 2008). The “content” landscape for legal education is also evolving with topics such as legal ethics and ADR becoming widely accepted. This evolution has opened the door to opportunities to engage students in discussions, debates, problem solving exercises, and reflections about the ways that laws, legal actors, and legal processes can impact the emotional well-being of the individuals to whom these laws and processes apply. In other words, there is “space” to incorporate “Therapeutic Jurisprudence” considerations into a range of courses, and through a range of teaching approaches. Therapeutic jurisprudence can and should be introduced to law students in their professional degree programs. Nonetheless, many law students – especially younger ones without much life or work experience – may not fully appreciate the usefulness of TJ as a framing perspective for the law and legal practice. The potential for that appreciation multiplies, however, once they discover the realities and challenges of being a practicing lawyer. Continuing legal education offerings can be the conduit for introducing TJ perspectives to attorneys and judges. Accordingly, this presentation will examine ways in which TJ can be brought into CLE, including formal programs, online offerings, and self-education.

## **227. Japanese Style of Therapeutic Jurisprudence**

### ***Recent Developments for the Therapeutic Jurisprudence Approach in Japanese Criminal Justice***

Makoto Ibusuki, *Seijo University* ([ibusuki@seijo.ac.jp](mailto:ibusuki@seijo.ac.jp))

As the introduction of this session, this paper describes recent movement of therapeutic approach in Japanese Criminal Justice and introduces some of the Japanese academic/practical research projects for TJ approach. First, the author introduces the new phenomena in criminal defenders’ strategy for assisting their clients to rehabilitate before and after the court process. Second, a new policy in the prosecutor office is introduced. The Tokyo District Prosecutor Office hired a social worker for their decision making not to indict defendants in the view of rehabilitation by using social work resources. Third, this paper focuses a new approach on local district prosecutor office for dealing with intellectually disabled defendants by cooperation of relief and rehabilitation facilities. It is called “Nagasaki Model” because one facility in Nagasaki Prefecture, Nan-ko Airin-kai, originally started acceptance of these defendants in the unit. Finally, this paper argues a new legislation reform in the sentencing, so called “partial stay of execution”. It is a moderate sentence method between imprisonment and stay of execution and means that the half of their sentencing period can be used to rehabilitate the defendants. Finally, this paper discusses the current problem of TJ approach in Japan and possible ways to strengthen therapeutic idea in this country.

## ***What We Need to Know about Offender Therapy: from the Perspective of a Family Centered Society***

Tadashi Nakamura, *Ritsumeikan University* (tnt01882@gmail.com)

This paper will examine the clinical practice for offenders in domestic violence and in child abuse. Although it is not proper to apply imported practices directly from English speaking society, a new initiative is being promoted for offender therapy theory and judicial clinical practice in the context of Japanese society. To understand such movements and introduce cases from the practice being performed in Japan, although it is still at the initial stage, the practice of criminal defense and criminal justice will be significant. A policy issue to be discussed here is cooperation with family courts, offender rehabilitation administration, and civil affairs, and in any case, it will be useful and necessary to establish a system to order offenders to undergo counseling so that they may have the opportunity to live without violence, and to establish an offender therapy system from a psycho-social- behavioral perspective, in order to develop and practice the options that enable specific solutions to be applied to recent social problems. Currently, the author is involved in clinical practice which focuses on overcoming violence in intimate relationships within three group works: group work for male DV offenders, family reintegration group work for abusive fathers, and a program for sexual offenders to prevent re-offending. Japan is the society where family as a unit plays a key role. In the argument, the point made here at this issue is based on the author's experience of these practices concerning how to make the therapeutic justice system and to develop the clinical technique in the context of family-centered society.

## ***Japanese Juvenile Courts and Therapeutic Jurisprudence***

Hiroko Goto, *Chiba University* (hirog@faculty.chiba-u.jp)

Japan has special courts for juveniles as other western countries do. Japanese juvenile court itself is very therapeutically and educationally-oriented. Because of this character, it seems to be no chance to introduce a new trend of 'therapeutic 'jurisprudence into juvenile justice in Japan. On the other hand, there are neither restorative justice nor drug courts in juvenile justice system formally. This does not mean the Japanese juvenile justice has no idea of TJ approach. In the Japanese Juvenile Act, the main goal is to promote sound upbringings of juveniles. Juvenile court has to play a big role to achieve this goal. Once a juvenile would enter to the juvenile court procedure, all advocators have to be promoting his/her best interests. In the Japanese Juvenile court, special staffs called "family court probation officer", who work as court probation and investigation officer, are employed. They have to investigate juveniles' socio-economic backgrounds, their various problems, and their family histories. And if it might be necessary to take time to investigate them, judges can order tentative probation to collect more information about the juvenile's behaviors and backgrounds. This paper will make some proposals on how to implement TJ concept in the Japanese juvenile justice system.

## ***A New Trend of Drug Treatment in Japan: From Punishment to Harm-Reduction***

Shinichi Ishizuka, *Ryukoku University* (ishizuka@law.ryukoku.ac.jp)

This paper introduces “A Comprehensive Study on Recovery of Drug Addicts: The Action Plan to Introduce “Japanese Drug Courts” enforced from April 2009 to March 2012 in Japan. Traditional drug policies in Japan have placed a disproportionate emphasis on criminal justice system. In order to amend this orientation, we intend 1) to introduce diversions at the stage of pre-trial (prosecution), trial (sentencing and probation) and post-trial (release); 2) to develop effective treatment models and foster human resources; 3) to construct appropriate evaluation-systems and 4) to popularize this Drug Court concept for Japanese society. The study group tried to achieve these purposes by following activities: 1) to construct model treatment- and evaluation-programs; 2) to organize seminars for Recovery Coordinators (RC) and Facilitators (RF); 3) to research license-systems for recovery supporters; and 4) to establish systems to evaluate programs and functions for treatment. This paper discusses the achievement on the project and introduces next project to develop advanced program, internship program and evaluation process based on cooperation with DARCs (Drug Addiction Rehabilitation Center). Finally, this paper proposes to develop the “Japanese Drug Court”-concept to divert drug users from the formal criminal justice system and treat them by various programs. It recommends to decriminalize simple users and to de-penalize possessors of small amount of illegal drug, where the society have had effective programs to treat addicts of substances. The point is not to divert addicts in Drug Courts but to reduce harm against them, and the key concept might be called as “Beyond Drug Courts”.

## ***Searching out a Place for Reliving: A New Defense Approach Focused upon Rehabilitation from a Therapeutic Justice Perspective***

Naomi Sugawara, *Nara Bar Association, Nara, Japan* ([sugawara703.nara@spa.nifty.com](mailto:sugawara703.nara@spa.nifty.com))

Yurie Okuda, *Nara Bar Association, Nara, Japan* (y-okuda@naramahoroba-law.com)

In Japan, a famous defense counsel, Mr. Yoshio Takano, advocated an idea, “criminal defense contributing for rehabilitation”, over twenty years ago. It is argumentative whether criminal procedure must be for the accused to restore his life or not. In this paper, Takano’s idea and his activity according to this idea are introduced. Mr. Takano passed away on September 13, 2011, however, in his lifetime, he brought up many young lawyers who strive to realize this idea. As the result, many young lawyers share his idea and try to implement it on their daily criminal defense practice. One of the examples, a notebook called “suspect diary” describing his/her circumstances during their detention in facility will be introduced as a kind of defense tool. It might be good opportunity to note this diary everyday not only for the defense to prepare the trial

but also for the suspect themselves to restore his life again. Unfortunately, at this moment, many judges do not realize the importance of this diary. Many defense lawyers, on the other hand, have realized the effect to the suspects/accused themselves. This paper will discuss how this suspect diary could assist their understanding of their reality of life and realize the mechanism to restore his/her life after sentencing through the therapeutic jurisprudence.

## **228. Judicialization, Penal Governance and Institutional Responses**

### ***The Paradox of Special Courts: the Logic of Criminal Law and the Provision of Mental Health Care***

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

Paula Maurutto, *University of Toronto* ([p.maurutto@utoronto.ca](mailto:p.maurutto@utoronto.ca))

Mental health courts and drug treatment courts have existed in various jurisdictions of Canada since the late 1990s. In 2008, community/wellness courts emerged, as a new alternative to address the multifaceted and complex needs of individuals with multiple, intersecting mental health and social service needs. These courts try to transform adversarial court processes into more therapeutic and responsive practices. They emerged, in part, in response to the increasing number of accused with mental health, addictions, and social needs entering the criminal justice system. 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. Using national data from 8 specialized courts, we examine 1) the practices these courts use to manage the risk and needs of offenders with mental health and addiction concerns; 2) the systemic legal and policy implications arising from the introduction of these courts and their ‘customized’ responses (capacity and responsibility); and 3) emergent consequences and issues related to the courts laws / ability to respond to complex health issues (brain injuries, concurrent disorders).

### ***Social Control through Responsibilization and Self-Governance: Institutional Strategies and the Judicialization of Persons with Intellectual Deficiencies***

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This study embraces Foucauldian notions of social control, not in a linear top to bottom fashion, but in a mobilization through the deployment of individualization and responsibilization efforts contained within the accused’s relational networks. In this context, close one, health and justice professionals collaborate in order to promote responsibilization and self-governance. Control is not deployed through state efforts but within the individual actors who comprise the person’s

social network. When individual responsabilization efforts fail, the justice system becomes a fail-safe, intervening as a supplementary tool to reinforce self-governance. We will present preliminary results from a study underway on the judicialization experiences of persons with intellectual deficiencies. For the past several years, this area of research has demonstrated that there are tensions in the wedding of clinical and social interventions and penal ones. The ``méthode d'analyse en groupe`` (Campenhoudt, Chamon et Fransen, 2005), consists of sparking exchanges between the various actors implicated in the justice field (social workers, community organizations, lawyers, probation officers, police officers, corrections, sexologists, psychiatrists, etc...). Utilizing this method allows us to explore the difficulties inherent in self-governance approaches: the individual as problematic – the delinquent, the maladapted, the ill, etc... - vs. situations comprised – symptoms, criminal acts, accidents, etc... The institutional strategies of self-governance and the lack of coherence and the limits of the varying stratagems will be further illuminated through this analysis.

### ***Judicialization of the Homeless***

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This paper explores two different but often complementary strategies of spatial and penal governance of homeless people, namely the issuance of tickets for their violation of bylaws and of provincial statutes and the use of conditions in bail and sentencing orders. While the use of tickets, conditions of release or probation rely on preventative discourses and pursue rehabilitative objectives (for instance, tickets are arguably imposed to avoid higher penalties or criminal records associated with the criminal justice system, and conditions are often meant to ensure rehabilitation and treatment), they ultimately have punitive, discriminatory and counterproductive effects on the homeless, resulting in social profiling, multiplying social, economic and legal obstacles to reinsertion and equality, encouraging recidivism, and putting the lives and safety of individuals at risk. Our argument is based on extensive fieldwork conducted between 2005 and 2014 in multiple Canadian cities during which we used both qualitative methods (interviews with homeless people and other marginalized groups subject to court orders as well as with legal actors involved in the judicialization process) and quantitative data (on tickets and conditions).

### ***Penal Governance Strategies in a Mental Health Court***

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Over the past decade, ‘specialized’ (or problem-solving) courts have emerged as an alternative to traditional punishment frameworks, which have been seen as potentially ineffective in addressing chronic and recurring forms of criminal involvement. Current theoretical and empirical

scholarship exposes certain contradictions between the goals underlying these practices and their effects (Hannah-Moffat & Maurutto, 2012; Miller & Johnson, 2009). This presentation will illuminate the processes, practices and varied consequences of the judicialization of mentally ill people who have committed minor criminal offences in a Mental Health Court (MHC). Reporting on an institutional ethnography that took place in a MHC in Montréal (Canada), this multi-method study combined a court file review (N=100) with interviews with accused (N=20) and key informants (judges, prosecutors, defense lawyers) (N=10). This project examined: the types of offences, mental health and judicial antecedents, histories and outcomes of the accused; their trajectories and perceptions of penal interventions; and the nature of practices deployed to regulate and promote self-discipline. It also uncovered the challenges inherent in interprofessional collaboration in which ideological struggles regarding the law as a therapeutic agent tended to pivot between notions of risk that oscillated between a victimhood and deviance lens.

## **229. Justicia Terapéutica (I)**

### ***Conocimiento de los profesionales de la psicología y el derecho sobre la figura del coordinador parental***

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La figura del coordinador parental surge en los 90 en Estados Unidos, en el marco ADR (Alternative Dispute Resolution). De forma genérica, su función es asistir a los progenitores que, por su nivel de conflicto, no son capaces de centrarse en sus hijos y poner en práctica su plan de coparentalidad. Así, tienen como objetivo suavizar y minimizar la tensión entre los progenitores y reducir el riesgo de afectación del conflicto en la vida de los hijos. De esta manera, el coordinador parental se convierte en un profesional clave dentro de la Justicia Terapéutica en el ámbito de familia. En la actualidad, en Estados Unidos y en Canadá el rol del coordinador parental se halla plenamente desarrollado e implantado. Este hecho se encuentra sustentado por la fuerte penetración, en estos países, del derecho colaborativo en la práctica jurídica y, obviamente, por los claros beneficios que reporta la intervención del coordinador parental en los procesos de separación y divorcio. Sin embargo, más allá de Norteamérica, su desarrollo resulta exiguo. Si bien, en diferentes países, como es el caso de España, se empieza a mostrar interés, iniciándose diferentes experiencias pilotos. Las cuales se encuentran obstaculizadas por el desconocimiento que existe sobre la figura del coordinador parental. En este trabajo se explora el conocimiento que poseen los profesionales del derecho y de la psicología sobre el coordinador parental, a la vez que se reflexiona sobre las estrategias a seguir para dar a conocer y promocionar su figura, en aras de desarrollar prácticas de Justicia Terapéutica en el ámbito de la familia.

## ***Programa Galicia: Intervención en violencia de género***

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La violencia doméstica y de género conforman una pandemia que requiere de una intervención planificada a largo plazo que traiga aparejado que en las futuras generaciones sea una contingencia residual. Adicionalmente, esta intervención a largo plazo requiere de la implementación de medidas inmediatas de prevención secundaria, dirigidas a controlar la expansión de la misma, y terciaria, a la prevención de recaídas. La intervención sobre los condenados por violencia en el ámbito doméstico es clave tanto para afrontar el contagio de la violencia a menores socializados en ese contexto, como para la prevención de recaídas como la (re)victimización. Basándonos en un paradigma de intervención ligado a las carencias en habilidades para la gestión y resolución de problemas, hemos construido y puesto en marcha el Programa Galicia para la Reeducación de Condenados por Violencia de Género. Dicho programa presente como características distintivas el ajuste de la intervención a las necesidades de cada condenado, el control en el progreso en el tratamiento, multinivel (individual, grupo familiar, laboral y sociocomunitaria) la aplicación espaciada en el tiempo a fin de fijar las habilidades. Se presentan los resultados de esta intervención en los mecanismos internos subyacentes al comportamiento criminal que son independientes de la manipulación en las respuestas y, por tanto, reflejo real de la intervención.

## ***Deontología Profesional en Intervenciones de los Psicólogos desde una Perspectiva de Justicia Terapéutica: Directrices para Evitar una Posible Confusión de Rol***

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Desde el paradigma de la Justicia Terapéutica, se busca la conveniente y necesaria humanización de la ley y los procesos asociados, preocupándose por los aspectos psicológicos influyentes en los procedimientos legales. Desde el ámbito de familia y en el marco de las intervenciones desde una visión TJ, ya hace unos años que vienen realizándose en España, por parte de los psicólogos,

mediaciones, intervenciones puntuales de carácter terapéutico o programas de intervención que pretenden una resolución más positiva de los conflictos legales. No obstante, la relativa novedad de estas funciones, han propiciado que surjan dudas y dilemas éticos en los profesionales que se aproximan a estas líneas de intervención. Dichas dudas, de no ser bien resueltas por parte de los profesionales pueden derivar en quejas y denuncias ante las Comisiones Deontológicas Colegiales con el elevado estrés y costes económicos y temporales que ello supone tanto para los profesionales como para la institución colegial. La Comisión Deontológica del COPC, recibe cada año numerosas consultas que, con relativa frecuencia, conllevan dilemas relacionados con una posible confusión de rol que, de producirse, conllevaría una sanción disciplinaria. En la presente comunicación se ofrecen datos derivados del análisis de las consultas recibidas entre los años 2011 y 2014, profundizando especialmente en aquellos dilemas éticos que tienen que ver con la confusión o duplicidad de rol, en intervenciones en el ámbito de la justicia. Se ofrecen directrices guía orientadoras para su resolución a fin de evitar posibles actuaciones que puedan resultar contrarias a la deontología profesional, así como para facilitar que para que los psicólogos jurídicos, en cualquiera de sus roles puedan actuar con orientación TJ de una manera positiva

### ***Análisis de los indicadores de simulación en penados psiquiátricos mediante la aplicación del MMPI-2(1)***

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Se ha realizado un estudio ex post facto en una población de 102 penados psiquiátricos que respondieron bajo instrucciones estándar a la adaptación española del MMPI-2 (Hathaway y Mickinley, 1999), con el objetivo de conocer el estado de la salud mental así como el comportamiento de los indicadores de simulación. En los protocolos de respuesta no se observaron casos de outliers, patrones de respuestas totalmente azarosos o extremadamente aquiescentes, al tiempo que eran consistentes. Todos los penados psiquiátricos fueron clasificados, en consonancia con el diagnóstico psiquiátrico, por las escalas clínicas básicas como casos clínicos en la díada psicótica (i.e., esquizofrenia e ideación paranoide). Las escalas e índices de simulación los clasificaron como simuladores, en tanto las escalas de medida de la disimulación L, Wsd y Od los clasificaron como disimuladores. Estas escalas, que forman parte del manejo de la impresión, esto es, de la manipulación favorable y consciente de la imagen, no informan de casos en poblaciones de simuladores. Finalmente, se discuten las implicaciones de estos resultados para la práctica forense.

## **230. Justicia Terapéutica (II)**

## ***La Corte de Drogas de Frederico Westphalen/Brasil: Los Primeros Pasos***

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En enero de 2014 comenzaron las actividades de la Corte de Drogas de Frederico Westphalen. Es una actividad de extensión universitaria con la participación de las escuelas de derecho, enfermería, psicología y servicio social y con el apoyo del poder judicial y la fiscalía. El programa ofrece atención a los niños en conflicto con la ley y los hombres acusados de violencia doméstica. De este proyecto se esperan a la interrupción o la reducción del consumo de drogas por los participantes - que proporciona ganancias en su calidad de vida - el alejamiento del participante del ámbito penal y la reducción de la reincidencia. Por otra parte, al final del proyecto, producirá un manual para otras Cortes, en la orientación de las prácticas terapéuticas sin, sin embargo, constituir una propuesta implacable. El proyecto prevé la entrada del sujeto en el programa en una sesión de recepción, donde los profesionales del derecho, enfermería y servicio social están presentes. Si se acepta la propuesta reenvía al servicio de la psicología, que tiene una estructura de tratamiento que se divide en 10 pasos. Se prevén también las visitas a domicilio promovidos por las escuelas de enfermería y servicio social y reuniones de grupo. Por el quinto mes de operación del proyecto, un adulto y tres adolescentes aceptaron la propuesta - y uno ha salido del programa. Al ser un programa en una fase inicial no tiene aún los resultados, pero se espera que se cumplan los objetivos antes mencionados.

## ***Aplicación y análisis del SCL-90-R en una muestra de sujetos internos en un hospital psiquiátrico penitenciario***

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El Inventario de Síntomas de Derogatis-Revisado (SCL-90-R) es un instrumento de autoinforme muy utilizado en estudios clínicos y constituye una de las técnicas más utilizadas para la detección y medición de síntomas psicopatológicos, así como para la evaluación de supuestos

casos psiquiátricos. Aunque es un instrumento esencialmente clínico y sin pretensiones forenses, su uso en el contexto forense ha mostrado utilidad. Las dimensiones clínicas incluyen categorías diagnósticas de relevancia forense (por ejemplo psicoticismo, paranoia, depresión, ansiedad), también de los síntomas se pueden extraer otros trastornos e índices globales que pueden ser interpretados como índices de validez.

El objetivo de este estudio es comparar las propiedades psicométricas de la SCL-90-R obtenidas en una muestra de individuos internos en un centro psiquiátrico penitenciario, compuesta por 102 sujetos (93 varones y 9 mujeres), con edades comprendidas entre los 18 y 65 años (edad media 37,8; DS 10,6) con población normalizada.

En nuestros resultados se observa que en los sujetos internos, en comparación con la población normativa presentan sintomatología significativa en las variables obsesivo-compulsivo, sensibilidad interpersonal, depresión, ansiedad, hostilidad, ansiedad fóbica, ideación paranoide, y psicótica.

### ***Ruptura de los progenitores y riesgo de psicopatología en adolescentes***

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La ruptura de los progenitores suele caracterizarse por generar en la familia situaciones de tensión y estrés, que para los hijos supone, en muchas ocasiones, un estrés de tipo tóxico. En estos casos, los menores suelen presentar mayor vulnerabilidad en todos los ámbitos de su vida: personal, familiar, escolar, social. Algunos autores afirman que las alteraciones físicas, psicoemocionales y comportamentales, derivadas de la vivencia de estas situaciones estresantes, en la mayoría de las ocasiones, se deben básicamente a la inexistencia de una relación de coparentalidad responsable y a una inadecuada gestión de la ruptura (Fariña, Arce, Novo y Seijo, 2012). En este trabajo se analiza el estado psicoemocional de adolescentes que han experimentado la ruptura de sus progenitores y se compara con otro grupo de similares características de familias intactas. Se cuenta con una muestra de 148 adolescentes, con edades comprendidas entre 13 y 18 años (M=15.14; DT=1.61). Por género los participantes son 71 mujeres y 77 varones. De ellos, 81 (el 54%) han experimentado la ruptura de los progenitores y 69 (46%) viven en familias intactas. Para los separados, el tiempo medio transcurrido desde la ruptura de los progenitores fue de 8.63 años (DT=4.03). En ningún caso, las familias con ruptura que participan en el estudio han recibido apoyo psicoeducativo especializado. Para evaluar el índice de psicopatología se aplicó a los adolescentes el cuestionario SCL-90-R (Derogatis, 2002). Los resultados indican que aquellos que han experimentado la ruptura presentan más depresión, hostilidad, ideación paranoide, psicoticismo e índice de severidad global. Estos resultados señalan la necesidad de aplicar la orientación TJ en el abordaje de la ruptura de pareja para poder ofrecer apoyo especializado a las familias, con el objetivo de minimizar los efectos de la ruptura de los progenitores en los hijos.

## ***Justicia terapéutica en derecho de familia: intervención multidisciplinar para la resolución positiva de los conflictos***

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Los profesionales que intervenimos en el DERECHO DE FAMILIA somos cada vez más conscientes de la necesidad de que los jueces y demás operadores jurídicos especializados en esta rama del derecho, aborden el conflicto, no sólo desde el ámbito legal, sino desde las ciencias sociales y la psicología para, de esta manera, intervenir y ayudar en las causas subyacentes al conflicto legal. Efectivamente, nuestra experiencia nos indica que una resolución impuesta por el Juzgador a las partes afectadas en un proceso de separación/divorcio, en múltiples ocasiones aboca a un fracaso a largo o corto plazo. El procedimiento judicial actual busca la resolución del conflicto puntual y concreto, sin ayudar a las partes en su proceso posterior a su separación. Ello dificulta en gran medida que los progenitores puedan, en un futuro más o menos próximo, abordar por sí solos los ulteriores problemas que surjan de la resolución judicial o de circunstancias nuevas que vayan acaeciendo. De esta manera, se crea una espiral de procedimientos judiciales, cada vez más enquistados y crispados, cuyas víctimas más indefensas son los menores afectados. Por esta razón, consideramos imprescindible una adecuada coordinación entre todos los operadores jurídicos, psicólogos, mediadores y demás profesionales que aborden de manera multidisciplinar la separación de la pareja y sus efectos, ayudándoles en su posterior camino, así como a entender, tratar y solucionar sus ulteriores conflictos sin acudir a la vía judicial. Lo anterior, en nuestra opinión, implica abordar el problema en el Derecho de Familia desde la perspectiva de la Justicia Terapéutica (TJ) potenciando dispositivos, programas y estrategias que enriquezcan la labor judicial. Todo ello con el objetivo de que esas personas que han fracasado en su intento de regular su separación y, que la resolución judicial les ha generado un sentimiento de insatisfacción, fracaso y desesperanza, sean capaces de dirimir su ulterior estado sin la intervención judicial.

### **231. Justicia Terapéutica y Justicia Juvenil**

#### ***Jóvenes Infractores: Experiencias de Victimización antes y durante la Medida Judicial***

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El objetivo principal de este estudio ha sido conocer la prevalencia de experiencias de victimización en jóvenes atendidos por la Dirección General de Ejecución Penal en la Comunidad y de Justicia Juvenil. Método: La muestra se compuso de 101 adolescentes, 82

chicos y 19 chicas, de entre 14 y 17 años ( $M= 16,08$  y  $D.T.= 0,99$ ), atendidos en centros o con medidas de medio abierto en Catalunya. Los datos se obtuvieron mediante el Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod y Turner, 2005). Resultados: El 100% de los adolescentes entrevistados reconoce haber sufrido algún tipo de victimización a lo largo de su vida. Los jóvenes han vivido una media de 9,91 formas diferentes de victimización, no observándose diferencias significativas entre chicos y chicas. Las formas de victimización más frecuentes son la exposición a violencia (97%), los delitos comunes (100% de los chicos y 78,9% de las chicas) y la victimización por iguales o hermanos (86,1%). El 91,4% de los adolescentes (92,0% de los chicos y 87,5% de las chicas) ha sufrido alguna forma de victimización en el último año, mientras tenían expediente abierto. Se observa un importante decremento en la victimización por cuidadores, concretamente del 70%. La victimización sexual y la electrónica se reducen aproximadamente en torno al 40%. En cambio, los delitos comunes, la victimización por iguales o hermanos y la exposición a violencia mantienen cifras elevadas. Discusión: La media de victimizaciones experimentadas por los jóvenes atendidos por el sistema de justicia juvenil triplica la obtenida en población general del mismo país y debe ser tenida en cuenta en la intervención con estos jóvenes, dado que configuran una parte importante de su biografía con implicaciones en su adecuado desarrollo e integración social.

### ***El uso y abuso de sustancias, su relación con el TDAH, TC y al adolescente en conflicto con la ley***

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El objetivo de este trabajo es determinar la incidencia y las asociaciones del trastorno por déficit de atención / hiperactividad (TDAH), el trastorno de conducta (TC) y el trastorno de abuso de sustancias (TAS) entre los adolescentes en conflicto con la ley. Para ello hemos utilizado la versión brasileña de la Schedule for Affective Disorders and Schizophrenia for School Aged-Children para niños y adolescentes (K-SADS-PL) fue administrado a 69 adolescentes varones encarcelados durante 45 días en la ciudad de Curitiba, Brasil. En cuanto a los resultados, la edad media fue de 15,5 años y la mayoría de los adolescentes originado a partir de las clases sociales desfavorecidas (87,0%). Absentismo escolar y bajo rendimiento escolar eran comunes, con el 73,9% que no asisten actualmente a la escuela. La gran mayoría vive en familias monoparentales y muchos tenían familiares de primer grado que también tiene problemas con la ley (49%). En 81,1% de los adolescentes tenía problemas psiquiátricos y los trastornos fueron el TC más común (59,4%), TAS (53,6%) y el TDAH (43,5%). En ambos adolescentes con TDAH ( $p < 0,001$ ) y TC ( $p < 0,01$ ) se asoció significativamente con el abuso de sustancias. Se puede concluir que en los varones adolescentes en conflicto con la ley, había una asociación significativa con el TDAH, TC y TAS.

### ***La evaluación de riesgo de abuso sexual en adolescentes: el AIM2 factores de riesgo y factores protectores***

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La conducta antisocial y abusiva de los adolescentes es un tema que produce gran preocupación social. En ese contexto, los que cometen abusos sexuales son un grupo particular de jóvenes que requieren especial atención. De hecho, en España en 2009, ciertos casos fueron de tal gravedad que la presión social consiguió reducir el límite de edad de responsabilidad penal para que los agresores adolescentes fueran juzgados por el Código Penal. En español, hay una escasez de instrumentos de evaluación para adolescentes que abusan sexualmente y esto es un obstáculo para los profesionales hispanoparlantes. También es una dificultad para jueces cuando casos muy graves se presentan en los tribunales. Esta ponencia se centrará en un instrumento de evaluación, el AIM2 (Print et al, 2007), que se desarrolló en Manchester. El AIM2 es un instrumento ‘evidence-based’ para evaluar no sólo riesgos sino puntos positivos de adolescentes que abusan sexualmente. AIM2 se ha traducido al castellano y está siendo usado por el Programa ATURA'T en Palma de Mallorca. El Programa ATURA'T fundado en 2008, trabaja intensamente con los jóvenes que han cometido delitos sexuales con objetivo de reducir su riesgo de reincidencia en el futuro.

### ***Nuevas Leyes de Protección a Menores, ONG's, y Encarnizamiento Terapéutico en Chile. Reflexiones sobre tres casos tipo***

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El retorno a la democracia en Chile en los años 90, se acompañó de múltiples cambios legislativos tendientes a reconfigurar el ordenamiento legal del país, y recuperar las confianzas ciudadanas necesarias para el estado de derecho.

Entre estos cambios, las leyes sobre protección de la familia, contra el abuso de menores, violencia intrafamiliar, y mayores sanciones para los trasgresores sexuales, han incidido en el perfil de solicitudes de exámenes psiquiátricos forenses que la administración de justicia pide al Servicio Médico Legal, y a otras instituciones vinculadas al campo de la salud mental y el derecho. En este escenario han aparecido nuevos actores, desde el sector privado o semiprivado de la salud mental: algunas ONG que participan en roles forenses: a través de evaluaciones-testimonio oral, o cuidado terapéutico –reparador.

Esta mayor preocupación social y de Estado se ha visto en alguna medida desnaturalizada, en un orden de magnitud no bien estudiado, por ciertos modelos de “encarnizamiento terapéutico” sobre algunas de las víctimas a las que atiende, cuya “patología” se sobredimensiona con tratamientos muy prolongados y/o con objetivos difícilmente cumplibles, sometiendo a los padres de los menores afectados a sanciones o penas que finalmente resultan desfavorables “al mejor interés de los menores”.

Se presentan tres casos, evaluados pericialmente en el SML Talca, VII Región, durante el 2013, en las que dos madres fueron separadas de los hijos a quienes querían proteger, competentes

psicopatológicamente, acusadas de “vulneración de derechos” por especialistas de ONG abocada a este tipo de causas. El tercer caso es el de un padre quien junto a la madre del menor fueron separados del cuidado del hijo en una suerte de sobrecastigo que pudo haberse restringido a medidas ambulatorias de protección.

¿Hasta dónde un cierto grado de prejuicio o insuficiente formación profesional de post grado conduce al encarnizamiento terapéutico, y los solicitantes de ayuda pueden terminar inculpados de vulnerar derechos de hijos cuya protección solicitaron?

## **232. Mainstreaming Therapeutic Jurisprudence**

### ***Introducing Therapeutic Jurisprudence into Mainstream Criminal Courts: A Case Study Approach***

Ian Dearden, *University of Southern Queensland* (judge.dearden@courts.qld.gov.au)

The challenge for therapeutic jurisprudence (TJ) has been to persuade mainstream criminal court participants (judges, prosecutors, defence lawyers) of the obvious benefits TJ brings to the daily court process. In part, this stems from a lack of understanding of what TJ has to offer, or alternatively, an attitude that TJ is of value only in specialist jurisdictions (drug courts, mental health courts, indigenous & special purposes courts etc). As a judge managing a high turnover regional “docket” court in a socio-economically challenged district just outside a major capital city, I have been able to strike a balance between swiftly and efficiently disposing of the court’s criminal matters, while seeking throughout the judicial administration process, and the case disposition proceedings, to apply TJ principles at each step.

Utilising actual case studies, I seek to demonstrate the relative ease with which TJ principles can be incorporated into all aspects of such a busy, indictable criminal court caseload, and the resulting benefits for all legal actors and court participants (judicial officers included!) It is hoped that this will assist others considering incorporating TJ into their administrative and judicial duties.

### ***An Update on “Integrating the Healing Approach to Criminal Law”: The Therapeutic Jurisprudence Perspective***

David Wexler, *University of Puerto Rico* (davidbwexler@yahoo.com)

Through the Hague Institute (HiiL) Innovating Justice forum, Magistrate Pauline Spencer (Victoria, Australia), Judge (Ret.) Michael Jones (Arizona), and University of Puerto Rico law faculty member David Wexler launched an international and interdisciplinary project to “mainstream” TJ in the criminal and juvenile justice systems--that is, beyond the context of problem-solving courts, where TJ practices are best known. This presentation will explain the

project, note some of its current activities, and--importantly--invite others to participate. One component, easily available to academics, could be a university seminar focusing on the mainstreaming topic, a seminar where students basically serve as professional staff of a law reform commission charged with reviewing local criminal codes to determine their potential receptivity to the use of TJ practices. If they are, then students will be charged with determining if TJ practices are already being applied and, if not, what type of training of what type of professionals would be appropriate to bring more TJ practices into the law's application. If code provisions are not easily susceptible to the use of TJ, the task would then be to suggest feasible law reform. This sort of project will create professionals adept at suggesting methods of 'therapeutic administration' of the law, a new type of professional practice. Moreover, such a university project would combine the objectives of teaching, research, and service.

### ***The Therapeutic Jurisprudence Mainstreaming Project: An Evaluation of the Israeli Youth Act***

Dana Segev, *University of Sheffield* (superdna.s@gmail.com)

Therapeutic Jurisprudence (TJ) aims to minimize anti-therapeutic consequences that the law might foster and enhance law's therapeutic potential. Recently, there has been a growing interest in evaluating the legal landscape of various jurisdictions to see whether TJ and related techniques can be mainstreamed within the courts. This paper examines youth justice legislation in Israel to see whether it is TJ friendly and can allow for it to be mainstreamed. An analysis of the Youth Act uncovers that the legal landscape is, by-and-large, TJ friendly and can thus be mainstreamed. In particular, youths are given an opportunity to voice their opinion in criminal proceedings, judges are encouraged to monitor their progress and use various means that may enhance motivation for change among young offenders. Furthermore, The Israeli Youth Act also requires judges to explain to the youth why a decision was made, thereby potentially allowing for a sort of 'letter to the loser'. However, there are some possible obstacles seen as unfriendly to TJ and may undermine the court's ability to enhance therapeutic consequences. Among them, some youths may have difficulty participating in a meaningful way, as suggested by TJ, due to lack of oral competence. Furthermore, unstructured discretion granted to judges might undermine TJ by hindering procedural fairness, and thus offenders' compliance and the court's legitimacy. Possible solutions are also discussed.

### ***Courts, Equity, Custom and Comprehensive Justice***

Dale Dewhurst, *Athabasca University* (daled@athabascau.ca)

In Comprehensive Justice, proponents of the various alternative dispute resolution vectors seek ways to promote access to justice that are responsive to a broader range of human needs and interests. Common points of examination across this literature are the deeper analyses of

individually and culturally diverse conceptions of justice and how the vectors may respond to them better than the traditional adversarial justice system. Examples of judicial responses can be seen in the various problem solving courts, often in criminal or quasi-criminal cases. Further to these efforts, this paper argues that there is a larger role that the judiciary may play to promote comprehensive justice through more innovative use of the courts' powers in civil law cases. These broader goals may be achieved by exercise of the courts' powers in four areas: (1) liberal enforcement of dispute resolution efforts under contract law principles; (2) enforcement of more broadly understood principles of equity; (3) recognition of diverse customs as continuing viable sources of law; and (4) exercise of the court's inherent jurisdiction and residual power to promote justice. These judicial efforts will result in more comprehensively just outcomes that will promote equality and equal access to justice.

### ***Judicial Supervision: The Potential for Therapeutic Jurisprudence Intervention in a Mainstream Criminal Court***

Pauline Spencer, *Magistrates' Court of Victoria, Melbourne, Australia*  
(magistratessupport@magistratescourt.vic.gov.au)

Judicial supervision of offenders is a common TJ approach in specialist courts such as mental health courts, drug courts and family violence courts to facilitate behavioral change, compliance with treatment and desistance from offending. Many judicial officers have also used judicial supervision in mainstream court settings. Judicial supervision in mainstream courts ranges from relatively unsophisticated approaches, whereby offenders are given an opportunity to "prove themselves" prior to final sentencing, through to more nuanced and comprehensive judicial supervision programs. Pauline Spencer, a judicial officer in Victoria, Australia, will explore the theory and practice of judicial supervision in a busy mainstream court. She will look at the social science underpinning judicial supervision and provide insights into how this can be translated into day-to-day practice. Drawing on the Wexler's "Wine & Bottles" methodology, she will explore what is necessary for judicial supervision to reach its TJ potential. She will draw on real life experiences to identify the opportunities, challenges and limitations.

### ***What are the Barriers to Effectively Mainstreaming Therapeutic Jurisprudence for Mentally Impaired Offenders? Views from three Australian States***

Michelle Edgely, *University of New England* ([medgely@une.edu.au](mailto:medgely@une.edu.au))

This paper presents the findings of empirical research with magistrates, County and District Court judges, prosecutors, defenders and court-based case-workers about whether therapeutic jurisprudence can be effectively mainstreamed for mentally impaired offenders. Empirical research was conducted in Victoria, South Australia and Queensland and, interestingly, the

findings diverged along both jurisdictional and professional lines. This paper will discuss the issues identified as barriers or challenges for mainstreaming and potential responses to those challenges. The emphasis will be two challenges in particular: the creation of a therapeutic judicial and legal culture and the putative need for an executive government supportive of the mainstreaming project.

### **233. Mental Condition Defences and Criminal Responsibility**

#### ***Partial Defences and Primary Victims: Anglo-Australian Perspectives***

Nicola Wake, *Northumbria University* ([Nicola.wake@northumbria.ac.uk](mailto:Nicola.wake@northumbria.ac.uk))

The Crimes Amendment (Provocation) Act 2014 replaced the provocation defence, with a new defence of extreme provocation in New South Wales. The change in the law represents a marked departure from the Select Committee's report which proposed a new partial defence modelled closely on earlier recommendations of the Law Commission of England and Wales on the partial defences to murder. A number of the Law Commission's recommendations were taken forward in England and Wales in 2009, albeit with last minute, controversial government additions. Provocation was thereby abolished and replaced with a new loss of control defence. The problem with the changes to the law within both jurisdictions is that they might make it difficult for the primary victim to successfully claim the partial defence. This paper illustrates why this might be the case drawing on commonalities between the two defences.

#### ***The Sex Offender with High Functioning Autism and the Suitability of Sex Offender Treatment Programs***

Ann Creaby-Attwood, *Northumbria University* ([ann.creaby-attwood@northumbria.ac.uk](mailto:ann.creaby-attwood@northumbria.ac.uk))

The UK Ministry of Justice (MOJ), relying upon the research of Hanson et al (2009) have indicated that sexual offender programmes which follow the risk, need and reponsivity of offenders will lead to the greatest reduction in criminogenic recidivism. In light of this, the MOJ provide Sex Offenders Treatment Programmes which can be offered as part of a custodial sentence or as a requirement of a community penalty. Mainstream treatment programmes use a cognitive-behavioural approach concentrating upon the person's offending behaviour by restructuring attitudes that support or permit sexual offending, and addressing "previous dysfunctional behaviours". This work takes place within small groups and utilises pro-social modelling and victim empathy interventions. In 2011 an adapted suite of programmes were accredited by the MOJ to meet the needs of "intellectually disabled sexual offenders" (MOJ 2013). These programmes were specifically developed for men with IQ 60-80 with associated adaptive functioning deficits. Whilst current empirical data would suggest that sex offenders who receive such treatment either in prison or in the community reduce their post- treatment

reoffending, this approach is challenging for offenders with Aspergers Syndrome. The recognised criteria for Aspergers of no significant delay in spoken or receptive language or cognitive development (ICD 10) would make it unlikely that without an additional low IQ they could be included in an adapted programme. Additionally a lack of socio-emotional reciprocity may impair utilisation of a programme which is developed with an empathic intervention at its core.

### ***Sleep Disorders/Sexsomnia: The Role of the Expert and the External/International Factor Dichotomy***

Adam Jackson, *Northumbria University* (adam.jackson@northumbria.ac.uk)

Since 2005, there have been a number of cases (approximately 2-3 per year) in which defendants charged with sexual offences have claimed that they carried out the acts alleged whilst sleeping. The courts have been prepared to admit expert testimony as to whether a defendant's sleep patterns are consistent with sexsomnia (See for example: Sexsomnia – A New Parasomnia? Shapiro, C, Trajanovic, N, Fedoroff, N, *Can J Psychiatry* 2003:48: 311–317). Although such evidence would be excluded under a *Daubert* reliability standard, the study of parasomnia is sufficiently well-established to pass the ordinary tests of relevance and reliability in England and Wales. The reliability of expert testimony concerning parasomnia is simply a factor to be taken into account by the jury in deciding what weight to attach to the evidence. Where evidence of parasomnia has been adduced, trial courts have generally ruled that it may support a defence of automatism, rather than insanity, but have failed to grapple with the complex issue of self-induced automatism. This chapter will discuss the role of the expert in sexsomnia cases and will explore whether evidence of parasomnia observed in laboratory conditions can properly support a defence of insanity or automatism. The approach currently adopted by the Courts in England and Wales in cases where the sexsomnia defence is raised will be contrasted with the approach taken in other jurisdictions. In addition the potential impact on the use of the sexsomnia defence of both the Law Commission's proposals for a reliability standard for expert evidence and its suggested reforms to the insanity defence will be considered.

### ***Interpreting the Amended Diminished Responsibility Defence***

Natalie Wortley, *Northumbria University* (n.wortley@northumbria.ac.uk)

If successfully pleaded, the partial defence of diminished responsibility reduces the defendant's liability from murder to manslaughter. The defendant must prove that an abnormality of mental functioning, which arose from a recognised medical condition, substantially impaired his ability to understand the nature of his conduct, form a rational judgment, or exercise self-control. The term 'recognised medical condition' was intended to ensure that diminished responsibility defences were "grounded in a valid medical diagnosis linked to the accepted classificatory

systems...”. The Court of Appeal has held that the presence of a ‘recognised medical condition’ is a necessary, but not always a sufficient, condition to raise the issue of diminished responsibility. A recognised medical condition will only be regarded as having ‘substantially impaired’ the defendant’s ability to do one of the specified things if it significantly or appreciably impaired his ability beyond something that is more than trivial or minimal. Expert evidence remains “a practical necessity” if the defence is to succeed. The absence of clear guidance as to what will be ‘sufficient’ to raise the defence and what level of impairment will be regarded as ‘substantial’ creates the risk that the defence will not be applied consistently by experts or the courts.

James Stoddart, *Northumberland Tyne and Wear NHS Foundation Trust, UK*  
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Sara Lambert, *Northumbria University* ([sara.lambert@northumbria.ac.uk](mailto:sara.lambert@northumbria.ac.uk)) – Discussant

## **234. Mental Health Exceptionalism**

### ***Dual Impact of Genetic and Epigenetic Information Challenges to Mental Health Exceptionalism***

Robert Philibert, *University of Iowa* (Robert-philibert@uiowa.edu)

Common somatic (e.g. type 2 diabetes) and behavioral illnesses (e.g. depression or schizophrenia) result from a highly variable interplay of environmental (e.g. abuse or substance use) and genetic factors. In direct contrast to existing dogma, recent genome wide genetic and epigenetic study have conclusively demonstrated that substantial portions of the genetic and environmental vulnerability to both somatic and behavioral illnesses are in fact shared. In this presentation, we review these shared factors and present clear, generally accepted examples of these shared genetic and environmental measures that will be routinely assessed and incorporated into the health care record in future years. We suggest that dual impact of this information on both current and future vulnerability to somatic and behavioral illness poses challenges to policy makers championing mental-health exceptionalism.

## ***Mainstream Gambling Disorders***

Stacey Tovino, *University of Nevada* (stacey.tovino@unlv.edu)

Gambling disorder is not a legally sympathetic health condition. Health insurance policies and plans have long excluded treatment for gambling disorder from health insurance coverage. Individuals with gambling disorder who seek disability income insurance benefits from public

and private disability income insurers also tend not to be successful in their claims. In addition, federal and state anti-discrimination laws currently exclude individuals with gambling disorder from disability discrimination protections. This presentation will challenge the legal treatment of individuals with gambling disorder by showing how health insurance and anti-discrimination laws hurt problem gamblers. Using neuroscience, economics, and principles of biomedical ethics to argue that individuals with gambling disorder should have the same legal protections as individuals with substance-related and other addictive disorders, this presentation proposes important amendments to U.S. federal and state health insurance laws and anti-discrimination laws.

## ***Mental Health Courts***

Tracy Gunter, *Indiana University* (tdgunter@iupui.edu)

Mental health courts are problem-solving courts based on the idea that mental illness caused criminal behavior and treating mental illness is both necessary and sufficient to address risk of re-offense. A relatively new phenomenon, mental health courts have grown in popularity since the first formal program in Marion County, Indiana in 1996. There are approximately 120 mental health courts in the United States and two pilot programs were undertaken in England in 2009. Although courts vary by jurisdiction, essential features of mental health courts include the use of a problem-solving approach, multidisciplinary treatment planning, regular status hearings, and specific criteria for completion. Although these programs appear to fill a unique niche in connecting people to services, important questions arise as to whether these courts actually increase the stigma associated with mental illness by identifying it as a primary criminogenic factor, compromise treatment by infringing on privacy, and result in the diversion of scarce community resources that could be used for secondary prevention to the criminal justice system, a setting in which the illness is frequently severe and entrenched. While therapeutic jurisprudence demands a careful needs assessment, this paper explores the degree to which mental health exceptionalism may undermine, rather than enhance, the goals of justice and treatment.

## ***Gun Control and Mental Health***

Amy Campbell, *University of Memphis* (a.t.campbell@memphis.edu)

This paper builds upon earlier work on the interplay between mental health, public safety, media attention, and community sentiment in the United States, and specifically, the law's response to (and at times impact on) this interplay of issues. For purposes of this discussion, law itself is seen as an intervention that has consequences on behaviors, attitudes, perceptions, and outcomes – positive or less so, intended or not. This paper will explore this interplay and law's role within such in the specific context of recent legislative and other policy responses to gun violence, specifically how proposals have garnered most political “success” when focused on persons with

mental illness. Mental health exceptionalism in this framing is more stigmatizing than positive in experience for persons with mental health issues. Further, and more damaging, the evidence base on which policy is grounded is weak, at best, and thus potentially retrenches biased visions of persons with mental illness versus truly addresses dangerousness concerns. Therapeutic jurisprudence is offered as an alternative framing mechanism, wherein TJ-informed questions can help guide a more evidence-informed, therapeutic, and ideally more effective response to concerns over gun violence and gun control. A TJ framework is applied to a few select proposals for illustrative purposes.

## ***Health and Mental Health Data Privacy Issues***

Nicolas Terry, *Indiana University* (npterry@iupui.edu)

Claims for health privacy exceptionalism are well established and have exceptional provenance, having been argued for by the Institute of Medicine and various professional organizations. Indeed, exceptionalism seems sufficiently well established in the healthcare domain to support claims for heightened exceptional treatment for subsets of health information, such as psychiatric privacy, genetic privacy, and neuro-privacy. Some data protection models such as HIPAA in the US already recognize mental health exceptionalism for data protection purposes, for example by providing differential protection for “psychotherapy notes.” This paper explores the rationales for such exception treatment and examines the extent to which such exceptionalism is threatened by emerging data markets, data held by “big data” custodians, and patient-curated data models such as mobile apps.

## **235. Problem Solving Courts (I)**

### ***Why Sustainability Values Should Be Leading Guiding Principles for Justice Innovation***

Alexander de Savornin Lohman, *Center for Sustainable Justice, Utrecht, the Netherlands*  
(alexlohman@me.com)

Since the Club of Rome published the report 'Limits to Growth' in 1972 a wave of sustainability thinking is spreading around the world. The sustainability wave has permeated almost all areas of social life. It initiated numerous innovation processes that are continuously further improving the quality of life on the earth. Through the concepts of Human Rights and Corporate Governance sustainability thinking extended its focus to 'social sustainability'. The pursuit of sustainability is not just about the quality of the relationship between man and earth, but also about the quality of relationships between human beings. Thereby the justice system formally entered in the field of attention of the sustainability movement. In fact the sustainability wave is influencing the justice system already for longtime as sustainability values underlay all TJ,

collaborative justice, mediation and diversion programs. We will go into consequences of integration of sustainability values in the legal field and in the justice system and what will happen to principles of Roman law now underlying Western justice systems but incompatible with sustainability values. We will look forward to new sustainable forms of court innovation that can be expected in the future. Sustainable deployment of judicial power opens a rich source of new possibilities for the justice system. The sustainability wave will in time reconnect the justice system with its original holistic roots that are lost through the influence of the Roman law. An Action Plan of the International Foundation for Sustainable Justice will be discussed. A Sustainable Justice Charter will be presented.

### ***Are 21<sup>st</sup> Century Problem Solving Courts Better than 19<sup>th</sup> Century Problem Solving Courts?***

Nigel Stobbs, *Queensland University* (n2.stobbs@qut.edu.au)

‘The past decade marks a revolution in the attitude of the state toward its offending children, not only in nearly every American commonwealth, but also throughout Europe, Australia, and [elsewhere]...[We] must be willing and patient enough to search out the underlying causes of the trouble and to formulate the plan by which, through the cooperation..of many agencies, the cure may be affected..The first thought which suggests itself in connection with the Juvenile Court is, what is distinctively new about it?’ So wrote Judge Julian Mack, founder of Chicago's first juvenile court, in the *Harvard Law Journal* in 1909 - describing the qualities needed in a judge of the Juvenile Court in those times. 106 years ago Judge Mack makes observations and asks questions which continue to resonate within therapeutic jurisprudence scholarship. This paper examines the underlying jurisprudence of some of the earliest problem solving courts in the common law world and considers the extent to which that jurisprudence, and the role of the problem solving court judge, has developed and considers whether Judge Mack (and some close contemporaries), as a 19<sup>th</sup> Century jurist, would feel comfortable working in the problem solving courts of the 21<sup>st</sup> Century.

### ***Tales from the Frontline: The Difficulty of Translating ‘Best Practice’ Guidelines into Effective Therapeutic Courts***

Elisa Buggy, *Drug Court and Family Drug Treatment Court Victoria, Melbourne, Australia* (elisa.buggy@justice.vic.giv.au)

Problem solving courts are often viewed as the most effective mechanism for generating true collaboration between the traditionally siloed systems of health and justice. After all, it is rarely the case that representatives from such a multitude of agencies can regularly sit around a table and coordinate case plans in attempt to affect real positive change in the lives of society’s most vulnerable. It is widely accepted that best practice in the development and implementation of

therapeutic courts begins with a strong framework, usually in the form of operational guidelines compiled with evidence-based principles in mind. However, what is not currently provided for is a set of guidelines that prepares would-be team members of therapeutic courts for the seemingly inevitable tensions that exist between the various agencies represented around the table – some of whom will have little or no belief in the ethos of such a program, and may even feel coerced into being there themselves. Where such tensions are not addressed early on, a distinct antagonism can permeate the team and erode any collaboration the program is hoping to promote. This paper will examine the occurrence of such tumultuous terrain through the eyes of one who has lived experience of implementing therapeutic courts in two different states in Australia. It will identify possible causes for the struggle to establish positive team dynamics, and suggest ways that may assist in stemming the problems before they start.

### ***Mainstreaming Therapeutic Jurisprudence: Lessons from Family Treatment Court***

Suzanna Fay-Ramirez, *University of Queensland* (s.ramirez@uq.edu.au)

The proliferation of problem centred courts increasingly challenges us to investigate the implementation and maintenance of these courts in the context of the mainstream criminal justice system. The principles of therapeutic jurisprudence, highlighted in problems centred courtrooms, are often contradictory to mainstream criminal justice practices, and as such are subject to erosion over time as the norms of the wider criminal justice system dominate case processing. Findings from an in depth case study of a Family Treatment Court in Washington State, suggest that the principles of therapeutic jurisprudence are most susceptible to erosion due to pressure to process cases efficiently, punitive orientations to case outcomes, and increasing formality in the courtroom. As such, the erosion of therapeutic practice has the potential to jeopardize the success problem centred courtrooms have had in the rehabilitation of offenders or court clients. Lessons from Family Treatment Court, a problem centred court for parents in child dependency cases where there is a co-occurring problem of substance abuse, will be presented and include a discussion of potential ways to safeguard therapeutic practices in the context of the broader criminal justice system.

### **236. Problem Solving Courts (II)**

#### ***The Need to Revise a State's Code of Judicial Conduct to Better Facilitate Specialty Courts***

Brian Shannon, *Texas Tech University* (brian.shannon@ttu.edu)

Texas has over 150 operational specialty courts. These specialty courts include an array of focuses, including mental health courts, drug courts (both for adults and for juveniles), family

drug courts, veterans courts, and DWI courts. As in other states, these courts differ significantly from the usual adjudicatory model. Instead, these courts endeavor to provide a problem-solving approach. The Texas Code of Judicial Conduct, however, does not include any provisions that recognize this new and emerging role for the judges who preside over the specialty courts. Professor Shannon has written an article, which was published in 66 *Baylor Law Review* 127-63 (2014), that discusses the shortcomings in this regard in the Texas Code of Judicial Conduct. See <http://ssrn.com/abstract=2338022>. In particular, the article discusses issues pertaining to ex parte communications, recusals, and disqualifications. Shannon's research analyzes several recent court cases, the approach set forth in the American Bar Association's 2007 Model Code of Judicial Conduct, and the manner by which the 2007 Model Code has been modified and adopted in a number of other states across the United States. Finally, Shannon's article proposes revisions to the Texas Code of Judicial Conduct that pertain directly to ex parte communications in specialty courts, and the related topic of disqualifications or recusals. Shannon has shared his research with the Texas Supreme Court and hopes to persuade the court to adopt appropriate amendments to the state's judicial conduct code to better facilitate the rapid expansion of specialty courts in Texas.

### ***Drug Treatment Courts in the US and Abroad: Applying Lessons Learned***

Caroline Cooper, *American University* (ccooper@american.edu)

During the past 25 years, the “drug treatment court model” has taken hold in every state and territory of the U.S. and over 20 countries, reflecting efforts to attack the “demand” side of drug use by promoting public health approaches to dealing with drug using offenders rather the traditional punitive approaches of the justice system. Despite differences in language, legal systems, culture, and socio-economic situations, globally, we are all dealing with the damaging effects of drug use on individuals and the implications of drug use on many sectors of our communities - public safety, public health, productivity, family functioning, and the use of public resources to name a few. This session will provide an overview of drug treatment courts in the U.S., and over 20 countries, including Australia, Belgium, Bermuda, Chile, England, Mexico, and Scotland and will take into account the various legal systems in which the drug treatment court model is being implemented, “lessons learned”, and challenges of bringing together the multiple disciplines needing to work together to make the drug court model work but who have not traditionally collaborated.

### ***Traditional Courts in South Africa: Legal Developments and the Principles of Therapeutic Jurisprudence***

Christa Rautenbach, *North-West University* (christa.rautenbach@nwu.ac.za)

South Africa's pluralistic legal system provides a perfect setting for alternative dispute resolution (ADR) mechanisms based on traditional norms and values. One such example is traditional courts, the main focus of this presentation. I have argued before that these courts operate both on a formal and informal level and that the principles comparable with those of therapeutic jurisprudence are utilised during the pre-trial and the trial period of disputes. They do not operate in the same way as mainstream courts based on the Western style of justice and rule of law, but are institutions targeted with the dispensing of traditional justice. After comprehensive review and engagement in extensive processes of rationalisation, the government published a Traditional Courts Bill, which is currently being debated in parliament. The objects of the Bill are, first of all, to confirm the values of a traditional justice system (restorative justice and reconciliation) and, secondly, to align traditional courts with the Constitution. In accordance with contemporary legislation and international instruments, the Bill also contains a provision dedicated to 'guiding principles' which should apply in the application of the Bill. The overarching theme of the guiding principles is the promotion of African values based on restorative justice and reconciliation but within the framework of constitutional guarantees and freedoms. The aim of this presentation will be to investigate if these are promises realise the principles embedded in the notion therapeutic jurisprudence, or other similar concepts.

### ***Predictors of Mental Health Court Program Retention, Graduation and Recidivism***

Kathi Trawver, *University of Alaska* (ktrawver@uaa.alaska.edu)

Since the late 1990s, mental health courts (MHCs) have rapidly expanded across the United States, resulting in over 300 programs operating nationwide (Council of State Governments, 2014). While developing research is revealing positive outcomes associated with MHC participation such as low levels of perceived coercion, reduced recidivism, and increased access to treatment, still little evidence exists about for whom MHCs work best. This presentation will report the results of a longitudinal study of 90 adults who were diagnosed with a serious mental illness and were enrolled in one of two west coast MHCs. Individual structured interviews utilizing several empirically-validated standardized measures collected participant characteristic data including demographic, socio-economic, criminal history, psychiatric symptom severity, substance use and misuse, reasons for participating in MHC, and the perceived strength of the relationship with the judge. Additionally, administrative follow-up program retention, graduation, and legal recidivism data were collected on study participants at 6-, 12-, and 24-months post MHC opt-in. Utilizing regression and survival analyses, findings will be reported including characteristics predictive of program retention, graduation, and recidivism. Further, implications for MHC programs and policy development will be discussed.

### **237. Sexuality, Disability and Therapeutic Jurisprudence 1: Special Populations**

Michael Perlin, *New York Law School* ([Michael.perlin@nyls.edu](mailto:Michael.perlin@nyls.edu)) – Moderator

## ***A Brief History of Sex: Cultural and Legal Trends of Acceptable Sexuality***

Alison Lynch, *Disability Rights New York, New York* ([alisonjlynch@gmail.com](mailto:alisonjlynch@gmail.com))

Sexual mores have changed over the past centuries and the determination of what is considered “acceptable” sexual behavior at any given time is contingent on social, cultural, political and environmental factors. An inquiry into the rights of persons with mental disabilities to voluntary sexual interaction forces us to review the sexual mores of previous centuries, mores that still dominate the public, judicial and legislative debates on *this* question in the context of *this* population. I will discuss the historical trends of what was considered “appropriate” sexual behavior for persons with disabilities in three specific contexts: international human rights law and domestic civil rights law, the impact of the “civil rights revolution” on persons with mental disabilities, and “therapeutic jurisprudence.”

## ***Deviant Sexuality: Reality and Myths***

Valerie McClain, *Private Practice, Tampa, Florida* ([vraemac@aol.com](mailto:vraemac@aol.com))

This presentation will focus on sexual deviance as a phenomena which is frequently associated with criminal misconduct. Unfortunately, the net cast is often too broad and has a high false positive rate for labelling individuals with mental and physical disabilities as sexual offenders. The goal of the material presented is to educate the audience about medical, neuropsychological, developmental and mental disorders which are frequently associated with behaviors potentially characterized as “sexually deviant.” Case examples will be used to discriminate the differences between behaviors which can be classified as sexually deviant through diagnosable sexual disorders according to the DSM-5 and those which are behavioral symptoms commonly associated with mental, physical, neuropsychological and psychological disorders outside of these diagnosis. Special emphasis will be placed on identifying how tactics used by law enforcement to ensnare individuals who have not set out to violate the law may unfortunately entrap those suffering from disabilities which limit access to socially appropriate outlets for sexual expression, and how the use of these tactics frontally violate both the tenets of therapeutic jurisprudence and international human rights standards. A proactive approach will be presented to provide education designed to inform community agencies, mental health professionals and individuals about necessary safeguards to protect identified classes of individuals at risk.

## ***Sexuality, Shame, Stigma and the Law***

Naomi Weinstein, *Attorney-at-Law, New York, USA* (Naomi.weinstein@gmail.com)

The law shames and humiliates in many ways, both overtly and covertly. The use of humiliation on participants in the legal system has a pervasively negative impact. Legislative enactments and court rulings have stigmatized private sexual conduct. Several states have even criminalized the marketing and sale of sexual devices. Further, these rulings involving the sexual pleasure devices have disproportionately affected women more than men. The Supreme Court of the United States has recognized the humiliating consequences that can result from legislative enactments and in several landmark decisions has struck down both criminal and civil statutes that humiliate and shame. In *Lawrence v. Texas*, the Court struck down a Texas statute that criminalized certain intimate voluntary sexual conduct engaged in by two persons of the same sex. Yet, when it comes to sexual pleasure devices, the Supreme Court has declined to address the topic and let stand an Eleventh Circuit Court of Appeals decision that allowed Alabama to ban the sale of sexual devices that assist female orgasm. This decision ignored the aspects of *Lawrence* that deal with shame and dignity and ignored other case law that struck down similar state statutes banning the sale of sexual devices. This presentation will focus on how court rulings stigmatize private sexual conduct by the courts, disproportionately affecting women more than men.

### ***Perfect Children, Perfect Parents: Assisted Reproduction & Disability Rights***

Maya Sabatello, *Columbia University* (ms4075@columbia.edu)

The use of assisted reproductive technologies to create the perfect child has raised much debate in the past few decades. What is the scope of parental reproductive freedom? Can parental reproductive choice ever be too much? But as scientific knowledge is increasingly occupied with preventing the future generations of persons with disabilities, another question that is often ignored merits consideration: should persons with disabilities be actively assisted in reproduction? Where do we draw the line between fit and unfit parent in determining eligibility for assisted procreation? Who is to decide, and by what standards? What are the implications of such assistance –on the future child, parent, and society? In this paper, I will take a comparative perspective to examine how courts have responded to such quandaries. I will analyze their legal reasoning and provide an international disability rights critique on the socio-legal construction of the perfect parent.

### **238. Sexuality, Disability and Therapeutic Jurisprudence 2: Special Populations**

Michael Perlin, *New York Law School* ([Michael.perlin@nyls.edu](mailto:Michael.perlin@nyls.edu)) – Moderator

## ***The Coerced Treatment of Sexual Offenders: An ethical role for psycholegal actors***

Astrid Birgden, *Deakin University* (astrid99@hotmail.com)

As a consequence of current laws and legal procedures, sexual offenders are subjected to treatment, within both criminal justice and civil settings, which is intrusive and coerced. More specifically, "...deviancy and deficit focused treatment, inadequate focus on strengths and resiliencies, and aggressively confrontational, authoritative, punishing, rejecting, and disinterested behaviors toward offender participants by staff" (D'Orazio, 2013, p. 6). Treatment is therefore mostly delivered with the primary goal of risk management for community protection (treatment-as-management). That is, assessing for risk factors, identifying high-risk situations, and developing relapse prevention strategies. Surprisingly, there is very little literature regarding the coerced treatment of sexual offenders. The role of psycholegal actors, as treatment providers, is anti-therapeutic in this context and brings with it particular ethical concerns. Treatment ought to be delivered in a way that balances offender rights and community rights (treatment-as-support). That is, assessing risk factors *and* human needs, identifying what kind of life a sexual offender would like to lead, and developing strategies for a good life that results in meeting human needs or life goals in pro-social ways. While the laws and legal procedures may remain intrusive and coercive, the role of psycholegal actors is less likely to violate human rights laws and universal ethical principles. The presentation will map out how community protection can be enhanced by providing treatment that supports offender autonomy rather than sexual offenders being subjected to a coercive and paternalistic approach.

## ***Treating the Human Being to Eliminate the Monster: Intimacy Training and the Right to Sexual Interaction for Civilly Committed Sexual Predators***

Heather Ellis Cucolo, *New York Law School* (heather.cucolo@nyls.edu)

Currently, in the United States, there is a lack of effective treatment for sex offenders in civil commitment. Offenders are confined indefinitely and courts are hesitant to release individuals without a reduction of risk most often resulting from the proven effectiveness of treatment. The typical mode of cognitive/ behavioral treatment varies in its effectiveness for this population and is anti-therapeutic as applied. Treatment in sexual offender civil commitment maintains a constant focus on deviant sexual practices and encourages the complete sanitizing of the sexual being. Because treatment primarily focuses on the "monster" it fails to consider ways to heal the entire person- thus setting the individual up for failure once (if ever) he is released back into the community. During my representation of this population, my clients continuously voiced frustration and a complete lack of hope in ever being considered anything other than a sexual deviant. I will detail the failures of treatment as it currently exists and propose a new approach

that incorporates intimacy training and in certain cases, seeks to encourage and support the development of healthy intimate relationships during civil commitment confinement.

## ***The Legal Success and Therapeutic Failure of American Sex Trafficking Laws***

Amanda Peters, *South Texas College of Law* (apeters@stcl.edu)

The American federal government excludes its own citizens from receiving protections offered to international sex trafficking victims under the Trafficking Victims Protection Act (TVPA). While the TVPA acknowledges American citizens can be trafficked, it has long expected states to provide therapeutic services to victims. However, there is currently no legal requirement that services and rehabilitation actually be provided by states. In the last 12 years, every state in the nation has enacted anti-trafficking legislation and, in the past five years, many have reformed prostitution laws in light of sex trafficking concerns. These new laws have been successful in assuring that victims are not treated like criminal defendants. Beyond immunity from prosecution, however, little therapy exists. This presentation explores the contrast between what American laws promise and encourage and what states actually provide therapeutically. The laws address the need for protection and healing, but the resources available and required by these laws for sex trafficking victims are in short supply. In this way, there is a gulf between the laws' stated purpose or protection and rehabilitation and its actual, therapeutic result.

## ***Female Genital Mutilation in Asylum Cases***

Anna Hackett, *Fielding Graduate University* (anna@psychjustice.com)

This presentation will focus on female genital mutilation (FGM) during asylum cases. In the United States asylum seekers must fit into one of five categories of persecution. The challenge for victims, advocates, attorneys, judges alike is the legal definition of persecution and the totality of the human rights crime of FGM are at odds. Challenges of the legal definition of persecution and the five categories have led to successful asylum hearings for victims of FGM. During the process of the legal proceedings, actors may not be aware of the psychological effects of FGM and may have bullied and re-victimized women during the adversarial process. The goal of this presentation is 1) present a brief overview of FGM and the current legal statutes in the U.S. and other countries, 2) focus on the psychological underpinnings and hidden symptoms that effect proper case presentation 3) review therapeutic jurisprudence violations and suggested actions to correct them. Case examples will highlight the differences when an FGM victim successfully and unsuccessfully granted asylum. Additionally covered is the role of the psychologist in the case presentation and possible dual role conflicts. Attendees will be able to identify the five categories of persecution in asylum cases, define the how and why of the

practice of FGM, discriminate viable arguments and evidence in favour of granting asylum to victims of FGM.

### **239. Student Therapeutic Jurisprudence Forum: The Best Student Therapeutic Jurisprudence Comprehensive Law Papers from Arizona Summit Law School in 2014-15**

Michael Jones, *Arizona Summit Law School* ([mjones@azsummitlaw.edu](mailto:mjones@azsummitlaw.edu)) - Moderator

#### ***Restoring the Weak and the Victimized***

Lori Carroll, *Arizona Summit Law School* ([lcarroll@student.azsummitlaw.edu](mailto:lcarroll@student.azsummitlaw.edu))

This paper considers restoration for the weak and the victimized through a restorative justice lens within a therapeutic justice framework. Is complete re-entry into society and wholeness ever possible for the abuse victim? While having no easy answers, this paper will explore restorative justice within therapeutic jurisprudence, the positive and negative aspects of restorative justice, victim empowerment, community and offender accountability, and the victims. A very brief discussion will be on the United Kingdom's Domestic Violence, Crime and Victims Act.

#### ***The Globalization of the Private Prison Industry and Its Effects on the Mental Health Care of Inmates***

Jontue Garofalo, *Arizona Summit Law School* ([jgarofalo@student.azsummitlaw.edu](mailto:jgarofalo@student.azsummitlaw.edu))

The purpose of this paper is to examine the globalization of the private prison industry and its effects on mentally ill inmates. This paper will discuss what globalization means, the international privatization of the private prison industry, mental health policies and the care of mentally ill inmates in these private prisons, as well as what can be done to improve the treatment of mentally ill inmates in private prisons throughout the world. Several industries have fallen prey to globalization and the private prison industry is not immune from this global business model. The treatment of mentally ill individuals in prisons is critical, especially because these individuals are vulnerable and often abused while incarcerated. Left untreated, their psychiatric conditions often grow worse, and they leave prison sicker than when they entered. As a society, we owe it to those who suffer from mental illnesses in the most dire of conditions (prison cells), to restructure the current system and find a solution to the revolving doors of the system.

#### ***Legal Beagles, a Silent Minority: Therapeutic Effects of Facility Dogs in the Courtroom***

Lorie Gerkey, *Arizona Summit Law School* (lagerkey@student.azsummitlaw.edu)

Ellie, Molly, Rosie, and Jeeter are just a few of the hard working staff that we are beginning to see around the country's courthouses. Although they do not speak a word or make a sound these working dogs silently provide emotional support to the fearful witness as they testify. Facility dogs, as they are called, are being brought into the courtroom to assist the prosecution and reluctant witnesses bring the defendants to justice. This form of therapeutic jurisprudence is proving to be an enhancement of the psychological wellbeing of clients of the prosecution.

### ***A New Challenge: Ayahuasca and Drug Courts***

Nikkole Parker Rapoza, *Arizona Summit Law School* (nmparker@student.azsummitlaw.edu)

The U.S. judicial system is flooded with people who are convicted on drug and alcohol related charges, not just for the first time but multiple times. My proposal is to use the therapeutic properties of Ayahuasca, and implement the use of this substance into Drug courts to try and make a significant difference in a person's life, so as to help them not become repeat offenders and users. Ayahuasca is a tropical vine which is native to the Amazon and is often turned into a tea and consumed during ceremonies; it has a history of use in the Amazon where it is used for rituals for healing and divination, and now days it is often used for therapeutic or religious reasons. Ayahuasca has been said to help people with a range of issues all from alcoholism, drug addiction, and coping with intense emotional and personal issues. Although there is no present use of ayahuasca in problem solving courts, implementation of ayahuasca's therapeutic use in drug courts, may be a way of providing a more therapeutic approach to current drug court system.

### ***A New Beginning for Milwaukee's Homeless: Addressing Homelessness through the Homeless Court System***

Amy Wilson, *Arizona Summit Law School* (amwilson@student.azsummitlaw.edu)

Poverty is becoming more visible in our society. As the number of individuals experiencing homelessness increases, available shelter beds are unable to meet the need. As a result, homeless people may not be able to avoid breaking laws that make it a crime to sleep, eat, or urinate outdoors. This article will address: how the deinstitutionalization of the mentally ill has impacted the way society perceives those who are experiencing homelessness. Section II will explain how being homeless have been criminalized. Next, section III will discuss what problem solving courts are and how they function. Similarly, section IV will address the history and motivation behind homeless courts. This paper will examine how the Maricopa County Regional

Homeless Court (MCRHC) works through the first hand experiences of attorneys, judges, case managers, and other staff members. Although MCRHC represents the whole county of Maricopa, MCHRHC has its roots on the Human Services Campus in downtown Phoenix where are the cases are adjudicated. This article will look at the shortcomings to the homeless court systems seen through the eyes of the MCRHC staff and volunteers, and list the guidelines to implementing a homeless court in a jurisdiction such as Milwaukee.

## **240. Therapeutic Jurisprudence Approaches to Dealing with Vulnerable Populations**

### ***Caring for Patients with Disabilities: A Therapeutic Approach***

Elizabeth Pendo, *Saint Louis University* (ependo@slu.edu)

Maintaining health and wellness is vital to experiencing a full life, maintaining independence, and participating in society. This is especially true for nearly one in five in the U.S., or 56.7 million people, who reported some level of disability in 2010. Unfortunately, people with disabilities in the U.S. face multiple barriers to adequate health care, and report poorer health status than people without disabilities. One of reason for this disparity is a lack of awareness or acknowledgment of disability issues in our health care system. The Institute of Medicine and others suggest that lack of provider education and professional training on disability competency issues is one of the most significant barriers to appropriate and effective care. This presentation will explore the model of relationship-centered health law, policy and ethics as a framework to address this gap, and improve the health care experiences of patients with disabilities. In so doing, it will draw upon principles of therapeutic jurisprudence as well as insights from Disability Studies to identify and work toward the circumstances that allow relationships with healthcare providers to become therapeutic.

### ***Health Care Reform Efforts in the United States: Steps toward a Better Death***

Kathy Cerminara, *Nova Southeastern University* (cerminara@nsu.law.nova.edu)

The United States was relatively late in adopting hospice as a choice near the end of life, and the way the health care system is structured there places some barriers in the way of patients, families, and caregivers seeking adequate palliative care, including hospice. Health care reform in the form of the Affordable Care Act, however, is prompting legal and structural changes to the way health care is financed and delivered that should help ease both physical and psychological pain for those facing the end of life themselves or with a loved one. In addition, medical educators in the United States are encouraging interprofessional medical education, paving the way (along with the law) to more interprofessional medical practice. As a result, the time is ripe

to see palliative care and hospice integrated into the flow of medical care rather than starkly separated out from curative medical efforts. Patients, families, and caregivers will benefit from this more therapeutic approach to the end of life.

### ***Voices from Inside the System: Encouraging Youth Participation in Foster Care Policy Development***

Bernard Perlmutter, *University of Miami* (bperlmut@law.miami.edu)

This presentation explores how a marginalized and disempowered client community—children and adolescents in Florida’s foster care system—can reform that system. Research indicates that involving the youth in their care and planning for their futures has very positive results, both therapeutic and legal. Programs that empower youth to become their own advocates, to attend their hearings, case plan meetings, school conferences, etc. make common sense, add valuable information on care and safety to the process, and teach the youth skills that will assist them in the future to become engaged, participating citizens. My presentation specifically describes advocacy by the University of Miami School of Law’s Children & Youth Law Clinic to encourage foster care clients to tell their stories to courts, policymakers and stakeholders in order to further policy development to reform the foster care system. Organizing clients to collective action, through legislative advocacy, litigation and media outreach are ways to influence policy. Drawing on human rights literature on truth testimony in transitional societies, therapeutic jurisprudence, and child welfare policy research, the presentation argues that for many youth, particularly young women who have suffered trauma growing up in foster care, their participation in a process of truth and reconciliation can help reform this system. In a more profound way, this process helps them to achieve personal justice and dignity. Speaking truth to power about their traumatic experiences in this crucial life transition process resembles the transitional justice process in which victims at the point of societal change tell their stories in order to hold their abusers accountable.

### ***Stolen Bodies, Reclaimed Bodies: Digital Storytelling and Experiences of Disability and Difference***

Roxanne Mykitiuk, *York University* (mykitiuk@osgoode.yorku.ca)

This project emerges from a representational history of people with disabilities of being put on display or hidden away. People living with disabilities have been, and continue to be, displayed in freak shows, medical journals, charity campaigns, and as evil or pitiable tropes in novels and films. At the same time, disabled bodies have also been hidden in institutions, hospitals, group homes, and generally removed from the public eye. Eli Clare writes, “Just as the disabled body has been stolen, it has also been reclaimed” (2001). In this proposed session, I screen and analyze a selection of digital stories on visible and invisible disabilities made by women living

with disabilities. I examine the ways bodies and experiences of difference are reclaimed in these digital stories, which reveal the complexities—pride, shame, pains, struggles for rights and wellness, and joys of community—of living with disability and difference. By pairing and sharing stories made by women and health care providers on experiences of, and encounters with disability and difference, the project helps to break down barriers between the disabled and non-disabled worlds. In *Disability Bioethics* (2008), Jackie Leach Scully argues that bioethicists have to examine the “representations, narratives and cultural practices” that give rise to the systemic misrepresentation of the lives of people with disabilities that inform both the normative claims of bioethics and how bioethics regards the human body. She argues further “disability bioethics is...about understanding specific ways of being in the world, and doing so in the hope that such understanding will help to improve the lives of disabled people.” In analyzing the stories screened, I discuss the potential and limitations of using digital storytelling to contribute to the development of disability bioethics.

### ***Therapeutic Justice Implications of Health Care Regulation as a Tool for Shaping Sexual Identity***

Brietta Clark, *Loyola Law School* (brietta.clark@lls.edu)

Much emphasis is put on the legal system’s role in regulating behavior, but the law can also play a profound role in shaping one’s self identity. Nowhere is this more acute than in the regulation of health care that literally shapes sexual identity. Examples include genital surgery or hormonal treatments that promote development of, or suppress, certain sex characteristics, and the use of psychotherapeutic techniques to try to eliminate same-sex attraction. Because health care tends to be highly regulated, the law can and does play a multifaceted role in this particular form of identity shaping. For example, it can (i) determine whether certain kinds of treatment are safe and effective or should be banned; (ii) establish criteria for determining when treatments are medically necessary and thus covered by insurance; and (iii) define the scope of patients’ rights to control identity-shaping care, which is especially important where parents seek identity-shaping treatments for children too young to know or meaningfully express their sexual identity. This direct impact of health care regulation on sexual identity suggests that the legal rules and regulatory processes designed to regulate such care will have serious effects on psychological health and well-being. Yet the therapeutic (or anti-therapeutic) consequences of these laws have not received much attention in legal scholarship. This paper will (i) identify these therapeutic consequences, (ii) consider how the amount of deference given to the scientific and medical community in crafting regulation can enhance or exacerbate these consequences, and (iii) suggest a theory for a more balanced relationship between law and science that promotes TJ while respecting other legal values.

### **241. Use of Therapeutic Jurisprudence, Emotional Intelligence and Spirituality when Lawyering (I)**

## ***“The Sensitive Prosecutor” – The Emotional Experience of Prosecutors in Managing Criminal Proceedings***

Shira Leitersdorf, *University of Haifa* (shira.shkedy@gmail.com)

The current study aims at mapping the active emotions experienced by public prosecutors through their daily work, integrating terms from behavioral and social science literature. In particular, it explores prosecutors' awareness (or lack of), to their “affective mixture” in real-time encounters and to the effects of these emotions on their decisions in managing criminal prosecutions. The study uses therapeutic jurisprudence as its theoretical framework. The legal profession has become more emotionalized in recent years, and emotions play a role in every aspect of criminal justice. Yet lawyers in general and public prosecutors in particular are perceived as unemotional and detached. Enculturized by their organizational ethos, they are described as having a narrow “tunnel view” of the legal cases they handle. This may explain why there is a dearth of research about the emotional worlds of public prosecutors. The current study challenges the “rational prosecutor” image and seeks to explore, through in-depth interviews, the emotional experiences of prosecutors. Beyond its theoretical contribution to the understanding of legal work and emotion, the study is valuable from a public interest perspective (for reasons of transparency and equality in judgments), as well as from the perspective of the prosecutors themselves. Awareness to their own feelings and emotions may provide them with a powerful buffer against secondary trauma and professional fatigue.

## ***What’s Spirituality Got to Do with It?***

Marjorie Silver, *Touro College* (msilver@tourolaw.edu)

Therapeutic Jurisprudence (“TJ”) is an inquiry into the therapeutic and anti-therapeutic consequences of laws, legal actors and legal processes. Its genesis in mental health law reveals no spiritual underpinnings, and none are required for lawyers and other professionals who seek to maximize therapeutic outcomes for their clients. Yet TJ has special resonance for many of us who are inspired by traditional religions as well as non-traditional belief systems and other spiritual practices. These include secular humanism and contemplative practices such as mindfulness meditation. This presentation will explore the relationship between TJ and spiritually-inspired lawyers. It will introduce the Project for Integrating Spirituality, Law and Politics (PISLAP). Participants in PISLAP, who include activists and innovators in many facets of the Integrative Law Movement, are seeking to transform legal education, legal practices and laws to enhance more healing, more relational outcomes for all stakeholders, in furtherance of what Martin Luther King, Jr. called “the Beloved Community.” Professor Silver is currently editing an anthology of writings of PISLAP members and others, tentatively entitled *Transforming Justice, Lawyers and the Practice of Law* (forthcoming, Carolina Academic Press).

## ***The Traumatic Consequences of Litigation: William Dobell's Portraiture Case and Its Counter-Therapeutic Effects***

Ian Freckelton, *University of Melbourne* ([i.freckelton@vicbar.com.au](mailto:i.freckelton@vicbar.com.au))

During the 1940s the leading Australian painter, William Dobell (1899-1970), became enveloped in litigation after he won the Archibald Prize. His critics claimed that his "Portrait of an Artist" was a caricature, not a portrait and thus that he was ineligible for the Prize. They lost (*Attorney-General v Trustees of National Art Gallery of NSW* ([1944](#)) [62 WN \(NSW\) 212](#)) and Dobell went on to win the Prize on two further occasions. However, the furore which was characterised not just by heavily publicized disputation in the Supreme Court of New South Wales but by venomous attacks from art critics took a heavy toll on Dobell's confidence as an artist. The confrontation between law and art (the first in a number of such confrontations in relation to the Archibald Prize) contributed in an important way to the liberalization of the notion of what constitutes portrait-painting but is a tragic example of the potentially counter-therapeutic effects of the legal process.

## ***Results of a Pilot Community Conflict Management Training Program at a Therapeutic Prison***

Nicky McWilliam, *University of Technology Sydney* ([nickym@sydneymediation.com.au](mailto:nickym@sydneymediation.com.au))

Jane Moore, *Compulsory Drug Treatment Centre, New South Wales, Australia*  
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Results of a research study involving a pilot of a modified version of a community conflict management peer mediation program which was implemented at a therapeutic prison. The aim of the pilot was to test the feasibility of conducting the program in a corrections community and to evaluate the program by examining perceptions of the community social climate, wellbeing of constituents and the community as whole, attitudes towards conflict management, appraisal of the program and its effect on therapeutic programs. The program originally written for workplace communities, is unique in that everyone in the community takes part in order to establish a shared understanding of the attitudes and behaviours required to constructively manage interpersonal conflict. The research is based on the premise that establishing a community consensus as a framework for constructive communication processes in a community will affect the social climate and therefore rehabilitative outcomes. Prisons are known to be places with high levels of interpersonal conflict, and inmates frequently report interpersonal stress as a reason for relapsing into anti-social behaviour. Implementation of such a program in a prison community requiring community commitment from both staff and inmates has not been attempted in Australia and challenges established work roles and processes in correctional settings. Although the tensions of daily community life in prison cannot be completely solved

with the peer mediation process the results indicate that the program brought the community together in an innovative approach to conflict management.

## ***Sympathy and Empathy in Therapy and Jurisprudence: From Freud to Posner and Beyond***

Archie Zariski, *Athabasca University* (archiezar@athabascau.ca)

There is an echo and a certain symmetry of structure between the Freudian psyche comprised of the id, ego, and superego and the modern legal subject with distinct interests sometimes described as substantive, procedural, and relational. In both cases human behaviour is conceived as the result of dynamic interplay amongst these elements. Based on this conceptual structure both psychoanalytic therapy and legal proceedings have developed as predominantly cognitive encounters shaped and mediated by rational discourse directed towards mediating and stabilizing these competing mental forces. The contemporary “affective turn” in the human and social sciences presents challenges for this view of therapy and the justice system. The expression and perception of emotion along with responses to such behaviour are now seen as inseparable from thought and human interaction. Sympathy and empathy emerge as key human capacities for achieving intersubjective insight which may be usefully employed in therapy and law. This paper traces these developments from Freud, Klein, and Bion through to the present and examines their impact on jurists such as Jerome Frank, Richard Posner and others. Recent advances in attachment theory and neuroscience support and enhance the role of sensitive and discerning response to emotion in therapy and law. It is suggested that the humaneness of therapeutic and legal intervention may be judged by the presence of effective demonstration of sympathy and empathy towards the patient or subject of justice.

## **242. Use of Therapeutic Jurisprudence, Emotional Intelligence and Spirituality when Lawyering (II)**

### ***The Emotional Dynamics of Duress and Undue Influence***

John Stannard, *Queen's University* (j.stannard@qub.ac.uk)

The contractual doctrines of duress and undue influence are generally dealt with together in the standard textbooks, but raise very different issues from a law and emotions perspective. Duress, in so far as it involves an emotional aspect at all, engages with the emotion of fear, the fear being that unless the person in question agrees to enter into the contract he or she will suffer unpleasant consequences. Indeed, it has been argued that there can be no contract at all in these circumstances as there is no true consent. Undue influence on the other hand is very different; here the relevant emotions comprise not only fear but also a sense of loyalty and attachment to the other party. The paper will seek to consider these situations from a TJ perspective, the aim

being to consider how the law can best protect a party who has been impelled by pressures of this sort to enter into an agreement that appears to be contrary to his or her best interests without at the same time imperilling the relationship on which the allegations of undue influence are based.

## ***Therapeutic Jurisprudence as a Legal Ideology***

Christian Diesen, *Stockholm University* (Christian.diesen@juridicum.su.se)

The reason why Therapeutic Jurisprudence (TJ) has become a success in the USA is the close link to judicial practice, especially to the problem-solving courts. When behavioral knowledge is used for specialization amongst lawyers and combined with new ways of conflict solving a quality improvement (and financial benefit) is reached in a quite obvious way. The search for long-term solutions and the focus on social needs can change the legal profession by broadening the perspectives. The adversary system can be challenged by means of cooperation and reduced to the few cases where a court trial is considered necessary. The future development of TJ depends on how deep the need for change can be rooted amongst legislators, legal scholars and practitioners. On one hand it is obvious that the complexity of modern life requires specialization (and behavioral knowledge) in the legal profession. The TJ approach will certainly be spread in all areas where the benefits are evident. But on the other hand the defense of the traditional role of a lawyer will be a strong obstacle to implement TJ as a universal platform. The question is if legal work can be considered as a general tool for conflict resolution or if these social conflicts best are solved through a battle between the parties. The arguments against mainstreaming TJ will be performed in defense of the traditional legal argumentation model, but the further implementation of TJ will depend on objective improvements and the willingness to accept a new role for lawyers.

## ***Restorative Justice and Therapeutic Jurisdiction – Rethinking the Organizational Settings of Justice Systems in an Intercultural Society***

Esther Friedman, *Linneaus University* (esther.friedman@lnu.se)

Restorative justice and Therapeutic jurisdiction are two practices targeted on doing justice and healing the aftermath of offenses. Both practices address participants' needs and strive to produce constructive and curative outcomes.

Cultural context determines rules of communication we follow, and ones expectations of respectful responses. Different directives of communication are followed according to the cultural-social-organizational context. Meanings, values and practices are funnelled through the individual's culturality.

Restorative processes are occasionally reasoned as culturally sensitive, as individuals express themselves to their best understandings. Mutual equal-based processes of emotional communication and decision-making are assumed to generate empathy and sense of closure.

Notwithstanding various cultural groups, perceive the latter as a not “serious” or “just” response to harms.

This presentation is aimed to disclose various cultural understandings of justice, emerging in intercultural societies. By using a case study, I will present various cultural perspectives on justice. The possibility of a responsive organizational setting is addressed. Different questions that should be presented to the participants are discussed. The failure to address these questions is scrutinized. A deferential referral system, in which individuals are referred to either Restorative Justice or Therapeutic Jurisdiction processes, is discussed.

### ***How and Why Did My Loved One Die? An Investigation into Family Members’ Satisfaction with Information from the Coroners’ Court about Traumatic Work Deaths***

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The sudden and unexpected nature of a traumatic work death (TWD) can leave families with a strong need to discover how and why their loved one died. In contrast to adversarial procedures such as the industrial hearing, the inquisitorial nature of the coronial inquest may provide the best opportunity for families to obtain this information. However, research into suicide inquests suggest they cause more distress to family members, exacerbating grief reactions such as guilt and shame. Unlike suicides, the unexpected nature of a TWD may leave families with a sense of injustice and anger, leading to a desire for the holding of an inquest to establish the exact cause of death. This paper draws on an Australian study investigating the role of the coroners’ court in providing family members with information following a TWD. Stage one consisted of a quantitative survey which measured: (1) family members’ perception of the extent to which they were able to obtain a satisfactory account of how and why their loved one died, and (2) the extent to which the inquest was more able than other formal processes to assist families with obtaining this information. Stage two involved follow-up interviews with consenting respondents to further explore their experience with the coroners’ court. Combined, the results provide insight into how the coroners’ court can better provide support to families bereaved by a TWD.

## French Language Sessions

### **243. Consommation de Substances Psychoactives et Délinquance: de nouvelles fenêtres d'opportunité d'intervention au sein du Système Judiciaire Québécois**

#### ***Revue de littérature sur la collaboration entre les policiers et les professionnels de la santé des urgences hospitalières (PSUH)***

Kristelle Alunni-Menichini, *Université du Sherbrooke* ([kristelle.alunni-menichini@usherbrooke.ca](mailto:kristelle.alunni-menichini@usherbrooke.ca))

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Les personnes qui vivent une double problématique d'instabilité résidentielle et de toxicomanie (DPIRT) sont fréquemment en situation de vulnérabilité et cumulent plusieurs problèmes psychosociaux (Rose et al., 2012; Self & Peters, 2005). Ainsi, les services d'urgence sont interpellés à répétition par leur rôle de premiers répondants (Noël et al., 2012; Rose et al., 2012). Une revue de littérature narrative a été réalisée afin de mieux comprendre la collaboration entre les policiers et les professionnels de la santé des urgences hospitalières (PSUH), en dressant un portrait des connaissances actuelles sur ce sujet. Une recherche par mots-clés dans 14 bases de données et la littérature grise a permis d'identifier 43 articles pertinents. Les résultats de cette revue permettent d'identifier plusieurs pistes de solution afin d'améliorer la collaboration entre les policiers et les PSUH, principalement en lien avec la santé mentale (ex. équipes multidisciplinaires, équipes de crise et formations). Toutefois, leur collaboration à l'égard des personnes aux prises avec une DPIRT a été peu documentée, et ce, malgré le rôle majeur de ces professionnels dans la continuité et l'intégration des services qui leur sont offerts. Mieux la documenter permettrait, ultimement, la mise en œuvre d'actions concertées plus efficaces et adaptées à cette clientèle.

#### ***La valeur du programme Adrénaline pour les jeunes consommateurs hébergés en Centre jeunesse : perspectives des jeunes, des intervenants et des gestionnaires***

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Plus de la moitié des jeunes en Centre jeunesse (CJ) présentent une consommation problématique d'alcool ou de drogue, selon une grille de dépistage validée (DEP-ADO). Ces jeunes, dont leur propre sécurité ou celle de leur entourage est compromise, sont caractérisés par de multiples problèmes associés, principalement légaux et de santé mentale. Afin de favoriser la motivation au changement, une modalité thérapeutique prometteuse, soit le plein air intensif, a été choisie et développée dans le cadre du programme Adrénaline. L'objectif de cette présentation est de décrire les perspectives des jeunes, intervenants et gestionnaires quant à la valeur de ce programme (forces et limites) et quant à ses retombées potentielles. Il s'agit d'une étude évaluative descriptive. Des entrevues de groupe ont été menées (2 groupes focalisés auprès de jeunes et 2 groupes focalisés auprès d'éducateurs CJ) et des entrevues individuelles auprès des éducateurs-animateurs Adrénaline et gestionnaires impliqués (n = 10 participants). Les résultats montrent que le plein air est un ingrédient qui semble favoriser l'engagement en traitement et certains gains thérapeutiques pour les jeunes ciblés. Les personnes interviewées indiquent également que l'implication des parents et le suivi post-traitement sont des aspects à améliorer afin de permettre une meilleure généralisation des acquis.

### ***Les défis et enjeux de l'implantation du Programme de traitement de la toxicomanie à la Cour du Québec; regards de chercheurs***

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En décembre 2012, la Cour du Québec a démarré un programme de traitement sous supervision judiciaire de la toxicomanie, lequel opère au Palais de Justice de Montréal. Mis en branle dans le contexte de l'entrée en vigueur de la Loi sur la sécurité des rues et des communautés, ce programme vise notamment à prévenir et réduire la criminalité causée par la toxicomanie en tenant compte de l'intérêt de la justice et des victimes. Ce programme, qui se veut le premier de la francophonie, rejoint une clientèle qui se distingue de celle des autres tribunaux de traitement de la toxicomanie en Amérique du Nord. Née d'un partenariat entre des acteurs (justice et réadaptation) qui ont des objectifs, philosophies, missions et principes parfois peu conciliables, cette initiative a fait l'objet d'une évaluation d'implantation à devis mixte par une équipe de recherche universitaire indépendante de l'initiative. Dans le cadre de cette communication, une brève présentation du programme et de ses particularités sera réalisée et les principaux résultats

du volet qualitatif de la recherche évaluative seront exposés, notamment en regard des enjeux et difficultés reliées à l'instauration du programme et des réflexions criminologiques que cette initiative impose.

### ***Programme de traitement de la toxicomanie du Québec : processus de sélection et d'attrition***

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Implanté à Montréal depuis 2012, le Programme de traitement de la toxicomanie de la Cour du Québec (PTTCQ) offre une trajectoire de services à des contrevenants aux prises avec un problème de consommation. Pour réduire efficacement la récurrence criminelle, un programme de réadaptation en dépendance auprès d'une clientèle judiciarisée doit adhérer aux principes du risque, des besoins et de la réceptivité ainsi que favoriser le maintien des participants au programme. Dans le cadre d'une étude d'implantation, il devient dès lors pertinent de se questionner sur les caractéristiques (consommation, délinquance, soutien social) que présentent les participants de ce programme ainsi que sur les caractéristiques des participants refusant ou abandonnant le programme en cours de participation. Cette présentation vise à dresser un portrait comparatif des 59 participants, et des 51 non-participants (refusés) en ce qui a trait à leur sélection et à leur attrition (récidive, abandon, exclusion) du programme. Des données issues de l'Indice de Gravité de la Toxicomanie sont comparées (ANOVA) pour chaque groupe (non admis, admis, exclus). Les résultats sont mis en perspective en lien à la philosophie sous-jacente du programme et à la documentation scientifique.

### ***Évaluation des effets d'un programme d'intervention en toxicomanie offert en milieu carcéral québécois***

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L'Établissement de détention de Québec (ÉDQ), en collaboration avec le Centre de réadaptation en dépendance de Québec (CRDQ), fait office de précurseur dans l'offre de services carcéraux québécois en offrant, depuis 2009, un programme d'intervention en toxicomanie à l'intérieur même de ses murs. Ce programme est, pour la clientèle carcérale aux prises avec une problématique de consommation, une occasion d'approfondir sa réflexion sur ses habitudes de consommation pendant sa période d'incarcération tout en contribuant à l'orienter vers les ressources appropriées une fois la libération obtenue. Financé par les Instituts de recherche en santé du Canada, ce projet vise à évaluer l'efficacité du programme offert par le CRDQ à l'ÉDQ et à dresser le bilan de son implantation à l'aide d'un devis de recherche quasi-expérimental mixte. Le volet quantitatif, objet de cette présentation, consiste en l'évaluation des effets potentiels et du fonctionnement de la stratégie d'intervention offerte par le CRDQ à l'ÉDQ par le biais de questionnaires auto-révévés validés. Un portrait de ses effets sur certaines dimensions psychosociales des participants, à partir de comparaisons entre le groupe contrôle et le groupe expérimental, selon les trois temps de mesure réalisés, sera présenté.

## **244. Diversité des problèmes rencontrés dans les services d'urgence et responsabilités médicales**

### ***25 ans de jurisprudence française en matière de responsabilité médicale pénale***

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Depuis les années 1970, de nombreux pays ont vu le nombre de procédures en responsabilité médicale augmenter : les États-Unis, le Canada, l'Australie, mais aussi les pays d'Europe sont concernés. Les études consacrées à ce sujet sont souvent focalisées sur les procédures indemnitaires. En matière pénale, la situation est mal connue. Les objectifs de ce travail ont été d'établir un profil évolutif des procédures pénales françaises au cours du temps et de réaliser des analyses en sous-groupes. Cette étude nationale et exhaustive porte sur toutes les décisions judiciaires disponibles sur le site Légifrance, de 1986 à 2011, impliquant au moins un médecin, pour une infraction commise à l'aide de son titre ou à l'occasion de sa pratique. 538 dossiers judiciaires ont été collectés, impliquant 683 médecins. Depuis 2000, après une hausse modérée, le nombre de procédures reste sensiblement stable et bas, impliquant surtout anesthésistes, gynécologues et généralistes et sanctionnant rarement le professionnel. 55,8% des infractions sont des atteintes corporelles involontaires (35% des homicides involontaires), 44,2% des

infractions volontaires de tout genre. L'élargissement des voies de saisine du conseil de l'ordre, la création de voies d'indemnisation amiable et l'amélioration des droits du patient ont probablement contribué à cette évolution rassurante.

## ***Les soins pénalement ordonnés en addictologie: une enquête menée à Bordeaux***

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M. Fatseas

Les soins pénalement ordonnés sont des mesures initiées sur décision judiciaire, suite à une sanction pénale, afin d'impliquer le sujet dans une démarche de soins. Ce type de soins se trouve mis en place dans divers pays européens. Cependant, la terminologie "soins pénalement ordonnés" est uniquement utilisée en France. En outre, ces soins se trouvent ordonnés pour des infractions très variées puisqu'ils peuvent concerner des auteurs d'infractions à caractère sexuel ou encore des usagers de substances toxiques. Dans le cadre de l'addiction, il existe plusieurs mesures pouvant être prononcées à divers stades de la procédure pénale notamment l'obligation de soins, l'injonction thérapeutique et le stage de sensibilisation aux dangers de l'usage de produits stupéfiants. En pratique, il s'avère que certaines de ces procédures soient difficilement applicables. Afin d'évaluer les pratiques et les difficultés, une enquête a été réalisée à Bordeaux auprès de professionnels qui avaient en charge des sujets consommateurs de substances illicites ou d'alcool. Il s'agissait de professionnels issus du monde judiciaire (substitut du procureur, juges de l'application des peines), et du domaine du soin (médecins généralistes, médecins spécialistes des addictions, éducateurs et psychologue). Les résultats de notre enquête montraient que le soin contraint le plus fréquemment ordonné pour le parquet était le stage de sensibilisation, et pour la juridiction de l'application des peines, l'obligation de soins. Lors de cette enquête, le problème du secret professionnel avait été soulevé. L'ensemble des professionnels était unanime sur la nécessité de respecter le secret concernant la prise en charge sanitaire des patients. En revanche, les professionnels de santé soulignaient un manque de communication avec la justice concernant la situation judiciaire du patient. Concernant les difficultés perçues, l'injonction thérapeutique, telle que définie par la loi de 2007, n'était pas mise en place en Gironde, du fait du retard dans la mise en œuvre effective des médecins relais, essentiels au bon fonctionnement de cette mesure. A Bordeaux, dans le but de pallier à cette insuffisance, les professionnels du parquet avaient instauré, par convention avec un des centres de soin en addictologie, trois consultations faisant office d'injonction thérapeutique ce qui devant la problématique addictive semblait être peu adaptée aux sujets ciblés par cette réponse pénale. Enfin, la question de la pertinence de certaines mesures prononcées dans le cadre de l'addiction, avait été soulevée puisque certains professionnels remettaient en cause l'utilité des soins lorsque ces derniers étaient inclus dans la mesure d'injonction de soins, qui prend effet après une période d'enfermement souvent longue.

## ***Système multi-agents d'aide à la décision (SMAAD) fondé sur des ontologies: Modèle complexe appliqué à l'aphasie d'installation brutale***

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La résolution de situations d'urgence médicale prend un tour complexe dans les sociétés actuelles, très diversifiées et stratifiées, et la mondialisation rend nécessaire l'échange de connaissances en temps réel (Colloc, 2014, 2002, Jacquet-Andrieu, 2009, Colloc et Jacquet-Andrieu, 2013). Dans cet objectif, la télématique s'avère un outil efficace dans de nombreux contextes sociétaux : lieux isolés, pays en développement, manque de praticiens dans certaines spécialités, situations d'urgence, etc.

La présente étude concerne les systèmes multi-agents d'aide à la décision, SMAAD (Colloc, 1985 ; Colloc et al, 1997 ; Colloc & al, 2000) : le modèle se fonde sur les ontologies médicales (Shen et al, 2012 et 2014). La démonstration, centrée sur l'aphasiologie (aphasies d'installation brutale), rend compte de la complexité de cette situation de diagnostic spécifique (AVC, trauma crânien, par exemple) dont il est difficile d'évaluer la gravité des signes cliniques : transitoires ou non (Jacquet-Andrieu, 2014a). Le SMAAD met en œuvre des ontologies exploitées durant les principales étapes du soin : diagnostic ( $\Delta$ ), pronostic ( $\Pi$ ), traitement ( $\Theta$ ) et suivi du patient ( $S\Theta$ ), (Colloc & Jacquet-Andrieu, 2013).

Nous travaillons sur l'organisation sous-jacente aux informations télétransmises à l'inventaire déjà existant de connaissances issues de l'expérience médicale (images, données rattachées au contexte clinique, etc.). Cette organisation comporte aussi une sélection de données, issues de l'observation du patient lui-même. Le raisonnement à partir de cas (RàPC), adossé à une base de cas déjà décrits (Colloc & al, 2003), permet de poser ou de confirmer le diagnostic.

Ce type de système pose le problème éthique de la confidentialité des données personnelles du patient. Cependant, on peut mettre en œuvre des cryptages appropriés, pour respecter cet anonymat et permettre une protection fiable des informations, sans que ces dernières deviennent inaccessibles aux professionnels (chirurgien, médecin généraliste, infirmier/ière, rééducateurs, assistante sociale, etc.) qui interviennent aux divers niveaux du parcours de soins (Jacquet-Andrieu, 2014b).

## ***Approche de la victimologie aux urgences: étude des spécificités et limites lors de la prise en charge d'une victime par les médecins exerçant dans un service d'urgence***

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Les urgentistes sont très souvent les premiers, et les seuls médecins, à prendre en charge les victimes de violences volontaires ou involontaires. L'étude a pour objectif de comprendre les spécificités, les contraintes et les limites de leur prise en charge. Après obtention de l'accord du Comité Consultatif de Protection des Personnes, un questionnaire est adressé à tous les urgentistes de Basse-Normandie. Il interroge sur le parcours personnel de l'urgentiste et sur les spécificités des victimes d'accident de la voie publique. Il propose également un cas clinique d'une victime de violence conjugale. Le taux de réponse est de 56 %. La majorité des urgentistes est en mesure d'identifier le statut de victime. Leur vision de la vulnérabilité est élargie par rapport aux limites de la définition légale. Les urgentistes, ayant répondu que leur vécu peut influencer leur prise en charge, ont majoritairement un antécédent personnel d'agression. Dans ce contexte, ils portent un intérêt plus marqué à l'éthique et sont plus à l'écoute en ce qui concerne le contexte de la situation de violence et l'accompagnement psychologique à envisager. Les urgentistes disposent des connaissances pour prendre en charge les victimes. Cependant l'étude met en évidence un souhait de formation à la victimologie.

### ***Le mineur en garde à vue: pratique aux urgences médico-judiciaires de l'Hôtel-Dieu à Paris***

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Les médecins des urgences médico-judiciaires (UMJ) s'assurent sur réquisition judiciaire de la compatibilité de l'état de santé d'un mineur avec la garde à vue dans les locaux de police. Aux UMJ de l'Hôtel-Dieu, 4500 mineurs placés en garde à vue sont examinés chaque année. Quelles sont les règles et les recommandations découlant de leur statut de mineur ? La garde à vue ne peut concerner qu'un mineur de 13 ans révolus. Le Code de Procédure Pénale français prévoit que le mineur de moins de 16 ans soit examiné systématiquement par un médecin dès le début de la garde à vue, puis chaque 24 heures. Les mineurs âgés de 16 à 18 ans restent soumis aux modalités de garde à vue des majeurs. L'examen médical a plusieurs objectifs : vérifier les conditions matérielles de la garde à vue, rechercher les antécédents médicaux, faire un constat de l'état de santé psychique et physique du mineur et décrire les lésions traumatiques éventuelles. L'augmentation croissante des mesures de garde à vue prises à l'encontre des mineurs encourage à réfléchir sur la fonction sanitaire de ce placement. Ainsi, l'examen médical en garde à vue pourrait devenir un mode d'accès aux soins pour les patients mineurs en rupture de traitement et servir d'outil d'information et de prévention.

### **245. Enjeux de pouvoir et psychiatrie légale**

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## ***Impératifs éthiques infirmiers au service du pouvoir en milieux de détention***

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Le personnel infirmier et les médecins dominent les sondages populaires en matière de confiance accordée par le grand public. Toutefois, leur expertise et compétences professionnelles en tant que soignants en font des instruments idéaux pour la perpétration d'actes d'abus, de violence et de torture envers certains individus. Le personnel infirmier souligne invariablement son engagement envers la relation infirmier(e)-patient en tant qu'espace intime et privilégié. Toutefois, il peut devenir instrumentalisé dans l'implantation de politiques et de procédures qui sont contraires à ses valeurs et son code de déontologie professionnelle. Le « traitement » peut ainsi être redéfini de manière à remplir des objectifs axés sur le contrôle, la surveillance et la gestion d'individus problématiques. Divers exemples sont discutés, issus de contextes où le personnel infirmier est aux prises avec des obligations contradictoires.

## ***Traitements de réhabilitation et consentement forcé en droit pénal canadien***

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Le système de justice canadien fait pression sur les délinquants afin qu'ils consentent à des traitements de réhabilitation, et ce, par l'octroi d'avantages juridiques en échange de ces consentements. Les dispositions judiciaires ne précisent pas les traitements à suivre mais elles ordonnent aux délinquants de suivre les traitements recommandés/précrits par leurs médecins. Ce système permet aux juges d'éviter de statuer sur le type de traitement qu'un délinquant peut être légalement contraint d'accepter tout en permettant du même coup aux médecins de se distancier des aspects punitifs liés à la sentence. Par conséquent, il est alors plus facile de considérer le consentement du délinquant comme volontaire. Les juges, pas plus que les médecins, ne sont confrontés à la logique du « consentement contraint » aux traitements de réhabilitation. Cela a pour effet d'empêcher un positionnement critique sur l'ensemble du système alors que la responsabilité des acteurs ne peut être clairement identifiée. Cette présentation explore la nature et l'importance de la dispersion du pouvoir entre trois pôles : les acteurs judiciaires, les médecins et les délinquants ; attendu qu'aucun pôle ne peut être tenu responsable pour l'ensemble du système.

## ***Culture des droits et rupture contrat social : peut-on parler d'une justice « à deux vitesses » en santé mentale ?***

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La judiciarisation des procédures d'internement et de soins psychiatriques consacrent la reconnaissance de l'égalité des patients psychiatriques : la protection de leurs droits à la liberté et à l'intégrité est garantie par l'intervention du tribunal. Il s'agit d'une manifestation ostensible de la « culture des droits » par laquelle les droits constituent à la fois un moyen d'action pour l'État et une ressource pour les groupes communautaires et les patients. Censée rompre avec la tradition médicale jugée paternaliste, cette culture des droits participe de la conceptualisation symbolique d'un nouveau statut citoyen auquel les patients psychiatriques peuvent aspirer. Les rares études sur la question mettent pourtant en lumière des violations systématiques des droits de ces patients au sein des systèmes de santé et de justice. Comment expliquer que, dans un tel contexte de diffusion, de valorisation et de conscience des droits, de telles atteintes soient connues et tolérées ? L'explication se trouve directement dans la culture des droits dont les prémices constituent une chaîne d'éléments interreliés : 1) le désengagement politique ; 2) l'illusion créée quant à la matérialité de l'égalité ; 3) la responsabilité individuelle et 4) la désolidarisation, le transfert de responsabilité et la rupture du contrat social.

### ***Censure, violence et recherche critique en milieux de psychiatrie légale***

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Cette présentation examine la violence de la censure en milieux de psychiatrie légale. Plus précisément, il est question de la censure en regard de la recherche critique en milieux de psychiatrie légale. Cette forme de violence s'attaque non seulement aux cadres théoriques et aux résultats de recherche mais aussi à la crédibilité des chercheurs. Ainsi, la recherche critique, donc politique, qui expose certaines pratiques organisationnelles et professionnelles est soumise à la violence des représentants du dispositif psychiatrico-légal. La censure opère par ailleurs sur un autre front alors qu'elle discredite d'avance tous les discours scientifiques susceptibles de remettre en question le fonctionnement des milieux de psychiatrie légale.

### ***La rupture thérapeutique : exploration du soin infirmier et de la culture correctionnelle***

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Dans le cadre de cette présentation il sera question d'explorer la difficile coexistence entre le soin infirmier et la culture correctionnelle, dans la mesure où cette culture menace le respect intégral de plusieurs aspects socioprofessionnels fondateurs des soins infirmiers. Cette

présentation s'appuie sur une recherche qualitative réalisée en milieu psychiatrique correctionnel canadien, entre 2006 et 2009, et témoigne des défis auxquels est confronté le personnel infirmier dans ce milieu. Plus précisément, nous chercherons à explorer la notion de « rupture » exprimée par le personnel infirmier exerçant dans ce milieu en discutant du contexte dans lequel le personnel infirmier est confronté aux pratiques punitives du milieu correctionnel. Sommes toute, nous abordons les effets aliénants du contexte correctionnel sur la pratique infirmière et théorisons l'expérience des infirmières en utilisant la théorie de Festinger sur la dissonance cognitive. En conclusion, nous explorons comment certaines infirmières s'engagent dans la reconstruction de leurs soins afin de lutter contre les effets du travail en milieu correctionnel.

## **246. Internement Non-Volontaire**

### ***L'alliance thérapeutico-juridique en matière d'hospitalisation sans consentement: Entre chemin de croix et chemin de Damas (l'exemple de la France)***

Katia Lucas, *Université de Perpignan* (katia.lucas@univ-perp.fr)

L'hospitalisation sans consentement n'a de cesse d'être source de conflits éthiques et pratiques. Juridiquement, l'intéressé fait l'objet d'une mesure de « contrainte thérapeutique » alors que ce que recherche le corps médical c'est « l'alliance thérapeutique ». Selon le 8<sup>e</sup> rapport du CPT, « une pratique clinique en psychiatrie qui se veut éthique vis-à-vis d'un patient non volontaire (...) doit rechercher son consentement aux soins dès que cela est possible, cela optimise la démarche thérapeutique ». Or, par-delà les débats légitimement suscités par cette procédure hospitalière singulière, une éthique de la vertu (au sens Aristotélicien), guide tout autant les prescripteurs de soins que les prescripteurs de règles. Leurs actions convergent vers une même finalité, au demeurant "méliorative" : le bien-être de la personne en situation de vulnérabilité sociale en raison de sa santé mentale et celui de la société. Une alliance thérapeutico-juridique serait-elle donc à l'œuvre dans ce domaine ? Un examen de la situation qui prévaut, notamment en France, invite à une réponse nuancée. Si l'articulation des missions des professionnels de santé avec celles relevant des professionnels du droit permet de mettre en perspective une telle alliance, la volonté affichée d'interactions en faveur de la santé mentale (I) apparaît néanmoins parasitée (II).

### ***La judiciarisation en France de l'hospitalisation sans consentement***

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Il est des hypothèses où l'objectif de soins rend nécessaire la privation de liberté, sans que le consentement du patient puisse être recueilli ; les patients atteints d'une pathologie mentale en sont l'illustration la plus parlante. Ces hypothèses, justifiées tant pour la protection de l'ordre

public que pour la protection des personnes concernées, sont longtemps restées dans l'ombre du droit français, jusqu'à ce que le Conseil constitutionnel et la Cour européenne des droits de l'homme viennent, par plusieurs décisions récentes, mettre en lumière les insuffisances du dispositif juridique.

Pour tenir compte de ces impératifs de protection des droits fondamentaux, le législateur français est intervenu pour soumettre à l'examen du juge judiciaire la situation des personnes concernées. Ainsi, au nom du respect du droit à la liberté et à la sûreté, le juge des libertés et de la détention intervient désormais en amont de la privation de liberté, dans un bref délai.

Si l'avènement, en France, de la judiciarisation de l'hospitalisation sans consentement est historique, l'on ne peut pour autant ignorer les difficultés pratiques provoquées par cette réforme ; ces difficultés peuvent toutefois être atténuées, en invitant l'administration judiciaire à tenir compte des pratiques hospitalières et de l'intérêt des patients.

### ***L'impact éthique de l'utilisation de l'entrevue semi-structurée dans l'évaluation de la dangerosité***

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Philippe Pinel, au 18<sup>e</sup> siècle, fut l'un des premiers médecins à critiquer le traitement des malades mentaux et à se battre pour leurs droits. Depuis, la société a voulu, à différents degrés, protéger les individus malades tout en étant conscients que certains d'entre eux, de par leur maladie, posent un risque pour la communauté. Des mesures judiciaires ont donc été mises en place, permettant d'outrepasser le consentement d'un patient à son hospitalisation, lorsque celui-ci est jugé trop dangereux pour vivre parmi ses pairs. La dangerosité devient alors un concept-clé qui doit être maîtrisé pour assurer la légitimité éthique d'un soin sans consentement. Or, la méthodologie à employer pour effectuer l'évaluation du risque de violence demeure sujette à controverse. Plusieurs établissements utilisent l'entrevue semi-dirigée alors qu'une somme considérable d'écrits critique cette méthode et préconise l'outil d'évaluation structuré. C'est donc dire qu'une évaluation vitale afin d'assurer l'autonomie et la liberté des patients est faite par une méthode jugée comme étant peu fiable. Nous posons alors la question : quel est l'impact au niveau éthique de l'utilisation de l'entrevue semi-structurée dans l'évaluation de la dangerosité lors de l'admission d'un patient à l'urgence psychiatrique ?

### ***Singularités et complexité: le patient médico-légal, le psychiatrie et tous les autres: L'expérience québécoise***

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Les guides de pratique recommandent de ne pas agir à titre d'expert lorsqu'on est médecin traitant d'un patient. Il est parfois difficile de s'y conformer. Un médecin traitant peut être appelé comme témoin de fait par différents tribunaux mais le juge peut, sur le banc, le reconnaître expert. Au Québec le psychiatre-expert peut être amené à traiter un accusé pendant le processus d'évaluation. Cette dualité de rôle amène des défis médico-légaux et éthiques qui s'illustrent bien dans la prise en charge de patients jugés irresponsables au plan pénal et placés sous l'autorité de la Commission d'examen des troubles mentaux. Il s'agit de patients présentant une violence associée à une maladie mentale et pour lesquels une opinion quant à leur dangerosité est demandée. Les cas de figures sont multiples, et les situations sont complexes. Le psychiatre traitant, lors des audiences devant le tribunal, donne une opinion d'expert sur la dangerosité et les capacités réadaptatives du patient. Nous aborderons comment le psychiatre peut arriver à émerger de ce conflit de rôle pour conserver une relation thérapeutique avec les patients tout en répondant aux exigences du tribunal. Nous examinerons comment le tribunal, peut avoir un rôle facilitateur dans l'actualisation du plan de traitement

## **247. La Santé Mentale des Personnes Vulnérables**

### ***Trajectoires addictives des personnes âgées (PA) et trajectoires de recherche d'aide et d'utilisation de services : le point de vue des usagers***

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La consommation problématique de substances psychoactives (SPA) est vécue par de nombreuses personnes âgées (PA). La présence de PA dans les centres de réadaptation en dépendance (CRD) se serait d'ailleurs accentuée au cours des dernières années. Certaines PA en traitement présentent une consommation problématique de SPA qui dure depuis de nombreuses années et est généralement associée à de multiples problèmes associés (santé physique, santé mentale, problèmes légaux, etc.). La consommation problématique de SPA et ses conséquences pour les PA demeurent un phénomène méconnu. Le point de vue des PA est rarement recueilli et les dimensions individuelles et sociales influençant leurs parcours sont peu documentées. Notre objectif est de décrire les trajectoires de recherche d'aide et d'utilisation de services en lien avec les trajectoires de consommation de SPA des personnes âgées en CRD de leur point de vue. Les résultats de cette étude qualitative descriptive, basée sur des entrevues individuelles en profondeur auprès de personnes âgées de 65 ans et plus en CRD, permettent d'illustrer les

différentes interrelations entre les trajectoires addictives et de recherche d'aide et les événements marquants, notamment les épisodes de comorbidités, qui les façonnent, singulièrement ou concurremment. Les implications cliniques de ces résultats seront discutées.

## ***La santé mentale des personnes obèses: Resultats d'une étude descriptive exploratoire***

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L'obésité atteint une prévalence mondiale de 11 % (OMS, 2014). Les conséquences de ce problème sur la santé physique sont connues, mais l'impact sur la santé mentale et les caractéristiques psychosociales de la personne obèse nécessitent plus d'attention. Cette étude vise à décrire, comprendre et étudier la perception de l'expérience des patients obèses à partir d'indicateurs tels que la dépression, l'anxiété, les troubles de comportements alimentaires, la qualité de vie et les attentes face aux poids. Un devis mixte a été utilisé avec 117 participants. Les résultats révèlent que les patients en attente de chirurgie présentent une plus faible qualité de vie ( $z=-3.86^{***}$ ), des symptômes anxieux et dépressifs plus marqués ( $z=-2.58^{**}$  et  $z=-2.98^{**}$ ), des comportements alimentaires atypiques ( $z=-2.70^{**}$ ) et un poids de rêve plus bas ( $z=-4.27^{***}$ ) que les patients engagés dans un programme de modification des habitudes de vie. Nous identifions aussi de nouveaux déterminants de la qualité de vie des personnes obèses, soit l'anxiété et le poids de rêve. Les patients obèses en attente de chirurgie vivent une détresse plus marquée que les patients suivant un programme en modification des habitudes de vie, mais chez ces derniers la détresse demeure plus grande que celle retrouvée dans la population normale.

## ***Perdre sa santé mentale en gagnant sa vie***

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Dans nos sociétés contemporaines, on gagne plus souvent son pain au risque de sa santé mentale qu'à la sueur de son front. Au cours des dernières décennies, les maladies mentales ont compté pour une part croissante des invalidités professionnelles ; elles sont maintenant, et de loin, la première cause d'arrêt de travail pour raison de santé. Nous réviserons dans la première partie de cette présentation les données scientifiques publiées sur le sujet. Depuis dix ans, nous avons évalué aux fins d'expertise environ plus de 2000 travailleurs invalides à la demande des assureurs, des employeurs ou des syndicats. Dans la deuxième partie de la présentation, nous partagerons nos constatations au sujet de l'invalidité professionnelle, à partir des 2000 évaluations effectuées en utilisant les critères diagnostics du DSM-IV. Nous établirons quels sont les diagnostics psychiatriques et les problèmes psychosociaux les plus fréquents. Nous considérerons l'importance du nombre et des différents types de problèmes psychosociaux. Nous nous attarderons aux spécificités de certains groupes, les femmes et les minorités visibles. Nous

suivrons sur dix ans l'évolution des facteurs qui influencent l'invalidité professionnelle pour raison de santé mentale. Nous vérifierons la concordance entre le médecin traitant et l'expert.

## ***Modification des habitudes alimentaires et du niveau d'activité physique chez les enfants obèses en traitement avec le système ETIOBE***

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Concevoir un traitement efficace qui permette d'améliorer le contrôle du poids chez les enfants avec obésité et en plus qui favorise de saines habitudes est un objectif essentiel de la thérapie cognitivo-comportementale (TCC), destinée au traitement de l'obésité infantile. En même temps, l'utilisation des technologies de l'information et de la communication (TIC) émerge comme un puissant moyen pour augmenter l'adhérence des enfants au traitement et pour obtenir de meilleurs résultats maintenus au fil du temps. ETIOBE est un système basé sur Internet pour appuyer le traitement de l'obésité infantile. Son but est de promouvoir l'adhésion aux prescriptions thérapeutiques, encourageant ainsi une meilleure réalisation des objectifs thérapeutiques. Le but de cette étude est de montrer l'efficacité du système ETIOBE pour l'acquisition d'habitudes alimentaires plus saines et l'augmentation de l'activité physique dans une population avec obésité infantile. L'échantillon se composait de 47 enfants qui ont rempli une TCC axée sur la modification du mode de vie. Les enfants ont été assignés au hasard à deux conditions de traitement : (A) TCC traditionnelle et (B) TCC appuyée par le système ETIOBE. Les enfants ont complété auto-registres sur l'alimentation et l'activité physique afin d'évaluer le changement dans les habitudes alimentaires et l'exercice physique. Résultats : les enfants assignés à la condition B ont obtenu une augmentation de la consommation d'aliments sains (fruits et légumes) et une réduction de la consommation d'aliments gras; les enfants de ce groupe aussi ont été plus actifs que les enfants dans le groupe A. L'utilisation de TIC comme ETIOBE pour appuyer le traitement de l'obésité infantile a permis d'obtenir des habitudes plus saines et d'améliorer l'adhésion des enfants au traitement en permettant un suivi continu de l'évolution de chaque enfant.

## ***Perception du poids, désir de perdre du poids et insatisfactions corporelles : Une comparaison culturelle à partir d'étudiants marocains et québécois***

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Il existe des différences culturelles sur le plan des préférences corporelles. Dans les cultures dites traditionnelles comme en Afrique, l'embonpoint a été longtemps relié à la fertilité et à la séduction. L'étude actuelle s'intéresse aux possibles différences culturelles existant entre des participants marocains et québécois par rapport au poids, au désir de perdre du poids et aux insatisfactions corporelles. Les participants sont 210 étudiants marocains (n=63) et Québécois (n=147) ayant rempli des questionnaires en ligne ou en salle de classe. Les résultats font état de différences significatives entre les deux groupes en ce qui a trait au poids, au désir de perdre du poids et à l'insatisfaction corporelle. Les étudiants marocains ont un indice de masse corporelle significativement moins élevé, sont moins nombreux à vouloir modifier leur poids et leur apparence et rapportent moins d'insatisfactions corporelles que les étudiants québécois. Au Maroc, le désir de modifier son poids comprend à la fois la perte de poids (31.3%) et le gain de poids (40.6%), alors qu'au Québec, ce désir porte uniquement sur la perte de poids. Les raisons évoquées pour perdre du poids diffèrent en fonction du groupe culturel : les marocains soulèvent des raisons en lien avec la santé ou le besoin de plaire à son partenaire amoureux et les québécois des raisons portant sur être bien dans sa peau. Les résultats de la présente étude indiquent que les préoccupations par rapport au poids et à l'image corporelle se retrouvent tant au Maroc qu'au Québec. Toutefois, des différences culturelles ressortent quant à l'expression de ces préoccupations. Par ailleurs, considérant que les messages médiatiques occidentaux sont de plus en plus fréquents au Maroc, les marocains semblent à risque de devenir plus insatisfaits de leur corps.

### ***Utilisation de la réalité virtuelle avec des personnes obèses ou aux prises avec des problèmes d'image corporelle***

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L'arrivée de produits comme l'Oculus Rift et le Samsung GearVR ramène la réalité virtuelle à l'avant plan dans l'actualité. Les technologies immersives étant désormais disponibles à un coût acceptable, les yeux se tournent vers les applications possibles pour les personnes souffrant de problèmes de santé physique ou mentale. Or, il existe plusieurs outils de réalité virtuelle pouvant être utilisés pour évaluer et traiter les personnes souffrant d'obésité ou de problèmes liés au poids et à l'image corporelle. Cette présentation fera le point sur le sujet en: (a) expliquant le concept d'intégration multisensorielle qui permet à la réalité virtuelle d'induire des réactions émotionnelles chez ses utilisateurs; (b) décrivant trois études montrant la capacité d'éveiller des préoccupations envers l'image corporelle, et (c) résumant une recension des sept études effectuées auprès d'adultes souffrant d'obésité ou de troubles alimentaires où la réalité virtuelle a été utilisée avec succès comme outil thérapeutique.

## **248. Pour limiter la perte du droit de se mouvoir librement : compréhension et interventions précoces auprès des personnes à risque d'agression**

### ***Identification et analyse des facteurs contributifs à la diminution des mesures de contrôle en déficience intellectuelle***

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**Contexte.** Les personnes ayant une déficience intellectuelle (DI) et un trouble grave du comportement (TGC) sont à risque de présenter des comportements agressifs nécessitant l'utilisation de mesures de contrôle (isolement, contention, services privés). Une cohorte de ces patients-enfants devenus adultes ayant une longue histoire d'institutionnalisation a été transférée dans un établissement adulte en raison de leur dangerosité et de l'application d'importantes mesures de contrôle. Depuis leur transfert, les mesures de contrôle utilisées pour la plupart des patients ont été réduites. L'**objectif** est de décrire et comprendre les interventions qui ont favorisé la réduction de ces mesures. **Méthode.** Il s'agit d'une étude rétrospective sur dossier auprès des 11 patients DI-TGC de 2008 à 2012. Nous avons établi la courbe Isolement/Contention (IC) de chacun des patients, isolé les périodes significatives de réduction IC et examiné les changements concernant la médication, les interventions professionnelles, l'aménagement physique et l'implication des familles. **Résultats :** la compréhension du comportement, le respect des droits, les accommodements sont les interventions les plus courantes. **Retombées.** Cette étude pourrait inspirer d'autres équipes à essayer des façons de faire différentes avec des clientèles ayant des TGC. Sur le plan scientifique, nous explorons une réalité très peu étudiée en centre hospitalier psychiatrique.

### ***Perceptions et pratiques de gestion du risque chez les intervenants de proximité d'une unité de soins psychiatriques***

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**Contexte.** Plusieurs questions éthiques et problématiques sont associées à des pratiques variables entre les intervenants quant à l'utilisation des mesures de contrôle et à un sens différentiel quant aux critères définissant le « danger » et le « risque » en psychiatrie. L'étude des contextes de pratique clinique et la différence de discours sur le risque demeurent peu considérées. **Objectifs :** Décrire les représentations sociales de la dangerosité des intervenants de proximité 2) Décrire leurs perceptions du risque au travail 3) Décrire les réactions à l'égard du risque perçu. **Méthode :** Observation participante et entrevues semi-structurées avec 10 intervenants de proximité **Résultats :** Les préposés aux bénéficiaires, l'agent de sécurité et les infirmières volantes ont une perception du risque plus élevée au travail que les infirmières régulières en raison de leur forte exposition au risque d'agression et de la méconnaissance des patients de

l'unité. Une plus grande vigilance et prudence semble être associée à une plus forte perception du risque au travail. **Retombées** : Cette étude contribue à décrire les représentations sociales de la dangerosité et les perceptions du risque au travail du point de vue des intervenants, en lien avec leurs pratiques de gestion du risque.

### ***Développement d'une intervention de retour post-isolement : une approche participative***

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**Contexte.** En dernier recours, l'isolement avec ou sans contentions est utilisé pour gérer un comportement agressif. Les conséquences néfastes associées ayant été abondamment documentées, une intervention de retour post-isolement est préconisée auprès des personnes ayant vécu une mise en isolement ainsi qu'auprès des intervenants. Cette intervention participe d'une pratique réflexive et se centre sur l'échange émotionnel, les étapes de la prise de décision et la projection des interventions futures (Huckshorn, 2005). **Objectif.** Le but de la présentation est de discuter des résultats préliminaires de la phase de développement du retour post-isolement dans un milieu de psychiatrie aiguë. **Méthode.** Basée sur un devis d'étude de cas instrumentale (Stake, 2005), cette étude prône un partenariat entre le milieu clinique et la recherche par une approche participative. Une immersion dans le milieu et des entretiens avec des intervenants (n=13) et des patients (n=3) feront l'objet d'une analyse qualitative selon Miles et Huberman (2003). **Résultats.** Les résultats préliminaires de l'étude (avril 2014-mars 2015) seront présentés en soulignant la nature participative du devis. **Retombées.** Cette présentation permettra de discuter d'un retour post-isolement qui tient compte du contexte d'implantation, des besoins des intervenants, des droits et besoins du patient.

### ***Prise en charge médicamenteuse des états d'agitation***

Alexandre Dumais, *Université de Montréal* (alexandredumais@hotmail.com)

**Contexte.** La gestion des patients agités dans les services d'urgence est un phénomène courant, et crucial pour la sécurité du patient et du personnel soignant. Aucune stratégie thérapeutique médicamenteuse n'a montré une efficacité supérieure pour la gestion de l'agitation, les traitements les plus couramment utilisés étant les antipsychotiques de première génération (AP), les benzodiazépines (BZD) de court délai d'action, et leurs associations. Une stratégie couramment utilisée dans les services d'urgence, est l'association lorazepam + haloperidol. Cependant, les preuves scientifiques en recherche concernant ces pratiques restent très limitées en raison de leurs difficultés de réalisation sur le plan pratique. **Objectif.** Le but de la présente étude est de comparer l'efficacité et la tolérance d'un traitement associant un AP et une BZD à l'utilisation d'une BZD seule. **Méthode.** Essai randomisé contrôlé ouvert en double aveugle. 30 patients dans chaque groupe. **Résultats.** L'étude a commencé en mai 2014 et se terminera en mai 2015. Les groupes seront comparés sur l'efficacité et la tolérance aux 2 traitements offerts.

**Retombées.** Faire émerger des conduites médicamenteuses à tenir pour les états d'agitation, basées sur des preuves expérimentales robustes et applicables en pratique courante et qui auront pour effet de diminuer l'utilisation des mesures de contrôle.

## ***How Mental Illnesses Affect Parenting Skills: a Structured View of the Literature***

Luigi De Benedictis, *Université de Montréal* (Luigi.db9@gmail.com)

**Problématique :** Les compétences parentales des parents d'enfants souffrant de maladies mentales sont peu considérées par les intervenants, notamment en ce qui a trait à leur capacité à gérer les comportements agressifs. **Méthode :** Un examen structuré de la littérature a été effectuée en utilisant la base de données MEDLINE, PsycINFO et Embase. Les critères de sélection sont les suivants : 1) articles publiés après 1995, rédigés en français ou en anglais ; 2) prétend étudier les compétences parentales, sur la base des définitions indiquées ci-dessus ; 3) utilise les critères de diagnostic de maladies mentales basées soit sur le DSM-IV, le DSM-IV-TR ou la CIM-10 ; 4) offre une vue d'ensemble de l'impact des compétences parentales sur le développement de l'enfant. **Résultats:** Les défis parentaux varient selon les différentes maladies mentales et les différentes étapes de développement de l'enfant. La réactivité émotionnelle sous-optimale ou inappropriée des enfants, l'augmentation des interactions négatives entre parents et enfants et leur manque de maîtrise de leurs comportements constituent le défi parental. **Conclusions:** L'effet de la maladie mentale sur les compétences parentales soulève des préoccupations sur la façon dont les systèmes de soins de santé pourraient mieux soutenir ce segment vulnérable de la population.

## **249. Recherches médicales et éthiques**

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### ***Nouvelle réglementation de la recherche sur l'homme : quelles conséquences de la Loi JARDE pour les Comités de Protection des Personnes ?***

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La loi 2012-300 soumet toute recherche sur l'homme à l'avis préalable d'un Comité de Protection des Personnes (CPP). Le volume et la variété des recherches concernées n'ont pas été évalués. L'objectif de ce travail est de décrire l'activité d'un réseau de comités d'éthique de la recherche (CER) locaux, développé pour répondre à la demande croissante d'avis pour des

recherches hors du champ de la loi Huriet, et d'en déduire d'éventuelles conséquences pour les CPP. Recherche action et analyse rétrospective de l'activité du dispositif. 5 structures hospitalières et/ou universitaires ont développé des CER locaux structurés autour d'un CPP/IRB, dont le plus actif se réunit mensuellement. 86 dossiers ont été examinés entre juin 2012 et mai 2014 grâce à ce dispositif, dont 16 ont été réorientés vers un CPP. Le délai maximal de rendu des avis est de 3 mois pour le plus actif. Les recherches concernaient des recherches non interventionnelles, notamment sur entrepôts de données, mais aussi en psychologie, ou en pédagogie. Il existe une augmentation et une diversification des projets de recherche qui devront être traités par les CPP dont le nombre est prévu constant, la composition identique, et le budget diminué.

### ***Questions éthiques émergentes en France autour de prélèvement d'organe sur DDAC contrôlé***

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Le programme de prélèvements d'organes sur les personnes décédées d'un arrêt cardiaque non contrôlé se développe peu en France. Nous proposons une analyse critique des résultats de cette activité. Les textes réglementaires, le rapport d'activité de l'ABM 2013, les recommandations publiées par les sociétés savantes, la diffusion auprès de la société civile et son acceptation de ces pratiques sont analysés, discutés et mis en perspectives avec les pratiques internationales et les progrès des biotechnologies. Ce programme se heurte à des difficultés de terrain inattendues, alors que le taux de refus exprimé par les familles est plus faible (> 25%) que lorsque les prélèvements sont envisagés après constat de mort encéphalique (>30%). De véritables tensions éthiques émergent du terrain. Certaines d'entre elles sont liées à des contraintes temporelles et organisationnelles, tandis que d'autres relèvent d'un malaise médical vis-à-vis de la prise de décision préhospitalière. L'absence de développement de l'activité de prélèvements à cœur arrêté non contrôlé en France incite à douter de l'acceptabilité de cette pratique par les professionnels et à réfléchir à de nouvelles stratégies de mise en œuvre.

### ***Enjeux éthiques du partage des données de santé à l'ère des Big Data***

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L'application des technologies de l'information et de la communication à la santé donne naissance à une « e-santé », qui regroupe tous les aspects numériques liés la santé. Les défis déjà identifiés sont nombreux et les besoins d'informatisation n'ont jamais été aussi importants pour la prise en charge médicale. Ils justifient l'usage de nouvelles infrastructures informatiques, et la création de nouveaux types de bases de données, propices à leur partage. Des plateformes de ressources de données informatisées se constituent, et certains établissements proposent, au

même titre que la conservation systématique d'échantillons biologiques, la conservation des données de santé dans un objectif de recherche. Une porosité inédite s'installe progressivement entre le soin et la recherche, dans un objectif global d'amélioration de l'état de santé physique des individus, réduits à des corps, au risque de compromettre des notions aussi symboliques de l'éthique médicale que le secret médical et l'autonomie. L'effet de la généralisation de ces pratiques et de leurs conséquences sur la personne humaine et les rapports qu'elle entretient avec son corps et la société mériteraient d'être pensées, dans une approche d'éthique anticipative, compte-tenu des attendus de nos sociétés.

## ***Les Prélèvements et Greffes d'organes en Algérie : Aspects Juridiques et Éthiques***

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Le rapide développement que connaissent les technologies biomédicales et les grandes avancées que connaît la médecine aujourd'hui, la pénurie d'organes, de tissus font que les greffes et transplantations d'organes soient indéniablement incontournables, leur demande étant en croissance permanente en Algérie. Domaine nouveau appelé à prendre de l'essor, les médecins intervenants sont conscients de l'enjeu à multifacette, médical, médicolégal, scientifique, juridique, social, psychologique, éthique, culturel et religieux. Car en pratique, ils butent sur des dispositions juridiques et religieuses qui ne laissent pas beaucoup de choix aux malades chez qui les conséquences particulièrement psychiques ne doivent plus être ignorées. C'est ce que nous voulons présenter dans cette communication.

## **250. Réflexions éthiques dans l'approche psycho-criminologique des auteurs et victimes de violences**

### ***La dimension éthique dans le choix d'une prise en charge des délinquants sexuels : l'intérêt du Good Lives Model***

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Serge Corneille, *Université de Liège* (serge.corneille@ulg.ac.be)

Le "Good Lives Model" (Ward,2003) est un modèle de réhabilitation (et non une simple technique de traitement) qui rompt avec les approches centrées sur la prévention de la récidive en repositionnant le bien-être du bénéficiaire au centre de l'intervention thérapeutique. La

prévention de la récidive n'est plus considérée comme une fin en soi mais comme un des multiples moyens d'assurer au bénéficiaire une vie plus satisfaisante. Dans cette optique, l'intervention G.L.M. vise à la satisfaction de besoins humains fondamentaux et non à l'éradication de besoins déviants, à la promotion de la désistance plutôt qu'à la prévention de la récidive, à l'acquisition d'un plus grand bien-être psychologique plutôt qu'à la seule poursuite d'impératifs de sécurité publique. Ce n'est plus un comportement isolé qui est visé par l'intervention mais la personne elle-même dans toute la globalité et la complexité de sa vie. Le thérapeute ne se positionne plus comme un "technicien du comportement" mais comme un "alter ego en humanité" et qui va miser sur cette humanité commune pour concilier aide à la personne et promotion de comportements pro-sociaux. Cela a pour corollaire que l'efficacité de l'intervention G.L.M. ne repose plus sur les seules épaules du bénéficiaire mais dépend également du degré de motivation et d'implication dans le traitement de l'intervenant lui-même. Enfin, l'intervention G.L.M. devra être adaptée aux besoins de chaque bénéficiaire plutôt que d'exiger de chacun de ceux-ci qu'il ne s'adapte aux contraintes d'un traitement standardisé. L'ensemble de ces éléments nous laisse penser qu'en matière de prise en charge des auteurs d'infraction à caractère sexuel, le Good Lives Model nous paraît être un modèle plus compatible avec les exigences éthiques qui sont les nôtres.

## ***Personnalité antisociale et psychopathologie***

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Notre communication a pour objectif de confronter les critères de la personnalité antisociale du DSM-IV et du DSM-5 à une réflexion psychopathologique. Nous commencerons par une analyse des différentes contradictions propres au diagnostic qui nous mèneront à l'identification du critère « primaire » de cette entité qui est l'« incapacité à se conformer aux lois et normes sociales ». Nous confronterons ensuite à des situations cliniques l'hétérogénéité des profils pouvant répondre à ce diagnostic. Nos constats nous conduiront à mettre en doute la validité apparente du concept de personnalité antisociale, puisqu'il recouvre des modes de fonctionnement psychologique variés. La valeur discriminative faible, en matière de fonctionnement psychologique, suggère que c'est une dimension autre que psychopathologique qui organise ce diagnostic. Dénuée de toute attention pour les modes d'interactions, pour le vécu émotionnel et pour les états de subjectivité, la notion de personnalité antisociale ne porte pas d'intérêt à l'individu qu'elle catégorise, mais bien à l'acte délinquant commis par ce dernier. Nous concluons sur le constat de l'absence de dimension psychopathologique de la personnalité antisociale, qui se révèle être un diagnostic principalement criminologique, à l'inverse des fondements de l'éthique psychopathologique.

## ***Risque de disparition de l'analyse différenciée des phénomènes complexes dans le domaine médico-légal***

Michel Martin, *Université de Mons* (mihm.martin@gmail.com)

Il y aurait un lien entre la marginalisation des systèmes théoriques rendant compte des capacités de mentalisation et de la complexité d'élaboration psychique des personnes, d'une part et l'évolution culturelle occidentale actuelle, produit de ce que Schnapper appelle la démocratie extrême, d'autre part. La conséquence dans le domaine médico-légal et dans les processus d'évaluation des actes, de la personnalité et de son inscription dans son environnement est une réduction de champ très préjudiciable à la compréhension des phénomènes. La nomenclature internationale dominante (DSM), a-théorique mais à visée totalisante, est établie sur une position étroitement synchronique actuelle fermée, sous-tendue de façon non explicite par une finalité d'utilitarisme et de contrôle social. Ce qui conduit à ne plus 'penser' les phénomènes et produit un système de contrôle invasif et normalisateur. Nous y opposons l'approche diachronique ouverte : celle-ci n'évalue jamais un phénomène sans le replacer dans son histoire, son contexte et la complexité de ses composants visibles et invisibles. A la singularité d'un état correspond la singularité de la réponse. Cela engage toute la conception des réponses dans le champ médico-légal. Cette critique sera illustrée par l'analyse de la conception et de l'usage des entités « Personnalité antisociale » et « Trouble des conduites ».

***La place de la victime dans les suivis judiciaires des auteurs : comment cette « avancée sociétale » peut-elle enfermer la victime dans son statut ou la transformer en bourreau ?***

Adelaïde Blavier, *Université de Liège* (adelaide.blavier@ulg.ac.be)

Sous la pression sociale et médiatique, le système judiciaire offre une place de plus en plus importante aux victimes dans le cadre des procédures les concernant directement mais concernant également le suivi judiciaire de l'auteur. Les victimes sont ainsi maintenant beaucoup plus présentes à toutes les étapes des procédures judiciaires, lors du procès mais aussi lors du suivi de la peine et des demandes de libération conditionnelle, par exemple. Cette place de la victime qui est présentée comme une avancée sociétale importante (demandée par les victimes elles-mêmes), notamment en matière de reconnaissance du statut de victime, comporte cependant de nombreux revers que l'exposé vise à démontrer. Un des premiers tient à la longueur des procédures judiciaires qui maintiennent la victime dans un état ou statut de victime qui peut devenir une véritable identité pour celle-ci. La personne ne se définit plus que comme victime, son seul objectif étant une soif de reconnaissance avec comme corollaire, le souhait d'une punition pour l'auteur de son état de victime. Le sentiment de vengeance s'immisce ainsi dans la procédure judiciaire réputée neutre et impartiale. En outre, la réponse judiciaire ne peut en général que partiellement satisfaire la victime car rien ne lui rendra jamais son état antérieur. La victime, malgré son implication de plus en plus active dans la procédure, n'en sera que plus écoeuvrée, découragée et/ou blessée, donnant naissance à un sentiment d'injustice profond et à un processus de victimisation secondaire qui peut être à l'origine d'un décrochage social et/ou légal important et du développement de psychopathologies autres que le PTSD.

## ***Les enfants soldats : des victimes devant le Tribunal Pénal International***

Jean-Louis Gilissen, *Avocat au Tribunal Pénal International* (jl.gilissen@avocat.be)

Une des innovations majeures de le Tribunal Pénal International consiste à permettre à des personnes revendiquant le statut de victimes de participer aux procédures. Les enfants soldats constituent un type particulier de victimes qu'il a fallu défendre dans le cadre des premiers procès diligentés par la Tribunal Pénal International à l'égard de chefs de milices ayant opéré dans le district de l'Ituri, une partie de la Province de l'Est de la République Démocratique du Congo. Le présent exposé se propose d'aborder le phénomène complexe des enfants soldats en RDC. Ces enfants soldats, rencontrés sur les lieux d'exactions, ont participé aux activités des milices et, dans certains cas, à des combats caractérisés par la commission d'exactions constitutives de crimes de guerre et de crimes contre l'humanité. Il importe de décrire la situation qui était la leur et les importants dommages qu'ils ont subis. Seront également abordées les particularités du mécanisme de réparation qui, pour la première fois en droit pénal international, est appelé à être mis en œuvre.

### **251. Risques et avantages liés à l'exposition accidentelle ou non à des agents pharmacologiques ou biologiques**

#### ***Étude des facteurs de risque des transporteurs in corpore de boulettes de stupéfiants ingérées : aspects éthiques***

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Une étude observationnelle en soins courants des facteurs pronostiques après ingestion de boulettes de stupéfiants *in corpore* est réalisée dans le but d'améliorer la prise en charge médico-chirurgicale des transporteurs de boulettes. Elle n'est réalisable que sur une population de personnes privées de liberté. Celles-ci ne présentent souvent aucun symptôme et ne se considèrent pas comme souffrant d'une pathologie. Elles encourent un risque vital en cas de rupture de corps étrangers. L'asymétrie de la relation médecin-patient inhérente à la position de la personne non détentrice du savoir médical est accentuée par la privation de liberté. L'absence de choix du médecin en est une traduction évidente. La barrière de la langue et le fait que le médecin soit tenu de répondre aux réquisitions de l'autorité requérante renforcent le questionnement éthique sur la validité du consentement. La prise en charge est modulée par le

principe « *Primum non nocere* » proscrivant toute prise de risque inconsidérée pour la personne. Des pathologies incidentes sont découvertes chez ces patients majoritairement sans couverture sociale et en provenance de pays émergents. L'annonce du diagnostic, la compréhension de la pathologie et l'instauration de la prise en charge médicale et/ou chirurgicale des incidentalomes sollicitent une réflexion éthique propre.

## ***Découverte d'incidentalôme sur 100 scanners abdomino-pelviens pratiqués dans la prise en charge des body-packers***

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Le but de l'étude est d'identifier les incidentalômes, pathologies incidentes /découvertes sur un scanner abdomino-pelvien pratiqué de manière systématique chez des transporteurs de cocaïne in corpore afin d'évaluer la persistance de boulettes de cocaïne. Il s'agit de l'étude rétrospective d'une population de 100 *body-packers* entre octobre 2011 et mars 2013. Age des patients : entre 17 ans et 64 ans. Age moyen : 34 ans. Le sex ratio H/F est 86/14.

Les pathologies retrouvées sont :

- . des calcifications : hépatiques, artério-veineuses, intra-péritonéales, spléniques, phréniques, adénopathies calcifiées
- . des calculs : rénaux, vésiculaires, urétéraux
- . des kystes : vésiculaires, rénaux, ovariens fonctionnels
- . des nodules : hépatique, pré-aortico-cave, surrénalien

De nombreux incidentalômes n'ont pas de conséquence immédiate ni différée sur la santé du patient transporteur in corpore de produit stupéfiant. Ceux-ci ne font pas l'objet d'investigation ni de traitement complémentaire. Certains incidentalômes, mentionnés dans le compte-rendu d'hospitalisation, nécessitent une surveillance médicale ou un traitement spécifique ultérieur en milieu pénitentiaire : dilatation pyelo-calicielle, nodules hépatiques, nodule médiastinal pré-aortico-cave, nodule surrénalien, aspect tomodensitométrique de ganglioneurome. Cette étude permet de découvrir à l'aide du scanner abdomino-pelvien des pathologies chez ces patients majoritairement sans couverture sociale, en provenance de pays en voie de développement.

## ***Etude des facteurs de risque des transporteurs in corpore de boulettes de stupéfiants ingérées : aspects législatifs et réglementaires***

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Une étude en soins courants des facteurs pronostiques après ingestion de boulettes de stupéfiants *in corpore* est réalisée dans l'objectif d'améliorer la prise en charge médico-chirurgicale des transporteurs de boulettes. Elle n'est réalisable que sur une population de personnes privées de liberté. La législation française est vigilante concernant la protection du droit des personnes privées de liberté participant à une recherche biomédicale. La protection des personnes en matière de santé relève du Livre 1 du Code de la Santé Publique, sur les plans législatif et réglementaire. L'arrêté du 9 mars 2007 fixe la composition du dossier de demande d'avis au comité de protection des personnes pour les recherches visant à évaluer les soins courants mentionnés à l'article L.1121-1 du Code de la Santé Publique. Trois instances doivent être consultées : l'Agence nationale de sécurité du médicament et des produits de santé, le Comité de Protection des Personnes du lieu de déroulement de l'étude et la Commission Nationale de l'Informatique et des Libertés. Ce cadre juridique concilie le droit à l'autonomie de la volonté de la personne et les exigences de recherche biomédicale. La cohérence juridique passe par l'élaboration de normes en vue d'harmoniser les obligations pesant sur les chercheurs.

### ***Principe de précaution et gestion du risque infectieux lié aux bactéries multi-résistantes en établissement de santé: quels enjeux éthiques?***

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Les recommandations du Haut Comité de Santé Publique de 2013 imposent aux établissements de santé la mise en œuvre de mesures contraignantes lors de la prise en charge de patients porteurs de bactéries multi-résistantes (BMR). Peu de données existent sur les conséquences de ces mesures. À partir d'un cas clinique et d'une analyse bibliographique, une discussion des enjeux éthiques de ces mesures est amorcée à l'échelle individuelle et collective. Un retraité français, hospitalisé au Portugal, s'est vu refuser son rapatriement sanitaire pendant plusieurs mois en raison d'une infection à BMR nécessitant une prise en charge coûteuse. Il décédera deux jours après son retour en France. En France, tout patient porteur de BMR doit désormais être hospitalisé en chambre individuelle. Des mesures barrière lourdes sont mises en œuvre. Un personnel dédié est souvent requis. Chaque patient est désormais considéré comme une menace. Ce déplacement de responsabilité ne peut laisser indifférent, tout comme l'atteinte aux droits fondamentaux des patients générée. Est-il légitime de mobiliser le principe de précaution pour aboutir à l'imposition de mesures stigmatisantes et privatives de liberté dont l'efficacité, en dehors de tout contexte épidémique, ne fait pas consensus ?

### ***Sédation en médecine palliative – expérience française***

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Les progrès éclatants de la médecine moderne repoussent constamment les frontières entre vie et mort, sans pour autant « guérir la mort ». Dans les maladies graves, évolutives ou évoluées, les soins palliatifs s'intègrent dans la nécessaire continuité du soin. Leur but est d'améliorer la qualité de vie par le soulagement de la douleur, des autres symptômes d'inconfort et de la souffrance. Soutenant la vie et considérant la mort comme un processus naturel de l'existence humaine, ils n'accélèrent ni retardent le moment du décès. Quand tous les moyens disponibles et adaptés à une situation donnée ont été proposés et/ou mis en œuvre sans permettre d'obtenir le soulagement escompté, la sédation est alors envisageable. C'est une thérapeutique de dernier recours qui consiste en la recherche, par des moyens médicamenteux, d'une diminution de la vigilance pouvant aller jusqu'à la perte de conscience. Depuis la publication par Ventafridda et coll. en 1990 du premier article sur la sédation, cette pratique reste l'objet de nombreux débats et controverses dans le monde entier. Le but de notre travail est d'exposer l'expérience française en matière de sédation en médecine palliative de façon chronologique : à partir de la première publication française consacrée à ce sujet (1992) jusqu'à nos jours. Les aspects médicaux, linguistiques, juridiques et éthiques seront explorés et discutés. La notion d'intention sera questionnée.

## **252. Suicide**

### ***Nommer la mort volontaire: Interpréter les verdicts de suicide dans les enquêtes du coroner de Montréal entre 1767 et 1986***

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Cette communication propose de mettre en lumière la perception sociale et culturelle d'une part et la désignation juridique d'autre part en prenant comme exemples les verdicts donnés dans les cas de suicide par les coroners de Montréal de 1767 à 1986. Nous questionnerons les diverses mises en catégorie juridique à l'égard de la mort volontaire en insistant sur la formation des coroners (juristes ou médecins), sur l'évolution du code pénal sur le suicide et aussi sur la réaction sociale (et familiale) à l'endroit du geste posé par un proche. De félonie, en passant par suicide et suicide dans un moment de folie, la mort volontaire est lue également par certains coroners comme une destruction personnelle par certains coroners ou encore comme un décès sans responsabilité criminelle. C'est donc à partir du regard des coroners et des différents verdicts qu'ils ont donnés dans les cas de mort volontaire que nous serons à même de voir l'évolution du système pénal sur le sujet du suicide.

### ***De crime à problèmes de santé mentale: l'interprétation de la tentative de suicide dans les tribunaux du Québec entre 1892 et 1972***

Patrice Corriveau, *Université d'Ottawa* (patrice.corriveau@uottawa.ca)

Depuis l'époque où le suicide était traité par la justice canadienne au même titre qu'un meurtre prémédité jusqu'à la décriminalisation de la tentative de suicide en 1972, l'évolution de la réaction sociale à l'endroit du comportement suicidaire a connu un renversement spectaculaire. À l'aide d'une analyse des procès pour tentative de suicide au Québec entre 1892 et 1972 dans les archives du coroner, nous avons constaté un déplacement de l'interprétation de la tentative de suicide dans les cours de justice.

Dans le cadre de cette conférence, nous verrons que si le droit et la science médicale s'opposent à l'occasion pour imposer leur explication de la tentative de suicide, ils ne s'excluent pas mutuellement, se renforçant parfois l'un l'autre. En outre, nous constaterons que la réaction sociale au comportement suicidaire avait commencé à migrer du judiciaire au médical au sein même des cours de justice appelées à juger les personnes accusées de tentative de suicide, procédant ainsi de facto à une décriminalisation avant l'heure.

### ***Comportements suicidaires et trouble de déficit de l'attention (TDA/H) chez les détenus***

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À partir d'un échantillon de 565 individus nouvellement incarcérés, le lien entre comportement suicidaire et troubles mentaux a été étudié, avec une attention particulière pour le trouble de déficit de l'attention (TDA/H). Parmi les 565 répondants, 136, soit 24%, rapportent avoir déjà eu un comportement auto-agressif. La prévalence des troubles mentaux, incluant la possibilité de TDA/H, est toujours significativement plus élevée chez ces derniers répondants. Un modèle de régression logistique identifie six variables ayant une valeur de prédiction significative sur les comportements d'auto-agression : abus ou dépendance aux drogues, trouble anxieux, trouble de l'humeur, trouble psychotique, trouble de la personnalité borderline et possibilité de TDA/H. Pour les 91 répondants qui sont à risque de présenter un TDA/H (selon le Connors' Adult ADHD Rating Scales; CAARS), un modèle de régression logistique identifie trois variables ayant une valeur de prédiction significative sur les comportements d'auto-agression : trouble de l'humeur, trouble de la personnalité borderline et problèmes avec le concept de soi. Cette dernière variable correspond à l'un des quatre facteurs identifiés dans le CAARS.

### ***Les lettres d'adieux***

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L'étude que nous présentons porte sur un échantillon de 100 lettres d'adieu de personnes s'étant suicidées pour les années 2008 à 2013 à Genève. Trois grilles d'analyse, correspondant aux

principales méthodes d'analyse les plus fréquemment pratiquées, ont été appliquées: étude par classification, analyse de contenu et recherche theorico-conceptuelle.

Les résultats donnent des informations sur les contextes affectifs, sociaux et médico-psychiatriques présents lors des passages à l'acte suicidaire. Les motivations propres au vécu individuel sont mises en évidence. La grille d'analyse theorico-conceptuelle proposée par Leenaars est étudiée du point de vue de sa validité et sous l'angle de la vérification des principales théories du suicide.

Cette étude permet de saisir certains mécanismes psychiques méconnus, à l'œuvre durant les derniers instants avant le passage à l'acte suicidaire. Elle fournit des informations concernant la question médico-légale de la capacité de discernement au moment de l'acte suicidaire et offre des voies de réflexion dans le cadre de la prévention du suicide.

### ***Le suicide dans les pays du Maghreb : De l'autopsie médico-légale à l'autopsie psychologique***

Keltoum Messahli, *Université Blida* (messahlikeltoum@yahoo.fr)

Le suicide est marqué par une symbolique péjorative dans les sociétés arabo-musulmanes. L'islam interdit en effet le suicide et le considère comme un péché. De manière générale, Le suicide est traditionnellement un acte condamné dans le cadre des grandes religions monothéistes considéré comme un acte allant contre la souveraineté de Dieu et souvent d'ailleurs, Le suicidé sera même privé du rituel de la prière du mort. Ces considérations n'ont cependant diminué en rien les statistiques du suicide dans nos sociétés et les actes suicidaires constatés dans le cadre de notre activité en médecine légale ont longtemps gardé certaines particularités en rapport avec nos concepts culturels. Au-delà de ces considérations socioculturelles du suicide, nous assistons également à une mutation dans les tendances suicidaires classiques avec notamment l'apparition de nouveaux modes suicidaires tels que le suicide du kamikaze ou le suicide par immolation par le feu. Sur la base de notre expérience en médecine légale, nous souhaitons à travers cette communication mener une réflexion sur les nouvelles approches psychosociales du suicide en comparaison avec les considérations classiques. Nous tenterons ainsi de discuter de la problématique du passage à l'acte suicidaire dans ses composantes culturelles, psychosociales et psychiatriques.

## **253. Suites des traumatismes**

### ***Traumatisme volontaire ophthalmologique et incapacité totale de travail***

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Les lésions traumatiques ophtalmologiques volontaires représentent un pourcentage important des lésions examinées dans les unités médico-judiciaires. La connaissance par les médecins légistes des principes de l'évaluation des blessures du globe oculaire et de ses annexes est essentielle pour la fixation d'une incapacité totale de travail. Cette étude descriptive rétrospective évalue les caractéristiques médico-légales des blessures ophtalmologiques volontaires examinées à l'unité médico-judiciaire de l'Hôtel Dieu de Paris et analyse la détermination de l'incapacité totale de travail sur réquisition judiciaire, à propos de 100 situations cliniques d'août 2012 à juin 2013. Le recueil des données comprend les données cliniques avec éventuel examen ophtalmologique spécialisé, les mécanismes lésionnels, la fonction de l'œil et la détermination de l'incapacité totale de travail. Dans cette étude, les coups de poing sur le visage constituent le mécanisme lésionnel le plus fréquent (68 %). Les hématomes péri-orbitaires sont les lésions les plus fréquentes (45 %). L'évaluation des durées de l'incapacité totale de travail est homogène et les durées d'incapacité totale de travail inférieures ou égales à 8 jours représentent 87 % des cas. L'intérêt de ce travail est de pouvoir constituer une pré-étude de faisabilité à une étude prospective en vue de l'harmonisation des incapacités totales de travail en matière ophtalmologique.

### ***Mission et statut de médecin coordonnateur dans l'injonction de soins. Bilan et perspectives quinze ans après la loi du 17 juin 1998***

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La loi du 17 juin 1998 fait du médecin coordonnateur dans le cadre d'une injonction de soins l'interface entre praticien traitant et juge de l'application des peines. L'exercice de la médecine de coordination s'inscrit dans le champ des mesures de prévention de la récidive ; pour autant sa pratique est hétérogène, allant de la simple mission de contrôle à l'évaluation approfondie d'un profil de risque. C'est cette dernière conception qui est la nôtre, et qui repose sur la mise en œuvre d'une procédure d'évaluation approfondie, pluridisciplinaire et longitudinale, basée sur les données acquises de la science. Si cette hétérogénéité de pratiques se nourrit de l'imprécision des attentes judiciaires, elle est aussi le reflet de l'absence de statut juridique du médecin coordonnateur. La qualification juridique de cet exercice s'impose pourtant dans un souci d'égalité de traitement des justiciables et d'efficacité de la mesure. L'analyse des missions du médecin coordonnateur et des liens l'unissant aux autres acteurs du dispositif d'injonction de soins nous fait privilégier l'hypothèse de la qualification d'expert. Cette qualification nous semble pouvoir être retenue tant sur le plan organique que matériel.

## ***L'état de stress post-traumatique, ses déterminants et ses conséquences: étude prospective chez les victimes d'un incendie***

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Le 10 novembre 2010, un incendie a eu lieu dans un foyer dans lequel résidaient 141 personnes précaires (personnes issues de l'émigration, en difficultés professionnelles sociale ou économiques). Toutes les personnes présentes ont vécu la même chose sur le plan factuel. Toutes ont été exposées aux fumées toxiques de l'incendie, avec des intoxications très faibles à graves (justifiant l'usage du caisson hyperbare), à mortelle pour 7 personnes. Les personnes étaient âgées de 2 mois à 82 ans. Nous avons pu examiner 80 de ces personnes, enfants ou adultes. Nous avons évalué, pour chacune des personnes adultes et parlant français, la présence et l'intensité de symptômes de stress post traumatique ; Les niveaux de stress sont très variables d'un sujet à l'autre, y compris au sein d'une même famille. La reviviscence de violences subies dans le pays d'origine a causé des états de panique intense pour 2 personnes. Globalement, les facteurs habituels de stress post traumatique sont présents, mais dans ce cas particulier l'existence chez plus de 90% des personnes de violences dans leur pays d'origine est à prendre en compte, sous la forme d'une aggravation de leur situation antérieure, et notamment un fort sentiment d'insécurité.

## **254. Trauma et Troubles Liés à L'Utilisation de Substances**

### ***L'abandon de traitement chez une population d'adultes présentant un trouble lié à l'utilisation de substances et un antécédent d'abus sexuel, physique ou psychologique***

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Plus de 75 % des femmes et plus de 40% des hommes suivant un traitement pour leur trouble lié à l'utilisation de substances auraient un historique d'abus physique, sexuel ou émotionnel (Burgdorf et al., 2004, Pirard et al., 2005, Scheider et al., 2008). Or, le fait d'avoir subi des abus dans l'enfance prédit l'abandon des traitements visant la réduction des problèmes reliés à l'abus de substances (Claus et al., 2002, Palmer et al., 1995, Neumann et al., 2010), et ce, pour plus de 50% des participants (Neumann et al., 2010) . La présente étude compare les personnes ayant abandonné un traitement (41 participants anticipés sur 82 participants) de celles ne l'ayant pas abandonné chez une population adulte présentant un trouble lié à l'utilisation de substances et un historique d'abus sexuel, physique ou psychologique. Les personnes ayant abandonné seront comparées à celles n'ayant pas abandonné sur les caractéristiques sociodémographiques, la nature des abus vécus, la nature des substances consommées, la gravité de la consommation et la nature

des symptômes de stress post-traumatiques. En outre, les raisons de l'abandon seront documentées qualitativement. Les résultats permettront de dépister les personnes à risque d'abandon et d'ajuster, si nécessaire, les traitements qui leur sont proposés.

### ***Influence des symptômes de stress post-traumatiques sur la gravité de la consommation d'adultes aux prises avec des troubles liés à l'utilisation de substances ayant vécu des abus dans l'enfance***

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Les personnes ayant vécu un abus physique, sexuel ou émotionnel au cours de leur enfance et ayant développé des symptômes traumatiques par la suite seraient plus enclines à souffrir d'un trouble lié à l'utilisation de substances à l'âge adulte (Cleck et Blendy, 2008; Saban et Flisher, 2010). En outre, ces mêmes adultes sont particulièrement à risque de vivre des insuccès dans le traitement de leur trouble d'utilisation de substances. Pourtant, on ne connaît pas très bien le poids de l'état de stress post-traumatique quand vient le temps de prédire la gravité du trouble lié à l'utilisation de substances chez des adultes ayant des antécédents d'abus dans l'enfance, et ce, encore moins lorsque l'on compare les hommes et les femmes. La présentation vise à documenter le rôle de la gravité des symptômes post-traumatiques dans le lien entre les abus subis dans l'enfance et le trouble d'utilisation de substances à l'âge adulte, et ce, selon le sexe. Les résultats seront discutés, le cas échéant, en regard des ajustements qui pourraient être faits dans l'offre de services destinés aux adultes avec un trouble d'utilisation de substances présentant des antécédents d'abus dans l'enfance.

### ***Évaluation de la satisfaction d'adultes aux prises avec des troubles liés à l'utilisation de substances participant à un programme visant à réduire les symptômes post-traumatiques***

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Malgré l'amélioration des services pour les usagers présentant une dépendance aux psychotropes, ceux qui présentent à la fois un problème de dépendance et un stress post-traumatique ne semblent pas trouver réponse à leurs besoins (Tuten *et al.*, 2007). Pour répondre aux besoins spécifiques de ces personnes, le programme *Dépendance et stress post-traumatique*, adapté du programme *Seeking Safety* de Najavits (2001) a été implanté au Centre Portage-Québec depuis l'automne 2013. L'objectif de la présente étude vise à évaluer la satisfaction des participants en identifiant les aspects du programme les plus appréciés et ceux les moins appréciés. Une fois l'évaluation du programme complétée, à l'hiver 2015, 85 participants auront rempli un questionnaire de satisfaction pour chacun des ateliers et un questionnaire de satisfaction générale à la fin du programme. Des données préliminaires indiquent que le

programme évalué répondrait aux besoins des hommes et des femmes qui présentent à la fois un problème de dépendance et un stress post-traumatique. Toutefois, certaines stratégies d'animation et contenus du programme trop « académiques » et moins « thérapeutiques » seraient moins appréciés. D'ici janvier 2015, la suite des analyses permettra un portrait complet de la satisfaction des participants.

### ***Manifestations du trauma complexe chez des adolescentes victimes d'agression sexuelle sévères: les troubles liés à l'abus de substances***

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La notion de traumatisme complexe (Herman, 1992) réfère à la fois à l'exposition prolongée à des événements traumatiques intriqués dans les relations interpersonnelles de la victime ainsi qu'à leur impact en matière de conséquences (Cook et al., 2003). Huit domaines de conséquences sont associées au trauma complexe, dont celui de la régulation émotionnelle incluant l'étendue, la tolérance et la régulation des affects. L'impulsion de consommer et l'abus de substances constituent, entre autres, des manifestations de difficulté en ce domaine. La présente étude documentera les problèmes liés à l'abus de substances rapportés par 50 adolescentes agressées sexuellement en les mettant en relation avec différents aspects de leur vécu: leur histoire de vie, les caractéristiques de l'agression sexuelle subie et la tolérance et l'étendue de leurs affects. Toutes les adolescentes ont été interviewées à l'aide du Multidimensional Trauma, Recovery and Resiliency Interview (Harvey et al., 2003,). Se présentant sous la forme d'une entrevue semi-structurée invitant les adolescentes à raconter leur vie, cet instrument permet de mesurer les conséquences des traumas complexes pour les huit domaines. Par une analyse thématique des récits de vie (Bertaux, 1997), cette étude explorera les liens entre l'utilisation de substances et le vécu de ces adolescentes.

### **255. Tuerie**

#### ***Etude descriptive et évolutive d'une cohorte de 40 patients parricides hospitalisés à l'unité pour malades difficiles Henri Colin sur 15 ans***

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Le parricide est un crime rare, représentant en France 3% des homicides volontaires. Notre étude vise à identifier les principales caractéristiques de sujets parricides et à explorer leur évolution après le passage à l'acte. Nous avons inclus quarante patients, hospitalisés à l'UMD H.Colon sur une période de quinze ans.

Dans notre cohorte, le patient parricide est en fréquence un homme jeune (âge moyen 28 ans), célibataire, au réseau socio-professionnel pauvre, habitant avec la future victime. Plus de 2/3 des

patients ont des antécédents psychiatriques, à type majoritairement de schizophrénie paranoïde avec un appoint toxique non négligeable, et des antécédents légaux ou de violence à l'égard de la victime. Le passage à l'acte, soudain et non prémédité, vise le plus souvent la mère, et semble survenir dans un contexte de rupture de traitement et d'appoint toxique. La majorité des patients décrivent des perturbations relationnelles anciennes avec la victime, et un climat de dépendance hostile avec impasse situationnelle.

Le suivi de l'évolution de cette cohorte de patients après leur sortie de l'UMD retrouve une récurrence hétéroagressive rare et une relative insertion socio-familiale et dans le soin, au regard de la gravité de l'acte. La question de la prévention reste ouverte.

### ***Évaluation clinique et du risque des accusés au tribunal***

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Le système judiciaire et pénal doit composer quotidiennement avec des accusés qui présentent divers troubles psychologiques et psychiatriques. Dans un objectif à la fois sanitaire et de gestion du risque, les Cours de justice cherchent à s'adapter à ce type de problématique. Le Service d'évaluation criminologique de la Cour de l'Institut Philippe-Pinel de Montréal est un service spécialisé qui effectue plus de 900 interventions cliniques évaluatives par année auprès de nouveaux accusés, à la Cour provinciale et à la Cour municipale de Montréal. Ce service cherche à dresser un profil clinique sommaire des accusés, à identifier ceux qui présentent des problèmes de santé mentale et à les orienter en fonction de leurs besoins ainsi que du risque qu'ils représentent. Tout cela dans l'objectif de prendre des décisions légales plus éclairées et adaptées, au stade où la Cour se prononce sur la mise en liberté provisoire. Cet atelier a pour but d'exposer ce modèle d'intervention criminologique, d'en expliquer le fonctionnement et de décrire sommairement la clientèle. Nous examinerons les principaux facteurs retenus pour l'évaluation, en lien avec la littérature et en fonction du profil criminologique et psychiatrique des accusés, qui présentent souvent des problématiques complexes et un profil criminel atypique. Nous analyserons le rôle de ce service au tribunal et son utilisation par les intervenants légaux (avocats, procureurs et juges) ainsi que les enjeux cliniques et légaux liés à la remise en liberté. Nous accorderons une attention particulière aux accusés qui effectuent des menaces de violence à grande échelle ; terrorisme, tuerie de masse et tuerie institutionnelle.

### ***Les Homicides-suicides intra-familiaux non altruistes: à propos de 5 cas survenus dans la région de Grenoble***

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Les homicides infantiles sont des phénomènes ultra-médiatisés de nos jours, qui suscitent l'indignation de toute la société. Dans certains cas, ils peuvent être perpétrés par un des parents biologiques des enfants, pour des motifs divers, qualifiés dès lors sous le terme de « filicide ». Resnick a distingué en 1969, 5 types de filicides, dont le « Filicide-Vengeur », c'est-à-dire celui commis par un père ou une mère afin faire souffrir l'autre personne du couple. Le parent meurtrier se suicide ou tente de se suicider majoritairement dans les heures suivant les meurtres de ses propres enfants, ce qui est décrit dans la littérature sous l'appellation de « filicide-suicide ». Nous vous présentons 5 cas de filicides-suicides « vengeurs », survenues dans la région de Grenoble entre 2006 et 2013. Les auteurs de nos cas (1 femme et 4 hommes) sont âgés de 35 à 40 ans, et ont assassinés leurs propres enfants biologiques (fratries de deux à trois enfants) à leur domicile durant la nuit ou à l'aube, pendant un week-end. Ces passages à l'acte criminels ont lieu lors d'une procédure de séparation récente datant de moins de 3 mois, après plus de 10 ans de vie maritale. Nous soulignons dans deux cas, une mise en scène étrange avec incendie de l'intégralité du domicile familial. Nous insisterons sur les données recueillies lors des différentes levées de corps et tenterons d'analyser certains écrits laissés à titre posthume. Les filicides suicides vengeurs sont commis exclusivement au cours d'une procédure de séparation entre les parents. Etant donné l'augmentation du nombre de divorces à l'heure actuelle, on peut se demander si l'incidence de ce crime, difficilement compréhensible, n'augmenterait pas significativement au cours des années à venir ?

### ***Les crimes de masse dans la violence terroriste : Implications psychosociales actuelles***

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Notre expérience en médecine légale nous a permis de constater durant la période de 1991 à 2001 plus communément connue sous le terme de décennie noire, des violences d'une rare gravité touchant des populations civiles en masse évoluant de manière croissante dans le temps avec un nombre de plus en plus important de victimes. Notre activité en médecine légale nous a permis d'une part d'avoir une appréciation objective et médico-légale de ces formes de violences et d'autre part de suivre le parcours des victimes, leur devenir et celui de la société d'une manière générale. Cette communication vise deux objectifs : Définir d'une part les caractéristiques et les implications de ces crimes de masse et d'autre part analyser les répercussions psychologiques de ces violences sur les populations ainsi que les phénomènes de mutation sociale.

### **256. Violences sur les enfants, les femmes et les patients, en France**

***La prise en charge des auteurs de violences sexuelles en Bretagne (France): Enquête exploratoire en vue de la création d'un réseau de soins***

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Identifier les psychiatres et psychologues prenant en charge des auteurs de violences sexuelles (AVS) en Bretagne, les approches thérapeutiques utilisées, et les professionnels souhaitant intégrer un réseau de soins dédié. Enquête par questionnaire auprès des psychiatres et psychologues exerçant en Bretagne. Les questions concernaient les modalités psychothérapeutiques utilisées, l'effectif de la file active et le souhait de participer à un réseau de soins. 557 questionnaires sur 1788 ont été complétés. La prise en charge des AVS était préférentiellement réalisée par les psychologues ( $p = 0,026$ ). Il n'existait pas de différence significative entre les professionnels libéraux et institutionnels. Les approches thérapeutiques efficaces en termes de réduction du risque de récurrence étaient les moins utilisées. La diversité des approches thérapeutiques était supérieure pour les sujets non-AVS vs les sujets AVS ( $p < 0,001$ ). La majorité des professionnels souhaitait intégrer un réseau de soins dédié aux AVS. La prise en charge actuelle des AVS en Bretagne rend possible la création d'un réseau de soins dédié, pour repenser l'intervention du système de santé mentale tant en matière de soins que dans un objectif de prévention de la récurrence, selon les connaissances actuelles de la littérature.

### ***Corps vulnérables ? Violences mortelles sur la femme dans un cadre familial: analyse médico-légale et anthropologique***

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Cette étude rétrospective examine les violences mortelles directement infligées aux femmes dans un cadre familial ayant fait l'objet d'une autopsie à l'Institut médico-légal de Garches, réparties sur 4 départements limitrophes de Paris (Yvelines, sud des Hauts-de-Seine, Val d'Oise, Eure-et-Loir) sur 20 ans (1992 à 2012). Durant cette période, 162 homicides ont été répertoriés avec une

relative stabilité : une femme sur 2000 meurt suite à des violences familiales dans l'ouest parisien avec une moyenne d'âge au décès de 46 ans. Il a été mis en évidence quatre grands types de violences mortelles : l'homicide volontaire par le conjoint (45,7% des cas), l'homicide involontaire par le conjoint (6,8%), l'homicide par un autre membre de la famille (12,9%) et l'homicide/suicide (34,6%). Pour chaque type d'homicide, nous avons pu en déduire une autopsie psychologique dessinant un profil de meurtrier avec des méthodes propres à chaque acte criminel distinct. L'alcool, véritable catalyseur du passage à l'acte, était présent dans 24,7% des cas. La violence conjugale est un événement complexe pouvant prendre différentes formes, parfois composites, selon un processus chronique ou aigu, dont l'aboutissement ultime est l'homicide conjugal. Pour prévenir le passage à l'acte, il pourrait être nécessaire que tous les professionnels de santé soient sensibilisés et développent une compétence principalement sociale et juridique.

## ***Violence institutionnelle et violence du patient***

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Thomas est âgé de 3 ans lorsque des troubles du comportement le conduisent en pédo psychiatrie. Il est maintenant âgé de 18 ans : l'origine des troubles est considérée comme méconnue (un syndrome d'alcoolisme fœtal a été envisagé, mais refusé par les parents). Il a vécu d'avantage en institution que dans sa famille. Peu à peu, la violence est perçue non pas comme symptôme, mais comme un pathologie en soi, paralysant tout travail avec lui. Nous présentons ici les dérives auxquelles institutions et soignants peuvent se trouver amenés, et comment les violences des uns entraînent celles des autres et leur répondent.

## ***Images et violences en médecine légale : de l'usage des photographies et de la légitimité de leur diffusion***

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La photographie est devenue une pratique essentielle en médecine légale. Le statut, l'usage et le rôle des photographies dans la procédure médico-judiciaire n'ont pas fait l'objet d'études spécifiques. L'objectif de ce travail est d'analyser les pratiques des professionnels et de déterminer la typologie des photographies rencontrées ainsi que les fonctions qu'on leur attribue afin de discuter la légitimité de leur diffusion. Analyse prospective des missions d'expertise

confiées aux médecins légistes du Département de Médecine Légale de Lyon et entretiens semi-directifs auprès des différents acteurs (victime/proche, médecin, enquêteur, avocat et magistrat). Des photographies sont prises à chaque stade de la procédure judiciaire, certaines tentant de donner accès à l'image manquante du fait criminel, d'autres permettant la visualisation de l'anéantissement du corps image. Les fonctions qu'on leur attribue sont multiples : constat, mémoire, support de communication, fonction iconoclaste, fonction de reconstitution voire de reconstruction. La légitimité de leur diffusion repose sur la nécessité de les replacer dans l'économie d'échange et d'usage pour laquelle elles étaient destinées. En effet, il est important de distinguer le contenu figuratif des photographies de leur dimension performative et notamment de leur pouvoir émotionnel que l'on ne saurait négliger.

## Spanish Language Sessions

### **257. Los enfermos mentales en Chile: desde el punto de vista de un medico, un juez y un abogado**

#### ***Tratamiento del Enfermo Mental en la Ley Chilena***

Juan Carlos Bello, *Universidad de Chile* (jcbello@falmed.cl)

Se verá cual es el tratamiento de los enfermos mentales en Chile, la historia de la legislación aplicable, su evolución -el derecho en otros países latinoamericanos - y especialmente cual es la actual situación de los enfermos mentales hoy, luego de la promulgación de diversas leyes que les atañen. La situación de los enfermos mentales en el ámbito civil y penal. Veremos si las nuevas leyes benefician o perjudican a los enfermos mentales.

#### ***Tratamiento del Enfermo Mental en la Jurisprudencia Chilena***

María José García, *Universidad de Chile* (mjgarcia@pjud.cl)

Se analizarán los distintos delitos asociados a los enfermos mentales, y como su condición puede influir tanto en el caso de ser sujetos activos o sujetos pasivos de los tipos penales. Se analizará la evolución de los fallos judiciales así como lo que han resuelto los tribunales superiores de justicia en nuestro país. (Chile)

#### ***El Secreto Profesional en tiempos de la redes sociales***

Jaime Bastidas, *Universidad de Concepción* (dr.bastidas@falmed.cl)

El secreto profesional es parte inherente de nuestro quehacer, aparece claramente expuesto en el juramento Hipocrático. En los últimos años hemos visto, desgraciadamente, que este pilar fundamental de una óptima relación clínica se ha ido flexibilizando demasiado y en ocasiones, definitivamente perdiendo. Por otro lado tenemos un desarrollo y expansión impensada de las llamadas redes sociales por Internet. Ya no es tan fácil definir los límites entre lo público y lo privado y las generaciones más jóvenes frecuentemente nos sorprenden con divulgaciones, en estas redes, de información de su esfera privada, incluso de la esfera íntima. Es imperativo volver a darle la relevancia que necesita el secreto profesional en el ámbito médico y debemos además recordar que este debe resguardarse cuando ocupemos las redes sociales *online*. Debemos tener claro que el supuesto anonimato en estas redes no es tal, sumado a la viralización de datos, hace que fácilmente un lector lejano pueda identificar a un sujeto o sus datos. Incluso en el ámbito académico debemos ser muy cuidadosos de tener los consentimientos necesarios y resguardar en todo momento los datos sensibles de nuestros pacientes. Es innegable el aporte de estos mecanismos de comunicación en situaciones de emergencia, desastres naturales o incidentes masivos, también como acceso o intercambio de información médica. Por eso la idea de la siguiente presentación es llamar la atención, determinar claramente los límites y conocer las potencialidades y fragilidades de estas redes para evitar violar nuestro secreto profesional de manera involuntaria.

## ***Los Medicos y los Enfermos Mentales en Chile***

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Se analizará la visión que desde el mundo médico y de manera global se entiende el estado de los enfermos mentales en Chile, cuales son los grandes desafíos de los médicos en este aspecto, cuales son las limitantes para el tratamiento de estos pacientes y cuales son las vías de solución que desde el que hacer médico se plantean. Como las condiciones objetivas de trabajo han influido en el tratamiento de los enfermos mentales y como se podrán abordar en el futuro.

## **258. Reducción de la mayoría penal en Brasil – aspectos legal, social, psíquico y jurisprudencia terapéutica**

### ***Juventud y violencia transgeneracional***

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Esta presentación será sobre la violencia en la familia (violencia transgeneracional) y cómo esta reflexiona sobre la formación psíquica, en el papel social y la identidad de género en niños y adolescentes. Se desarrollará el tema mostrando cómo la violencia de género (entre la pareja conyugal y los padres también) es el génesis para la comprensión errónea de cómo relacionarse entre los seres humanos, especialmente entre hombres y mujeres; y como este aprendizaje temprano sobre la violencia se refleja en dañar las opciones de estos niños en el futuro, contribuyendo para a ida de niños y adolescentes para las calles de las ciudades., como para el uso de alcohol y de las drogas.

### ***El racismo en la temprana criminalización de la adolescencia***

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Para la construcción de un panorama sobre la penalización del adolescente negro en Brasil es fundamental comprender la situación que fue sometida a la gente negra. El problema es el fruto de un gran revuelo histórico visto por pocos. De esta manera, el problema de jóvenes varones negros es una obvia extensión de la situación existente, desde como empieza el país, entre el colonizador y el colonizado, y que permanece en la descendencia de ambos. Aunque se produjo la abolición de la esclavitud en Brasil, hay 127 años, referencias y paradigmas actuales mantén muchas similitudes y son inadecuados para el mismo fin: la destrucción de la identidad negra. Por otro lado, ha sido la falta de atención los poderes responsables, puesto que aún no se ha implementado políticas públicas para cambiar esta imagen. La sociedad y el estado tienen una deuda histórica con los negros en el país. Mientras que la cuestión no es ampliamente discutida no tendremos una nación, pero un país dividido, desde la adolescencia, en formas poco diferentes de las descritas por el sociólogo Gilberto Freire, en el libro "Casa Grande y Senzala": blancos opresores y los negros que se omite; los ciudadanos y los delincuentes.

### ***Consecuencias de la desigualdad social en la psique del adolescente en conflicto con la ley jurisprudencia terapeutica***

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Viviendo bajo fuerte desigualdad social, miles de niños y adolescentes han sido víctimas de fenómenos sociales complejos. Escape de un caótico contexto socio familiar faz crecer día a día el número de niños de la calle y los jóvenes en conflicto con la ley, que puede influir en el desarrollo físico y mental de forma inadecuada. En consecuencia, tienen depresión, ansiedad, abuso de sustancias, las conductas de riesgo, dificultades escolares, entre otros. Precozmente adquieren habilidades para sobrevivir en este ambiente hostil y adaptarse a la estructura social adversa. Todos estos factores, resultado de la desigualdad social, contribuyen para la desarmonía evolutiva, en cual ha un desarrollo psíquico peculiar creando habilidades y características

hiperdesenvolvidas de forma temprana, como, por ejemplo, la capacidad de planificación y regulación por robo y homicidio, coexistiendo con importantes déficits cognitivos, deficiencias emocionales, de aprendizaje y autoconocimiento. La desarmonía evolutiva demostrada por estos jóvenes se debe considerar tanto para los propósitos legales (jurisprudencia terapéutica) como deben servir como argumento en ser contra la reducción de la mayoría penal, porque si por un lado, los adolescentes en conflicto con la ley son capaces de actitudes propias de adultos, por otro lado, ajen como niños y son cognitivamente infantil en diversos aspectos.

### ***Justicia terapéutica como una alternativa a la reducción de la mayoría penal en Brasil***

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En Río de Janeiro, cada hora, un niño o adolescente está preso por practicar algún tipo de acto ofensivo, con 8.380 casos, en 2014, según uno de los mayores periódicos del país (41.53% por tráfico de drogas). Lamentablemente, crece en Brasil, buscando solución al problema, el camino equivocado de reducir la mayoría penal para 16 años. Esta falsa solución es compartida por varios sectores de la sociedad, incluyendo el sector responsable de estas prisiones (Departamento de Seguridad), quien considera que, si el adolescente se ajusta para votar, a los 16 años, también estará en condiciones de responder por todos sus actos completo, incluyendo los ofensivos. En la dirección opuesta, es necesaria la aplicación de medidas sociales, preventivas, educativa y terapéutica, capaz de prevenir el primer crimen o su recurrencia. Es en este contexto que forma parte del proyecto "Justicia terapéutica", que articula, cooperativamente, juristas con recursos de la zona educativa y terapéutica. La experiencia de muchos adolescentes en conflicto con la ley, el JT representa la posibilidad real de construir otro relato de vida, con el fin de proporcionar una ruta concreta para evitar la marginación temprana y definitiva, como el ofrecido por la reducción de la mayoría penal.

### ***Una nueva mirada para la infancia invisible***

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El último censo organizado por la Secretaría Nacional de los Derechos Humanos indicó que 23.973 niños y adolescentes duermen o trabajan en las calles del país. Entre las principales causas están la disensión doméstica (63%) – siendo discusiones verbales (32,2%) y la violencia de género (30,6%) – seguida por el uso de alcohol y drogas (30,4%). Ante este cuadro, fue creada una institución abierta – el Centro de Referência da Criança e Adolescente de Niterói, Río de Janeiro, en 2014, para satisfacer las necesidades del creciente número de niños y adolescentes en las calles de esta ciudad, que se convierten en invisibles a los ojos de la sociedad, en sus

necesidades de salud, educación y derechos sociales. Trabajando en la dirección opuesta a esta tendencia, el CENTRO ha tenido buenos resultados en la mejora de la autoestima de estos jóvenes, una de las claves en la recuperación de la población en la calle. A través de la red de seguridad de la ciudad, actúa sobre la reestructuración familiar con énfasis en la resolución de conflictos domésticos y en las comunidades, en las medidas de salud mental y apoyo escolar, destinado, principalmente, para el tratamiento de adicción de alcohol y a las drogas.

## **259. Resiliencia**

### ***Adolescentes en riesgo psicosocial: Estudio transcultural: Lima, Perú & Caracas, Venezuela***

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La actual situación político- social y económica, que atraviesa la población sudamericana, afecta la estabilidad, el bienestar y las opciones de desarrollo de niños y adolescentes. Los factores pobreza y disfunción familiar desencadenan el fenómeno social del niño de la calle en las grandes urbes, cuya complejidad se ha incrementado vulnerando los derechos universales del niño, complementada con la indiferencia de la sociedad en general. Se trata de una investigación expo-facto, de diseño descriptivo-comparativo, entre dos muestras de adolescentes varones de 13 a 15 años de edad de Lima Metropolitana (Perú) y Caracas Metropolitana (Venezuela), cuyo objetivo es la evaluación comparativa de dos temas fundamentales: las relaciones interpersonales y el manejo de las pulsiones agresivas. El instrumento utilizado es el Test de Rorschach, Sistema Comprensivo.

### ***Impulsividad y bienestar en mujeres encarceladas de Lima***

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El aumento del número de mujeres que son encarceladas genera la necesidad de estudiar la salud mental de este grupo. Diversas teorías que explican el comportamiento delictivo resaltan el rol de la impulsividad asociado a la delincuencia a conductas agresivas y como un componente psicopatológico. Así, diversas investigaciones parecen comprobar la cercanía entre la impulsividad y el afecto negativo. Sin embargo diversas teorías han comprobado que la impulsividad no siempre posee consciencias negativas sino más bien permite el desarrollo o el crecimiento, lo que también podría llamarse bienestar. Sin embargo estas propuestas han sido estudiadas en población comunitaria y no con población forense. Es así que se estudiará la relación entre la impulsividad y el bienestar en una población de mujeres encarceladas, en las

que se supone deberían mantener altos niveles de “impulsividad negativa”. Es especialmente importante estudiar estos constructos en estos grupos para poder dilucidar mejor la relación entre bienestar e impulsividad.

### ***Intervención en desastres naturales para evitar estrés: Post-traumático en comunidades andinas***

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El 15 de agosto del 2007 se produjo un terremoto en el Perú de 8.9 grados (escala Mercalli), el distrito de Ticrapo y la Comunidad Campesina de Astamarca departamento de Huancavelica sufrieron derrumbes de casas y apertura de la tierra. Se midieron síntomas de estrés en ambas localidades utilizando los criterios de la OPS. Los resultados arrojaron que la población presentó estrés, culpa por estar vivo, los niños presentaron temor a dormir en las carpas ante el pensamiento de que podría ocurrir otro terremoto. Se utilizaron técnicas como soporte social, relajación muscular, solución de problemas. Para los niños se entrenó a las madres en la técnica de desensibilización sistemática en vivo. Los resultados fueron que la población de ambas localidades reportaron sentirse aliviados y satisfecho de que se les haya considerado en la ayuda psicológica.

### ***Victimización secundaria en menores abusados en Chile: Análisis de casos en el período 2009-2013***

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Recientemente, se instaló en Chile un sistema acusatorio oral, sustituyendo el antiguo sistema inquisitivo. Con ello se pretendió hacer más accesible, expedita y transparente la administración de justicia. Sin embargo, no se previó la puesta en marcha de un entrenamiento adecuado y suficiente para los peritos, estableciéndose por ley, que cualquier médico tiene la obligación de realizar el examen inicial de las víctimas. La falta de entrenamiento de los primeros respondedores, y la ausencia de protocolos comunes de actuación, han significado que las víctimas sean sometidas a la repetición innecesaria e injustificada de exámenes clínicos e interrogatorios. Ello ha sobre-victimizado a quienes han sufrido ataques sexuales. Actualmente, se observa una falta de confianza de las víctimas, en el sistema y una pérdida de credibilidad de los peritos oficiales en los Tribunales. Se presentan, casos de abuso sexual en menores, llevados a juicio entre 2009 y 2013 en una región del territorio nacional, los problemas que sufrieron las víctimas durante la investigación, causándoles victimización secundaria, y los respectivos veredictos judiciales. Se proponen estrategias de entrenamiento y coordinación para minimizar en estos casos, los resultados adversos de procedimientos periciales inadecuados, en las víctimas y por derivación, en la Sociedad.

## **260. Violencia de Género y Abusos contra Determinados Colectivos desde la Perspectiva de la Justicia Terapéutica y Secuels Psíquicas y Tortura**

### ***Violencia contra las mujeres mayores: Estado de la legislación nacional de España e internacional vigentes y recursos: Análisis desde la justicia terapéutica***

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El objeto de este trabajo es el estudio legal sobre la violencia contra las mujeres mayores en España. UNAF (Unión de Asociaciones Familiares) hizo un estudio, en el marco del Programa Europeo STOP V.I.E.W. sobre el problema en nuestro país. Concluye que es un colectivo que sufre ataques serios, por su mayor vulnerabilidad. Las otras dos características que se apuntan, y que son la invisibilidad y la falta de concienciación sobre el problema, agravan la situación.

No hay una regulación internacional específica (Naciones Unidas, Consejo de Europa y Unión Europea), pero sí hay instrumentos internacionales que se citarán y estudiarán.

No hay tampoco en Derecho español una ley de aplicación única, ya sea para las mujeres o las personas mayores, a pesar de la necesidad de protección de este grupo, que sufre violencia y abusos. Se estudiarán los aspectos civiles y penales del problema y las leyes complementarias (ej., aplicación práctica de la Ley Integral sobre Violencia de Género), centrándose la ponencia en los recursos asistenciales, y en los procedimientos a implementar para concienciar, prevenir y corregir, además de asistir a las víctimas, todo ello desde una perspectiva de la Justicia Terapéutica.

### ***Cuestiones Procesales de la Violencia de Género entre Menores en España***

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El último estudio llevado a cabo por el Observatorio de la Violencia Doméstica y de Género adscrito al CGPJ publicado en 2014, indica que los menores enjuiciados por delitos de violencia de género han aumentado un 5% (1.007 chicos menores de 18 años han sido enjuiciados en España desde el año 2007). Para proteger a la mujer víctima de estos delitos se creó la Ley 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género. No obstante, la particularidad de estos procesos estriba en que en los delitos de violencia de género, cuando el agresor es un menor (entre 14 y 18 años), resulta de aplicación la Ley Orgánica 5/2000, de 12 de enero, reguladora de la responsabilidad penal de los menores (en adelante, LORPM). La aplicación de estas dos leyes de naturaleza diametralmente opuesta,

implican la necesidad de un estudio sobre la cuestión, habida cuenta que siempre va a prevalecer el interés superior del menor y el fin educador y de reinserción inherente al espíritu de la LORPM. Dado que ambas normas han de coexistir necesariamente, la Justicia Terapéutica puede constituir una herramienta adecuada para prestar una mayor atención a las víctimas.

### ***Prevalencia de trastornos psiquiátricos en torturados durante la dictadura militar en Chile***

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**Introducción:** Numerosos estudios demuestran que la exposición a tortura produce graves secuelas psíquicas. **Objetivo:** Estimar la prevalencia de patologías psiquiátricas en torturados durante la dictadura militar en Chile. **Método:** Se analizó el registro de casos de víctimas por torturas y tratos ilegítimos que fueron evaluados psiquiátrica y psicológicamente en la Unidad de Psiquiatría Forense del Servicio Médico Legal de Santiago de Chile durante los años 2002 y 2009. La muestra final estuvo compuesta por 62 sujetos que fueron evaluados M= 29.7 (DE= 4.7) años después de haber sido torturados. Se consideraron variables sociodemográficas, relacionadas con su cautiverio y tortura, y prevalencia de vida y de seis meses de distintas patologías psiquiátricas posterior a la tortura. **Resultados:** Del total de los entrevistados, se encontró una prevalencia de vida de patologías psiquiátricas de 93.5% (n=58), mientras que en los últimos seis meses antes de la evaluación pericial fue de 64.5% (n=40), pero de los restantes un 22.6% aún presentaba síntomas incompletos de algún tipo de patología. Las patologías más frecuentes fueron trastornos por Estrés Postraumático (83.9%), trastornos afectivos (19.4%) y trastornos sexuales (19.4%). **Conclusiones:** Concordante con la literatura, existe una alta prevalencia de secuelas psiquiátricas permanentes en víctimas de tortura.

### ***Prevalencia de vida de patologías psiquiátricas en mujeres que fueron agredidas sexualmente durante la tortura en la dictadura chilena***

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**Introducción:** Numerosa evidencia indica que la tortura produce psicopatología severa. Sin embargo, se ha observado que dentro de ésta, la tortura sexual generaría aun mayores índices de secuelas psíquicas. **Objetivo:** Estudiar si la exposición a agresiones sexuales como método de tortura tiene un efecto en la prevalencia de vida de patologías psiquiátricas. **Método:** Se analizó el registro de 24 mujeres víctimas por torturas y tratos ilegítimos que fueron evaluados psiquiátrica y psicológicamente en la Unidad de Psiquiatría Forense del Servicio Médico Legal de Santiago de Chile durante los años 2002 y 2009. Se efectuaron comparaciones entre mujeres que reportaron (n = 12) haber sido agredidas sexualmente durante sus sesiones de tortura y aquellas que no recibieron vejámenes sexuales. **Resultados:** Se encontraron diferencias

significativas entre ambos grupos, siendo las mujeres agredidas sexualmente las que presentaron tasas más elevadas de Trastorno por Estrés Postraumático (100%) y Trastornos en la esfera Sexual (91.7%). Cabe señalar que independiente del grupo, todas las mujeres incluidas en este estudio han presentado algún tipo de patología psiquiátrica después de la tortura.

**Conclusiones:** Los resultados de este estudio refuerzan la evidencia sobre el rol que cumple la agresión sexual como método de tortura y su relación con la presencia de patologías psiquiátricas.

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